

TRAGEDY AND REDEMPTION:  
A FEASIBILITY AND ACCEPTABILITY STUDY OF AN EXISTENTIAL NARRATIVE  
THERAPY FOR ADULTS FOLLOWING MARITAL SEPARATION

by

Ronald F. Chau

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As members of the Dissertation Committee, we certify that we have read the dissertation prepared by: Ronald F. Chau

titled: Tragedy and Redemption: A Feasibility and Acceptability Study of an Existential Narrative Therapy for Adults Following Marital Separation

and recommend that it be accepted as fulfilling the dissertation requirement for the Degree of Doctor of Philosophy.

  
Jeff Greenberg (Apr 30, 2024 17:03 PDT)

Date: Apr 30, 2024

Jeff Greenberg

*David A Sbarra*

Date: Apr 29, 2024

David Sbarra



Date: Apr 30, 2024

Heidi Hamann

  
Daniel Sullivan (May 6, 2024 21:58 PDT)

Date: May 6, 2024

Daniel Sullivan

Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copies of the dissertation to the Graduate College.

We hereby certify that we have read this dissertation prepared under our direction and recommend that it be accepted as fulfilling the dissertation requirement.



  
Jeff Greenberg (Apr 30, 2024 17:03 PDT)

Date: Apr 30, 2024

Jeff Greenberg  
Psychology

*David A Sbarra*

Date: Apr 29, 2024

David Sbarra  
Psychology



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Verily, verily, I say unto you, Except a corn of wheat fall into the ground and die, it abideth alone: but if it die, it bringeth forth much fruit.

John 12:24

Tragedy and redemption have been key themes throughout my life. In every tragedy I experienced there was someone who guided me toward redemption. This dissertation was an act of redemption made possible by innumerable people to whom I am grateful. However, I would like to express my thanks to a special few.

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### Abstract

Although most adults cope well with marital separation and divorce, some report significant difficulties navigating this life transition. The end of marriage can severely disrupt one's self-narrative and self-concept, resulting in loss of meaning and, consequently, significant emotional upheaval. To address these risk profiles, the present study developed an existential narrative therapy for adults struggling with marital separation by incorporating tragic and redemptive narratives into the therapeutic process. Nine out of eleven participants completed six 1-hour psychotherapy sessions over a three-month period either in-person or online via Zoom. The first four sessions occurred weekly and entailed learning about tragic and redemptive concepts and writing marital separation narratives with tragic and redemptive themes. The final two sessions occurred monthly and assisted with narrative implementation. In line with the NIH Stage Model (Stage I research), I conducted a feasibility and acceptability study of this intervention and outline a series of treatment implications learned over 60 psychotherapy sessions. To assess feasibility, I measured recruitment rates, session and homework completion rates, and participant understanding of therapy content. To assess acceptability, I evaluated the degree to which participants found the intervention useful, satisfying, and recommendable to others. Secondary goals included obtaining descriptive evidence of treatment efficacy, measuring psychological constructs and linguistic markers of treatment, and eliciting feedback to improve the intervention. The intervention was feasible to administer, acceptable to participants, and provided preliminary evidence of treatment efficacy via several potential mechanisms of change. Future studies should aim to improve recruitment and screening methods, increase the structure and scalability of the intervention, and test the efficacy of the intervention and variations of it.

Keywords: divorce, narrative therapy, existential therapy, cultural narrative, tragedy, redemption



Tragedy and Redemption: A Feasibility and Acceptability Study of an Existential Narrative  
Therapy for Adults Following Marital Separation

Each year in the United States, approximately 800,000 people experience marital separation or divorce<sup>1</sup> (Centers for Disease Control and Prevention, 2024; United States Census Bureau, 2024). Although most people cope well with this major life event, some report significant difficulties navigating the transition out of marriage (Hetherington & Kelly, 2003), and evidence suggests that roughly 10-15% of adults experience significant psychological difficulties following the experience of divorce (Mancini et al., 2011). The loss of a significant relationship can severely disrupt one's self-narrative and self-concept, resulting in loss of meaning (Neimeyer et al., 2002). After marital separation, one might think: "I thought my life would be one way, but now it is not. I believed I would be with this person for the rest of my life, but now that is no longer the case. Who am I when I am no longer a 'partner/husband/wife'?" In such uncertainty and distress, people attempt to repair their sense of meaning and rewrite life narratives, to pick up the pieces of their life and start again, to fashion a new self out of the wreckage. Creating a coherent narrative that incorporates the marital separation experience into their life stories and that sustains their self-worth, their sense of meaning in their lives, and their hope for a positive post-marital separation future may be a catalyst for resilience and psychological adjustment, while the lack of such a narrative may hinder the same (Boals et al., 2011; Bourassa, Allen, et al., 2017; Bourassa, Manvelian, et al., 2017; Capps & Bonanno, 2000; Klein & Boals, 2010; Park, 2010). The purpose of the present study was to develop and assess an intervention that facilitates such a constructive narrative regarding the marital separation and its place in one's life.

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<sup>1</sup> For simplicity, I refer to separated and divorced adults as maritally separated throughout the proposal. When distinctions between marital separation and legal divorce are meaningful, I use more precise terminology.

Research suggests that forming coherent narratives that incorporate one's marital separation experience into one's life story has psychological and health benefits (Bourassa, Allen, et al., 2017; Bourassa, Manvelian, et al., 2017; Bourassa, Tackman, et al., 2019). In an experimental study with a community sample of recently separated adults ( $N = 109$ ), Bourassa and colleagues (2017) investigated narrative creation as a potential psychological mechanism that explains the connection between psychological overinvolvement and psychological distress, as well as assessing the impact of narrative creation on physical health by measuring participant average heart rate, heart rate variability, and blood pressure. Participants were randomly assigned to either a traditional expressive writing (EW) condition ( $n = 33$ ), a narrative EW condition ( $n = 38$ ), and an active control condition ( $n = 38$ ) and were assessed at three laboratory visits over an average period of 7.5 months (i.e., at initial laboratory visit, three months later, and six or nine months later). In the traditional EW condition, participants were asked to write continuously for 20 minutes each day for three days about their strongest and deepest emotions about their marital separation experience. In the narrative EW condition, participants received the same instructions as traditional EW participants but were also tasked with creating a coherent narrative about their marital separation, including telling the story of the end of their relationship, their separation experience, and the end of their divorce story. Participants in the control condition were asked to write for the same number of days and amount of time but instead they would write about how they spend their time in an unemotional way. Results showed that greater narrative coherence was associated with less psychological overinvolvement and lower subsequent separation-related psychological distress and depressive symptoms, suggesting that narrative coherence mediates the relationship between psychological overinvolvement and separation-related distress. Additionally, narrative writing was associated with decreased heart rate and heart rate variability

following marital separation but did not affect blood pressure. Building on the self-distancing research by Özlem Ayduk, Ethan Kross, and their colleagues (see Ayduk & Kross, 2010a; Ayduk & Kross, 2010b; Kross & Ayduk, 2008; Kross et al., 2005; Park et al., 2016), Bourassa et al. argued that narrative writing helped participants take a self-distanced view of their separation experience, which, in turn, enhanced their ability to create meaning from the experience and develop a coherent self-narrative that promotes successful coping.

### **Narrative Therapy**

Considering the adaptive utility of creating coherent narratives of the self and marital separation, I now review some of the narrative psychotherapy literature. What is commonly referred to as “narrative therapy” in the academic and therapist literatures is the poststructuralist narrative therapy developed by Michael White and David Epston (Angus & McLeod, 2004; Combs & Freedman, 2004; 2012; Epston & White, 1992a; White & Epston, 1990). This therapy is based on the poststructuralist writings of Michel Foucault (1980), Jerome Bruner (1990), and Barbara Meyerhoff (1986), and represents “more a philosophy or a way of life than it is a set of techniques” (Combs & Freedman, 2004, p. 137). A foundational assumption of narrative therapy is that meaning is created in a society through the stories people share and live every day. Importantly, narrative therapists take for granted Foucault’s distinction of traditional versus modern power. Traditional power refers to the explicit power used by authorities to control society, including through the imposition of social norms and values. Modern power refers to the implicit power that a dominant culture or group has in promulgating its values and norms in society through setting of cultural discourse and narratives; rather than being controlled by external force, subordinated others are controlled via normative judgments of self and other. Narrative therapists locate client problems in these hidden, inauthentic, and abstract dominant

cultural narratives imposed from without, and seek to emancipate clients from these problematic narratives through the creation of alternative life narratives that are more authentic to a client's lived experience, and thus richer and more meaningful and satisfying. To this end, narrative therapists assist clients in identifying their problems and viewing them as separate from the client and embedded in dominant cultural narratives (i.e., "externalizing" the problem); deconstructing their problematic narratives; and listening for hidden aspects of their lived experience that contrast with their problematic narrative (i.e., listening for what is "absent by implicit") and identifying parts of their lived experience that do not follow from their problematic narratives (i.e., identifying "unique outcomes"). Once the seeds of alternative life narratives are found, the narrative therapist asks questions to help the client elaborate and vivify their new narrative. As clients shift from problematic narratives toward more preferred, authentic narratives, client problems, narrative therapists argue, will be similarly diminished.

To date, narrative therapy research is largely qualitative in nature with relatively few quantitative studies evaluating narrative therapy's efficacy compared to other psychotherapies like cognitive-behavioral therapy (Combs & Freedman, 2012; Conti et al., 2022; Etchison & Kleist, 2000; Hawke et al., 2023). The primary reason for this lack of quantitative research likely derives from narrative therapy's poststructuralist epistemology that prioritizes knowledge stemming from participant subjective, lived experiences and co-created between participant and researcher. This kind of epistemology appears to be somewhat at odds with the assumed objectivity underpinning quantitative empirical research. Instead, narrative therapy researchers prefer to engage in "co-research" whereby therapists record client narratives and what clients learned about how to handle their problems (Epston, 1999; Etchison & Kleist, 2000). This documentation is collated and forms an "archive" of "insider knowledge" that can help others

with similar problems (Combs & Freedman, 2012). The practice of “consulting your consultants” involves interviewing clients nearing the end of therapy to document their learnings and advice they wish to offer others who have similar problems (Epston & White, 1992b). The therapists then become “archivists” and the past or present clients who have had or are experiencing similar problems form a “league” who may engage in therapist-mediated conversations to learn from each other (Combs & Freedman, 2012).

Though qualitative studies are valuable for their generally richer data compared to quantitative studies, and can provide some indication of treatment efficacy, they are not sufficient for determining the precise effectiveness of a treatment, especially when comparing it to other treatments. In a scoping review of narrative-based psychotherapies for mood disorders, Hawke et al. (2023) found only two efficacy studies of narrative therapy used to treat depression, including a doctoral dissertation (Lopes, 2014) and subsequent reports from that dissertation (Lopes et al., 2014a; Lopes et al., 2014b; Lopes et al., 2015a; Lopes et al., 2015b) that compared narrative therapy to cognitive-behavioral therapy using a randomized controlled trial design, and a one-arm treatment study of narrative therapy; both studies found individual narrative therapy was effective for treating depression. Reviews of narrative therapy treatment outcomes for eating disorders (Conti et al., 2022) and intellectual disabilities (McKenzie-Smith, 2020) found no studies with sufficiently large sample sizes to adequately test treatment efficacy. Other review work (Ekinici & Tokkaş, 2024; Ghavibazou et al., 2022) found empirical efficacy studies with adequate sample sizes that illustrate the effectiveness of group narrative therapy in improving self-esteem, stress response, and insight among persons with alcohol dependency (Park & Kim, 2023), as well as decreased attention-deficit hyperactivity disorder and anxiety disorder symptoms in Rwandan orphans and abandoned children (Karibwende et al., 2023). Beyond

White and Epston's (1990) narrative therapy, Hawke et al. (2023) found psychotherapies that either integrated narrative therapy or were simply narrative based (e.g., narrative cognitive therapy, narrative exposure therapy) were effective in reducing depression, anxiety, and posttraumatic stress disorder symptoms, and improving functioning. With so few quantitative empirical studies of White and Epston's version of narrative therapy, it is difficult to determine its efficacy relative to other psychotherapies. Despite the general tendency for this literature to be qualitative, I will now review the two efficacy studies of individual narrative therapy treatment of depression as these are the most relevant studies for the current report.

Vromans and Schweitzer (2011) investigated the effect of an eight-session, 50-minute per session, manualized individual narrative therapy treatment over 8 to 16 weeks on the depressive symptoms and interpersonal relatedness of 47 adults with major depressive disorder. The narrative therapy procedure followed five broad phases: 1) developing a therapeutic relationship; 2) eliciting the client's problem stories and externalizing them (i.e., viewing them as separate from the client); 3) deconstructing the client's dominant or problem stories by highlighting their assumptions, inconsistencies, and omissions; 4) embracing preferred, alternative stories that contrast with problem stories; and 5) living enriched stories or focusing on how the client has or can live their preferred narrative outside of therapy. From pre- to post-therapy, the 38 participants who completed the narrative therapy intervention evidenced improved depressive symptoms ( $d = 1.36$ ), and the proportion of clients who obtained reliable improvement (74%), movement to the functional population range (61%), and clinically significant improvement (53%) was comparable to benchmark studies. Similar improvements were found for interpersonal relatedness. Intention-to-treat analysis also demonstrated a large pre- to post-intervention effect size ( $d = 1.10$ ) that was comparable to benchmark studies.

Another study by Lopes et al. (2014) used two treatment conditions to compare the effectiveness of individual narrative therapy and cognitive-behavioral therapy for moderate depression, with both compared to benchmarked waitlist control groups. Sixty-three depressed participants were randomized to either a narrative therapy ( $n = 34$ ) or cognitive-behavioral therapy ( $n = 29$ ) condition. In both conditions, treatment involved 20 one-hour therapy sessions, weekly from session 1 to 16, then every two weeks from session 17 to 20. Termination occurred at session 20 or earlier if agreed by therapist and client. The narrative therapy procedure involves 1) “deconstruction” or understanding the client’s problem in its context and assumptions and its effect on the client’s life to separate the problem from the client, 2) “reconstruction” or focus on experiences incongruent with the problem narrative and generating an alternative self-narrative from these discrepancies, and finally 3) consolidating the alternative self-narrative in the client’s life (Freedman & Combs, 1996). The cognitive behavioral therapy followed standard treatment manual procedures (Beck et al., 1979; Leahy & Holland, 2000), including formulating new perspectives on the self, others, and the world and testing these against reality. Those who completed their respective treatments showed significant depressive symptom reduction in both conditions, with between-group differences favoring cognitive-behavioral therapy. Therefore, there is empirical support for narrative therapies, and though the Lopes et al. study suggests that cognitive-behavioral therapies may be more effective than narrative therapies for treating depression, it is plausible that a narrative intervention targeted at marital separation, a potentially severe self-narrative disrupting event, may have greater psychological benefits than a narrative intervention targeted at depressive symptoms that may or may not be related to self-narrative disruption.

Another line of narrative therapy research grounded in constructivism is Neimeyer and colleagues' (Neimeyer, 2000, 2014a, 2016, 2019) work in grief therapy and specifically the meaning reconstruction that occurs after the death of a loved one. This research program begins with the assumption that the grieving process is primarily aimed at reaffirming or reconstructing one's view of the world as a meaningful place following a loss that challenges that view. Central to this grief therapy work is the idea that people need self-narratives or life stories that make sense to them and help them make sense of themselves. Faced with the loss of someone key to that self-narrative, people have the dual needs of first, processing the "event story" of the death to make sense of the death and its implications for the self, and second, accessing the "back story" of the relationship to the lost person, restoring a sense of attachment security to the deceased and closure regarding unfinished business. The first part involves narrative retelling of the death, including the "external narrative" or the plot of the story, the "internal narrative" or the survivor's thoughts, emotions, and physiological responses, and the "reflexive narrative" or the meaning-oriented story, where the survivor makes sense of the event story.

Empirical studies of restorative retelling and similar procedures suggest these techniques effectively integrate the event story into one's self-narrative (Saindon et al., 2014; Shear et al., 2014). Other techniques include "Chapters of Our Lives" where people draft the "table of contents" of the book of their life story to incorporate the loss in a broader meaning framework that includes plot, turning points, themes of struggle and resilience, and how they might be transformed for a better future (Neimeyer, 2014b). Another technique is "directed journaling" (Lichtenthal & Neimeyer, 2012) that encourages survivors to find meaning in the loss, such as making sense of the death ("Are there ways in which this loss has influenced the direction of your life story?") or finding benefit associated with the loss ("What lessons about living or



loving has this person or this loss taught you?”). A randomized controlled trial of these directed journaling techniques evidenced enduring positive effects on grief symptoms, even after one week of journaling (Lichtenthal & Cruess, 2010). Insofar as marital separation represents the symbolic death of a marriage (Alpaslan, 2018), Neimeyer and colleagues’ research on meaning reconstruction via narrative work in the grief process suggests that similar meaning-making narrative work following marital separation may be beneficial as well.

### **Narrative Therapy and Marital Separation**

Currently, there appears to be only one empirical study of narrative therapy applied to marital separation. Pietsch (2002) conducted a qualitative case study to illustrate how poststructuralist narrative therapy in line with White and Epston’s (1990) formulation might be used when working with an individual in post-divorce transition. Pietsch demonstrated how the components of narrative therapy, including “externalizing the problem,” “relative influence questioning” (i.e., understanding how the problem has affected the client and vice versa to assist problem externalization), “landscape of action questions” (i.e., highlighting when the problem was not present and when the client was a successful problem-solver), and “landscape of consciousness or meaning questions” (i.e., interpretations of “landscape of action” questions such as what the success says about the client), could help a divorcee proceed through four adaptive post-divorce processes of creating an autonomous self, changing negative views of the self and divorce, and utilization of resources.

Regarding creating an autonomous self, the process may involve re-identifying oneself as a single person and finding meaning beyond life with the ex-partner. The divorcee was encouraged to externalize the problem and see herself as separate from the marriage that was ending, focusing on times when she successfully saw herself as a single person and what she was

doing to engender that success, and what that means for her sense of self as a strong, autonomous person. Regarding changing negative views of the self that were likely adopted through negative interactions with an ex-partner, a divorcee may attempt to externalize this negative identity (e.g., dependent person) as part of their past relationship. The client may externalize by mapping how the identity has affected their life but also noticing unique outcomes and actions where they successfully countered this identity (e.g., shoveling snow by themselves) and what they mean for her sense of self (e.g., self-reliant person). Regarding changing negative views of divorce, which may reflect on the client's sense of self as a failure, the divorcee externalized the divorce as separate from herself, realizing the divorce did not affect her work and that she still experienced professional growth through her actions. The client began to see the divorce as only one aspect of her life and as an opportunity for growth, changing the meaning of the divorce. Finally, regarding creating and using resources, the client externalized their lack of resources by noticing how their ex-partner's absence has affected their resources, and then focusing on exceptions in the story where their actions to gather resources demonstrate their self as strong and self-reliant.

### **Existential Narrative Therapy**

Current narrative therapies are primarily poststructuralist or constructivist in nature, have some empirical support for their efficacy, and may help people experiencing marital separation. However, as McAdams and Janis (2004) argue, some versions of narrative therapy (e.g., White & Epston, 1990) appear to suggest that forming the most liberating and thus helpful personal narratives requires one to draw from their lived experience as if there were aspects of lived experience that exist outside of culture. Narrative researchers are less optimistic about the possibility of creating personal narratives independent of prevailing cultural narratives since the personal meanings we create are inextricably tied to and embedded within the cultural milieu we

live in (Rosenwald, 1992). In contrast to the poststructuralist/constructivist narrative therapy movement, narrative identity theory researchers such as McAdams (1985, 1993, 1996) advocate for an intermediate position whereby life stories are necessarily co-constructed by the person and their culture.

Narrative identity theory posits that humans make sense of their lives through inner stories, including settings, scenes, characters, plots, and themes (McAdams & Janis, 2004). Beginning in late adolescence and young adulthood, individuals start to construct an internal psychosocial unity or identity that spans across their past, present, and anticipated future. Though they consider biographical facts in deriving their life stories, they are also selective and interpret these facts in ways that build life stories that make sense to them and fill their life with meaning. Thus, personal narratives are both fictional and based in the social and physical realities of a person's life (McAdams & Janis, 2004). Narrative identity researchers also argue that the objective characteristics of life narratives matter for well-being. For example, their research shows that life narratives that are more coherent and credible (i.e., grounded in objective reality) tend to be more mature and identity-enhancing (McAdams, 1993). Similarly, life narratives with certain kinds of content and themes, such as redemption narratives that find meaning in suffering and adversity, are positively associated with well-being (McAdams & McLean, 2013). As explained below, redemption narratives are a key cultural narrative in American culture that play a vital role in helping American individuals fashion life stories that enable them to endure the hardships of life (McAdams, 2006). In addition to this social scaffolding, however, I believe cultural narratives provide an opportunity for individuals to uphold communal or cultural values, which, in turn, may imbue their life with self-worth and meaning.

The notion that investing in one's culture and meeting its standards of value to support one's self-esteem and sense of meaning in life is well supported in empirical existential psychology research and terror management theory (TMT; Greenberg et al., 1986; Solomon et al., 2015). Based on the anthropological writings of Ernest Becker (Becker, 1962, 1973, 1975), TMT argues that humans are unique among animals in that not only will they die but they are also aware that they will die. This awareness stems from humans developing advanced cognitive abilities, such as prospection and planning, that were adaptive in a wide variety of contexts in our evolutionary history. However, this awareness gives rise to the potential for overwhelming terror or fear of death. To defend against this terror, TMT contends that humans use the two psychological constructs of cultural worldview and self-esteem (Greenberg et al., 1986). Cultural worldviews are individualized beliefs that help us see the world as a meaningful place with order and permanence. These worldviews are embedded within cultures that consist of a set of values, norms, expectations, and standards of behavior. If we meet these standards and become valued members of our culture, then we will likely have higher self-esteem and feel like we are a part of this enduring cultural reality, which can offer us a sense of meaning in life (e.g., a sense of literal or symbolic immortality). Conversely, if we do not live up to these standards, then we will likely have lower self-esteem and lose the existential protection offered by these psychological defenses, eroding our sense of meaning in life. Therefore, not only do cultural narratives provide social scripts on how to approach life's problems, but they also allow us to mitigate human existential concerns about death and meaninglessness by placing our life and suffering within a meaningful cultural universe.

### *Redemption Narratives*

A significant body of narrative identity research focuses on how redemption narratives can be adaptive for midlife American individuals. These researchers build on Erik Erikson's (1963, 1969, 1982) theory of psychosocial development and suggestion that the key developmental crisis for midlife adults is *generativity* versus *stagnation*. Erikson (1982) argued that generativity is characterized by "*procreativity, productivity, and creativity,*" and that generative adults aim to enhance the well-being of future generations through the creation of new life, products, or ideas and the virtue of care. Erikson believed that generative adults generally led better lives than non-generative or stagnant adults, and this observation of a particular kind of good life is supported by a range of empirical research (de St. Aubin, 2013; McAdams, 2019; Pratt et al., 2020). When narrative identity researchers studied the personal narratives of highly generative adults, they found these narratives often conformed to a "redemption sequence" that defined a redemptive self (McAdams, 2006). The prototypical version of this redemption sequence begins with the protagonist becoming simultaneously aware of their early life advantages and the inherent suffering in the world. In midlife, adults may become appreciative of their early blessings and yet moved by the suffering of others, compelling them to use their fortunate circumstances to contribute back to society and help others. Guided by a strong set of values, often grounded in moral or religious foundations, the protagonist meets myriad obstacles and setbacks on their path toward generativity. The protagonist redeems or transforms these negative events into positive outcomes or meanings, thus proceeding with their prosocial goals and generative mission to improve the world. McAdams (2006) showed these redemption narratives map onto many popular American cultural motifs and narratives, including the Christian narrative of salvation through atonement, and narratives about upward social mobility

(e.g., Horatio Alger “rags-to-riches” stories, the “American Dream”) and emancipation (e.g., liberation from slavery). Redemption narratives are also associated with positive life outcomes, including life satisfaction, self-esteem, and sense of life coherence, and negatively associated with depression, whereas “contamination sequences” that involve positive events leading to negative outcomes are associated with the opposite (McAdams, Reynolds, et al., 2001).

However, redemption narratives may not resonate with everyone and have their flaws, too. Many Americans may not have had early advantages in life or opportunities for upward social mobility, or they may belong to subcultures whose worldview, values, or narratives do not align with the predominant American redemption narrative and may even be constrained or marginalized by it (McLean & Syed, 2016). In these instances, people may be motivated to pursue different counter-narratives that more authentically reflect their experience and culture (Bamberg & Andrews, 2004). Additionally, redemption narratives may contain some self-righteousness and naivety (McAdams, 2006). The archetypal redemption protagonist experiences early blessings in life and feels they must use their privilege to help others, perhaps as if they are somehow special or preordained to make the world a better place, and with an unquestionable sense of truth and goodness. This protagonist also assumes a kind of unjustified omnipotence given the fact that negative events do not always lead to positive outcomes or meanings. Indeed, assuming redemption narratives are always true ignores the existential position of the human condition—that we are inherently limited in life, freedom, connection, and meaning (Yalom, 1980). In Fyodor Dostoevsky’s *The Brothers Karamazov* (1880), the character Ivan Karamazov asks how life can be good when there is unredeemable suffering in the world, the prime example of which is the suffering and death of an innocent child. Overall, it appears redemption narratives that allow American individuals to make sense of their suffering and motivate them to do good

may also ring false, oppressive, narcissistic, ignorant, and even insulting. We now consider another cultural narrative that may complement the redemption narrative in promoting well-being.

### *Acceptance Narratives*

Cultural narratives that promote acceptance may be more useful for this other side of the existential coin: whereas redemption narratives enlighten us to our possibilities, acceptance narratives show us how to accept our limitations. McAdams et al.'s (2022) suggested that narratives of acceptance may be more helpful than redemption narratives for late-life adults who have progressed through midlife and now face more constraints, but also for anyone struggling with considerable limitations. I briefly review McAdams et al.'s argument before extending it to include marital separation, which I believe is another sphere of human experience characterized by limitation that can benefit from acceptance narratives.

McAdams et al. (2022) described the long “denouement” of late-life adulthood and the unique challenges of this period. Though older adults may still live healthy and socially productive and meaningful lives, they are nevertheless faced with reviewing and evaluating a past they cannot change, and more likely to experience health and cognitive declines, the illness and death of close others, and lost economic opportunity. Erikson (1982) posited that the last stage of psychosocial development required older individuals to contend with *ego integrity* versus *despair*. This developmental stage refers to the fact that older adults have lived the bulk of their lifespan and are now faced with reviewing the life they have lived, to make sense of and appraise it. If older adults consider their life until now an overall positive experience, then they are more likely to graciously accept the life they have lived and establish ego integrity. However, if they view their life thus far as unsatisfactory, then instead of ego integrity they may experience

despair where they lament a life that is too late to alter. Erikson argued that those with ego integrity have the virtue of wisdom, which he described as a kind of “informed and detached concern with life itself in the face of death itself” (Erikson, 1982, p. 61). McAdams et al. (2022) indicated that various notions of wisdom suggest that a wise person is anyone who is an effective agent amidst the uncertainties, ambiguities, and limitations of human life, and has certain traits like flexibility in perspective-taking, intellectual humility, contextual awareness, and acknowledgement of the uncertainties and uncontrollability of life (Baltes & Staudinger, 2000; Grossmann, 2017).

This late-life wisdom seems to necessitate a kind of humility and big picture view and acceptance of life itself, in all its limitation, and may be reflected in changes in people’s priorities and strategies for interacting with life as they become older. For example, younger people tend to use more approach-oriented strategies as they attempt to control their environment and maximize utility; but, in later life, as they face diminished resources and time, they may shift toward more loss-prevention strategies and self-regulation, including letting go of unobtainable goals (Baltes, 1997; Buhler et al., 2019; Freund et al., 2019; Heckhausen et al., 2019). Instead of an expansive attitude toward life, Carstensen et al.’s (1999) research on socioemotional selectivity theory suggested older adults tend to prune their social networks and prioritize their health and positive emotional experiences in fewer interpersonal relationships. Therefore, when people are younger and have more control over their lives, a redemption narrative that emphasizes personal agency and possibility may be more inspiring and adaptive; but when people grow older and have less control (e.g., less opportunity to steer entire life course, poorer health, more frequent death of close others), then acceptance narratives that emphasize wisdom,



acceptance of limitations, and adjusting one's locus of control and approach to life to be more consistent with their new, more constrained reality, may be more adaptive.

I believe the same kind of acceptance and wisdom that may be helpful in later life could also be helpful for people experiencing marital separation, which is another domain of human limitation that could significantly benefit from acceptance narratives. Besides late-life adulthood, McAdams et al. (2022) suggested narratives of acceptance may be helpful in other life circumstances characterized by substantial limitation. Though inspirational redemption narratives of recovery abound in medicine and psychotherapy, they do not reflect the course of those who do not recover or whose recovery is far from uplifting and dignified (Adler et al., 2008; Garden, 2010; Infurna & Jayawickreme, 2019; McAdams & Jones, 2017). Similarly, there are many popular redemption narratives of persons with disabilities overcoming considerable odds, but these do not accurately represent the experience of a large proportion of this group (Adler, 2018); indeed, the disability literature seems to prioritize the acceptance of disability rather than overcoming it (Adler et al., 2021). Marital separation is another life experience defined by considerable limitation, such as the separation belonging to the past and thus unchangeable (i.e., even if ex-partners were to reunite, the relational damage and emotional pain exists in history and affects the future); the fact that romantic partners change over time, grow apart, or commit infidelity; the significant stress and suffering from an acrimonious divorce, especially when it involves disagreements over child custody and the division of assets; the substantial financial and legal costs associated with the divorce process; the absence of emotional support once provided by an ex-partner; and a newfound sense of isolation and even symbolic death as the identity of self as romantic partner dissolves into nothingness. Developing

a narrative of acceptance about one's marital separation may help one accept these daunting limitations.

As there are redemption cultural narratives that promote redemption, so there are cultural narratives that promote acceptance in the dramatic and literary form known as tragedy<sup>2</sup> (McAdams et al., 2022). Tragedy as a dramatic tradition originated 2,500 years ago in ancient Greece and has since been highly influential in the formation of a Western cultural identity and the way Western individuals relate to human suffering (see Banham, 1988; Sewall, 1990; Williams, 1966). The first major period of tragic works derives from the three dramatists Aeschylus (525–456 BCE), Sophocles (c. 496–406 BCE), and Euripides (c. 480–406 BCE), and include well-known plays such as Aeschylus' *Prometheus Bound*, Sophocles' *Oedipus the King*, and Euripides' *Medea*. The Elizabethan era was another significant period for dramatic tragedy, including Christopher Marlowe's (1564-1593) *Doctor Faustus* and William Shakespeare's (1564–1616) *Hamlet*, *Othello*, *King Lear*, and *Macbeth*. In the modern period, the tragic works assumed both dramatic and literary forms, including Nathaniel Hawthorne's *The Scarlet Letter* (1850), Herman Melville's *Moby Dick* (1851), Fyodor Dostoevsky's *The Brothers Karamazov* (1880), Franz Kafka's *The Trial* (1925), William Faulkner's *Absalom, Absalom!* (1936), Eugene O'Neill's *Long Day's Journey into Night* (1939-41), and Arthur Miller's *Death of a Salesman* (1949).

In essence, tragedy attempts to answer these core human existential problems: Why do we suffer? How should we be given this suffering? (Sewall, 1990). At the heart of tragedy is a protagonist who uses their free will to make choices in a world of ambiguity and uncertainty. As they pursue their interests, the protagonist encounters the inevitable impersonal or malevolent

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<sup>2</sup> Tragedy in this dramatic or literary sense differs from the everyday meaning of the word "tragedy" used to describe a calamity, disaster, or any terrible event causing great suffering or death.

forces of nature, including uncontrollable external powers, but also unruly internal psychological drives. In their ensuing downfall, suffering, and sometimes death, the protagonist is pushed to their psychological limits, and forced to acknowledge and accept their painful reality and limited nature, including flaws or weaknesses that contributed to their downfall. However, what distinguishes tragedy from pathos is the ennobling aspect of this knowledge and acceptance: the protagonist sees more clearly the nature of the universe and the inevitability of human fallibility, limitation, and suffering, and yet affirms life and humanity's role in the world. Thus, suffering can promote traditional virtues like wisdom, courage, and love, as well as transcendence and new horizons of knowing and being as the protagonist creates meaning from suffering.

In the quintessential tragedy, *Oedipus the King*, Oedipus is a successful king who sets out on a quest to find and punish the murderer of his queen wife's first husband after hearing a prophecy that doing so would lift a curse on his city. Ironically, Oedipus uses his free will in a relentless mission to unearth his secret past only to discover that, unbeknownst to him, he had accidentally killed his father in his youth, then married his mother when he became king. This revelation leads his wife and mother to kill herself, and Oedipus to violently blind himself and lose his kingdom. Tragic narratives like *Oedipus the King* are said to invoke a kind of paradoxical pleasure or emotional release, or "catharsis" of "pity and fear" in Aristotle's description. We experience sympathy and a sense of horror at Oedipus's plight, especially as we empathize with him and contend with our own human vulnerabilities. Though hubris led to Oedipus's downfall, we nevertheless appreciate his great nature, virtues, strength, and will as he persisted in seeking the truth, even as he blinded himself willfully. Additionally, it was Aeschylus who suggested in *Agamemnon*, the first play in his *Oresteia* trilogy, that we learn from our suffering: "Zeus, who guided men to think, ... has laid down that wisdom comes alone

through suffering...” and “Justice so moves that those only learn who suffer...” (translated by Richard Lattimore; Sewall, 1990, p. 159). In the sequel to *Oedipus the King*, *Oedipus at Colonus*, Oedipus is an old man nearing death but who has learned from his suffering; in contrast to his earlier overconfidence, this Oedipus has wisdom, humility, and compassion.

In *The Birth of Tragedy* (1872), Friedrich Nietzsche argued that tragedy moves us to transcend the world of appearances to see the underlying, fertile nature of reality (see Williams, 1966; Nietzsche, 1999). He believed the value of tragedy lay not in ethics (e.g., teaching moral lessons, encouraging virtues) but rather in aesthetics. In Nietzsche’s view, the world consists of two fundamental metaphysical forces in eternal struggle with each other: the “Apollonian” and the “Dionysian” (named after the ancient Greek gods Apollo and Dionysus). In the Apollonian, we see the world of phenomena, the drive toward distinctiveness and boundaries, and the individuality of persons and things. However, in the Dionysian, we see the destruction of phenomena, the drive toward dissolution and chaos, and a sense of oneness. Nietzsche thought tragedy dramatized and elevated through art the inevitable but necessary conflict of these forces. Tragic heroes are useful to us not because of their successes and victories, but because of their failures and destruction. They are created only to be destroyed so that, as we behold the tragic scene before us, we might experience a kind of ego death and behold the beauty and joy of becoming one with the terrible yet life-affirming creative power that drives the universe. Nietzsche (1999) wrote:

We are to recognize that everything which comes into being must be prepared for painful destruction; we are forced to gaze into the terrors of individual existence – and yet we are not to freeze in horror: its metaphysical solace tears us momentarily out of the turmoil of changing figures. For brief moments we are truly the primordial being itself and we feel

its unbounded greed and lust for being; the struggle, the agony, the destruction of appearances, all this now seems to us to be necessary, given the uncountable excess of forms of existence thrusting and pushing themselves into life, given the exuberant fertility of the world-Will; we are pierced by the furious sting of these pains at the very moment when, as it were, we become one with the immeasurable, primordial delight in existence and receive an intimation, in Dionysiac ecstasy, that this delight is indestructible and eternal. Despite fear and pity, we are happily alive, not as individuals, but as the *one* living being, with whose procreative lust we have become one. (pp. 80-81)

Thus, tragedy can promote acceptance of suffering and limitation in several ways. We can empathize with and relate to the tragic hero and their suffering and limitations, thus acknowledging our own suffering and limitations. We see the universality and inevitability of human suffering, the constant state of ambiguity and uncertainty we live in, the unpredictability of forces both within and without, and our imperfections and fallibility. However, this fact of existence may give rise to painful emotions that we would rather avoid, making its acceptance difficult. To encourage approach rather than avoidance of painful emotions, tragedy can evoke emotions for the tragic hero but also for ourselves to the extent we relate to them. Tragedy furthers emotional processing by providing a culturally sanctioned platform to experience emotions associated with our suffering and limitation but that may be stigmatized. For example, depression may be stigmatized (Parcesepe & Cabassa, 2013; Pescosolido et al., 2021), but sadness is arguably an adaptive emotion that helps us let go of unobtainable goals or accept unchangeable bad circumstances (Barlow et al., 2017; 2018; Durisko et al., 2015). By approaching rather than avoiding emotions associated with acknowledging suffering and limitation, we can better accept the fact that we are suffering and limited. Tragedy also shows us

the value of suffering and limitation; it presents us with an opportunity to learn and grow, developing virtues like humility, courage, wisdom. If tragedy can encourage us to transcend our individual suffering to see all suffering as the result of necessary creative and destructive forces, then we may be more inclined to accept suffering and limitation as well.

In sum, no matter how severe the loss or suffering, tragic narratives always maintain the dignity of the human condition and contain some positive affirmation of existence. Despite being radically limited and flawed, and overwhelmed by forces from both within and without, the tragic hero nevertheless retains a measure of humanity, freedom, and power to challenge fate, if only by their very attitude. In this way, tragedy promotes acceptance of human limitation with a certain kind of redemption that can help us make sense of and accept human suffering and discover the purpose and value of human life in light of it.

### ***Tragic-Redemptive Narratives***

Overall, tragedy may help us with the limitation side of the existential coin; it provides us with a cultural narrative of acceptance of human limitation and what we cannot control, whereas cultural narratives of redemption promote human possibility by emphasizing agency and what we can control. By relating to these cultural narratives, we become more aware of and accept the limitations and possibilities we share with all humans, as well as can use these narratives as guidance for balancing limitation and possibility in our own self-narrative. If we were to combine tragic and redemptive cultural narratives into an existential tragic-redemptive narrative therapy, we not only offer individuals a way to make sense of their suffering within a meaningful cultural reality, but we also offer them a powerful tool for negotiating the duality of limitation and possibility intrinsic to the existential human condition. Yalom (1980) posited the primary existential dualities humans contend with are life versus death, freedom versus unfreedom,

connection versus isolation, and meaning versus meaninglessness. American cultural narratives tend to favor redemption narratives that arguably prioritize the positive aspects of these dualities (e.g., life, freedom), but they neglect the negative aspects (e.g., death, isolation) to their detriment. In essence, I would like to exhume tragic narratives for popular American discourse and develop an existential tragic-redemptive narrative therapy that addresses both human limitation and possibility in a more balanced and thus adaptive way compared to redemptive narratives alone. Though redemption narratives have inspired American individuals to overcome adversity for hundreds of years, they may be long overdue for prominent tragic narratives that show them how to accept it.

### **Intervention Development and Mechanistic Engagement**

In accordance with the National Institutes of Health (NIH) Intervention Stage Model (Onken et al., 2014), the present study builds on the basic science developed by narrative identity and terror management researchers (Stage 0) to develop and test the feasibility and acceptability of an existential narrative therapy that incorporates tragic and redemptive cultural narratives for American individuals struggling with marital separation (Stage I). Stage I research focuses on activities related to the generation of a novel intervention or modification of an existing intervention, including feasibility and pilot testing. Treatment development work of this nature is most ideally focused on targeting potential mechanisms of action—that is, the thoughts, feelings, and behaviors that are believed to hinder adaptive outcomes and, when changed, yield positive adaptation to a marital separation. A focus on mechanism engagement as a critical element of Stage I research is consistent with NIH's larger Science of Behavior Change (SOBC) initiative. The SOBC initiative promotes a systematic approach to increasing our understanding of the underlying mechanisms that change behavior and have enduring, positive impacts on health.

The key mechanisms targeted in the current report may be categorized as those aimed at acceptance of suffering and those aimed at personal growth from suffering. Tragic and redemptive narratives can be combined to form a single-story arc, with the tragic narrative component focused on acceptance of suffering and the redemptive narrative component focused on personal growth from suffering. By incorporating tragic and redemptive themes into our personal narratives and self-concept (i.e., our personal identity), we might begin to develop the perspectives, insights, attitudes, traits, and behaviors necessary to radically accept our suffering and limited agency, as in the case of tragedy, or realize the power of our agency and transform a negative event into a positive meaning or outcome, as in the case of redemption. This two-stage process of acceptance and redemption has parallels in other established literatures, such as those related to the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP; Barlow et al., 2017; 2018) in terms of strategies to encourage approach rather than avoidance of negative emotions to better accept and learn from them; Acceptance and Commitment Therapy (ACT; Hayes et al., 2006; 2011) regarding mindful acceptance of negative internal states and commitment to values and action for a more meaningful life; and posttraumatic growth (PTG; Calhoun & Tedeschi, 2001; Tedeschi & Calhoun, 2004).

As mentioned, tragic narratives help us accept suffering in a variety of ways. By relating to the tragic hero, we come to understand the universality and inevitability of suffering, the inherent uncontrollability and uncertainty in human life, and the imperfection of the human condition. Tragedies show us that it is socially acceptable to feel the negative emotions associated with these fundamental aspects of human existence, thus facilitating our acceptance of these existential givens. Witnessing the personal growth of tragic heroes suggests there is value in suffering, including the development of virtues, including wisdom to discern what is and what



is not controllable, humility to accept what cannot be changed, and courage to change what can be changed (particularly one's self and attitude in the case of tragedy).<sup>3</sup> Tragedies can also offer us transcendence and a glimpse into the fundamental nature of reality and necessity of suffering.

Similarly, redemption narratives help us redeem suffering by providing a cultural template for transforming negative events into positive meanings or outcomes. Redemption narratives assume it is possible to learn from negative events. For example, we could learn about our compassion for our own suffering or the suffering of others, and the character traits or virtues required to manage and overcome that suffering. Redemption narratives also imply we have some degree of agency and control to undertake effective action to change the suffering experience into something more positive. Together, these aspects of redemption narratives encourage us to learn from negative events and to use that knowledge to improve one's life, the lives of others, or the world.

These features of tragic and redemptive narratives map well to the psychological patterns exhibited in people's retelling of their traumatic experiences that are predictive of posttraumatic stress disorder (PTSD) versus PTG (Meichenbaum, 2006). Following trauma, PTSD is associated with contra-factual thinking (e.g., "if only I had... this would not have happened"); self-blaming ("I should have..."); blaming others ("I have been betrayed"); self-focused thinking and viewing the self as "victim"; altered beliefs such as the world is unsafe, future unpredictable, and people are untrustworthy; hyper-vigilance; rumination about the past and what was lost; and behavioral and cognitive avoidant behaviors. However, if someone internalized a tragic self-narrative that facilitates the acceptance of the universal, inevitable, and uncontrollable nature of

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<sup>3</sup> These virtues are like those contained in the well-known Serenity Prayer: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference." (Sacco et al., 2011).

human suffering, as well as the virtues necessary to deal with that suffering (e.g., courage, humility, wisdom), then they might be better protected against these PTSD-enabling patterns of thought and behavior. Conversely, PTG is associated with benefit finding for both self and others, engaging in a future orientation, and constructing meaning or a coherent narrative that transforms loss into something good. If someone internalized a redemptive self-narrative that emphasizes learning from negative events and using one's agency to take effective action based on those lessons to improve life circumstances, then they might be better suited to achieve PTG. Thus, tragic and redemptive narratives have features that target mechanisms that could decrease the chance of PTSD and increase the chance of PTG, respectively.

Applying this existential narrative therapy to treat marital separation distress, I expected a range of psychological constructs and well-being outcomes. Due to greater integration of the marital separation experience into one's self-narrative, one would likely experience less self-concept disturbance after treatment. By viewing one's separation as part of tragic and redemptive cultural narratives, one might make sense of and feel validated in their separation experience, potentially mitigating their sense of existential isolation (i.e., the radical separation of one's subjective experience from the world and other people's subjective experiences; Yalom, 1980). If one can accept and feel empowered to redeem their separation experience as part of their role as worthy actors in a grand cultural drama, then they may have higher self-esteem. Holding oneself in such esteem, one may be better able to give themselves permission to process (i.e., approach rather than avoid) the painful thoughts and feelings associated with their loss of relationship, likely decreasing depressive symptoms and emotional distress over time (Gámez et al., 2011; Stanton et al., 2000). Moreover, to the extent one becomes more aware of their personal agency and power to change circumstances, they may experience enhanced self-efficacy

and hopefulness and take effective action to improve their life, the lives of others, or the world, which should improve mood symptoms further. One may also become more cognizant of their capacity for self-development; for instance, touched by their own suffering, one can become more self-compassionate, and insofar as they recognize the universality of their suffering, they may become more compassionate toward others as well.

Additionally, I expected certain changes in linguistic markers associated with creating a tragedy and redemption-informed marital separation narrative over time that can be measured using text analysis software like Linguistic Inquiry and Word Count (LIWC; Seraj et al., 2021; Tausczik & Pennebaker, 2010). Specifically, I used LIWC to analyze the kinds of words used in participants' stream-of-consciousness (SOC) discussion of their thoughts and feelings about their ex-partner or marital separation. I predicted someone showing improved psychological adaptation over the treatment to use fewer negative emotion words and more positive emotion words. If a participant has successfully created meaning and a coherent self-narrative, then I would anticipate fewer cognitive processing words, or words associated with working through or attempting to understand problems, by the end of treatment. When breakup first occurs, people look inward and orient toward people more, decreasing analytical thinking and using more informal, personal, and dynamic language; but as someone creates meaning and a coherent narrative of the breakup, analytic thinking should increase again as they no longer need the informal, personal, and dynamic language as much. Similarly, coming to terms with marital separation should decrease focus on the self and the ex-partner, decreasing first-person singular pronoun and first-person plural pronoun use; but if adopting a shared cultural narrative about suffering encourages people to orient themselves toward others, then I would predict the ratio of first-person plural pronouns to first-person singular pronouns to increase. Finally, I surmised

another set of linguistic markers to be participants' increased sense of acceptance of and redemption from their separation experience over the course of treatment. For that reason, participants' SOC discussions were coded for acceptance and redemption themes using the coding scheme I developed at Appendix A. If participants can discuss their separation experience with greater equanimity and understanding and less psychological disturbance or distress, then they are likely more accepting of their separation. If participants can discuss their separation as a catalyst for improving themselves and the world, then they likely have more redemption from their separation.

In addition to a focus on mechanisms, Stage I research can entail testing the feasibility and acceptability of a new intervention. To this end, I examined if there was sufficient interest in and engagement with an existential narrative therapy to consider it feasible for recruitment and administration. For example, as a function of available resources and time, I assessed if I could enroll at least 10 participants over a two-month recruitment period to try this intervention. I also measured how many participants completed the treatment sessions and homework, setting a retention rate goal of 75% of participants completing all treatment sessions, and a homework completion rate goal of 75% among those who completed all treatment sessions. Given tragic and redemptive narratives are unlikely to enter everyday conversation, I measured participant understanding of the intervention's content. Following the intervention, I assessed the acceptability of the intervention to participants, including measuring their satisfaction with the therapy program, how useful they found it, and if they would recommend it to a friend or loved one. I expected participants to largely understand the intervention's content and find the intervention useful and satisfying. Finally, I elicited feedback through survey and exit-interview open-ended questions to determine how the intervention could be improved.

### **Present Study**

The primary goals of this study were to assess the feasibility and acceptability of a novel existential narrative psychotherapy aimed at helping American adults recently separated from their ex-partners create coherent marital separation narratives that incorporate tragic and redemptive themes. The secondary goals of the project included obtaining preliminary, descriptive evidence of intervention efficacy; exploring the psychological constructs and linguistic markers associated with creating a tragedy and redemption-informed marital separation narrative; and obtaining feedback to improve the therapy program. Using a mixed-methods, within-subjects, longitudinal design, 11 participants who experienced significant separation-related psychological distress were assigned to a single treatment group and asked to complete six 1-hour psychotherapy sessions over a three-month period either in-person or online via HIPAA-compliant Zoom software. In the intervention, the first four therapy sessions occurred weekly and educated participants about tragic and redemptive concepts, including reading a marital separation vignette with tragic and redemptive themes, and guided them to write their own marital separation narrative with such themes. The final two therapy sessions of the intervention occurred monthly and allowed participants to monitor their progress implementing their new narrative and work through any obstacles in this implementation. Prior to the first session and following the final session, participants completed measures of depression, self-concept disturbance, separation-related emotional intrusion and grief, self-compassion, compassion for others, self-esteem, existential isolation, emotional approach coping (specifically emotional processing), and experiential avoidance (specifically distress aversion), as well as a SOC recording of their thoughts and feelings regarding their ex-partner or separation experience. After each session, participants completed surveys assessing that session's acceptability.

Additionally, following the final session, participants completed a post-intervention survey and exit interview assessing overall intervention acceptability.

The current report was guided by the following aims and hypotheses:

- Aim 1: To assess the feasibility of a tragedy and redemption-informed narrative psychotherapy.
  - Hypothesis 1 (H1): At least 10 participants would be recruited into the study over a two-month recruitment period.
  - Hypothesis 2 (H2): Participant retention rate would be at least 75% (i.e., at least 8 of the first 10 enrolled participants would complete all six therapy sessions).
  - Hypothesis 3 (H3): Among participants who completed the therapy program (i.e., any participant who completed all six therapy sessions), they would complete at least 75% of their homework assignments.
  - Hypothesis 4 (H4): The average participant response to the post-intervention question “I understood the content of the therapy program” would be at least “moderately agree.”
- Aim 2: To assess the acceptability of a tragedy and redemption-informed narrative psychotherapy.
  - Hypothesis 5 (H5): The average participant response to the post-intervention questions “The work I did in this therapy program was useful in helping me to accept the end of my relationship,” “The work I did in this therapy program was useful in helping me to move forward from the end of my relationship,” “I am satisfied with the therapy program,” and “I

would recommend this program to a friend or loved one,” would be at least “moderately agree.”

- Aim 3: To obtain preliminary, descriptive evidence of treatment efficacy of tragedy- and redemption-informed narratives.
  - Hypothesis 6 (H6): As a means of benchmarking the observed changes in this study, I expected the average score on a composite measure of separation-related psychological distress among participants who completed the therapy program to decrease by more than 20% from pre- to post-treatment, which was approximately the average-level change observed across a 3-month window in an observational study of marital separation adjustment as reported in O’Hara et al. (2020).
- Aim 4: To obtain preliminary, descriptive evidence of the psychological constructs and linguistic markers associated with tragedy- and redemption-informed narratives.
  - Hypothesis 7 (H7): Among participants who completed the therapy program, the average scores between pre- and post-treatment on self-reported self-compassion, compassion for others, self-esteem, and emotional approach coping (specifically emotional processing) would increase, whereas average scores on existential isolation and experiential avoidance (specifically distress aversion) would decrease.
  - Hypothesis 8 (H8): Among participants who completed the therapy program, LIWC analysis and thematic coding of SOC recordings would indicate that the average score from pre- to post-treatment would:

- decrease for negative emotion words; cognitive processing words; first-person singular pronouns; and first-person plural pronouns; and
  - increase for positive emotion words; analytic thinking words; ratio of first-person plural pronouns to first-person singular pronouns; acceptance themes; and redemption themes.
- Aim 5: To elicit feedback that may improve this tragedy and redemption-informed narrative intervention.
    - Exploratory questions asked in post-session and post-intervention surveys and in the exit interview and thematic analysis of answers would indicate where this intervention could be improved.

## **Method**

### **Recruitment Methods and Participants**

Given the current report's goal of conducting a pilot study to assess the feasibility and acceptability of a novel existential narrative therapy, and time and resource constraints as I was the single therapist administering six 1-hour therapy sessions, I sought 10 treatment-seeking, community-dwelling, American-born adults residing in Arizona who reported a recent marital separation. The recruitment plan involved advertisements displayed in newspapers, online formats, and at the local family and conciliation court and marital separation recovery support groups. The study would be advertised as offering psychotherapy in exchange for participation in a research study on the well-being effects of narrative writing following marital separation. Prospective participants would complete an online screening survey about their demographics and recent separation, and complete measures of suicidality and psychological distress (see



“Screening surveys” below). Exclusion criteria included inability to read, write, and speak fluent English; being born outside the United States; not currently living in Arizona; being reunited with their ex-partner; not being physically separated from their ex-partner; separated more than one year ago; marriage length less than one year; lived with their ex-partner for less than two years; history of a psychiatric disorder other than those related to depression, anxiety, or trauma and stress; and active suicidal ideation or behavior. Individuals with at least moderate psychological distress as rated by obtaining a score of at least 6 (“agree”) on the 7-point Likert question “My marital separation or divorce is causing me significant psychological distress or impairment in my life functioning” (1 = “strongly disagree”, 7 = “strongly agree”) would be invited to a telephone screening interview. In the interview, participants would learn more about the study and discuss their marital separation story and struggles with their recent separation. Those prospective participants who appeared receptive to making sense of their marital separation through a tragic and redemptive narrative approach would be invited to participate in the study. For each prospective participant identified as actively suicidal during the screening and interview process, I would conduct a thorough suicide risk assessment and request or refer to appropriate resources and services. After participants accepted their invitation, they would begin psychotherapy sessions through the Behavioral Health Clinic at the University of Arizona. Participants who could attend sessions in person would be encouraged to do so; other participants would participate online via Zoom-based HIPPA-compliant virtual sessions.

Recruitment began almost exclusively via local newspaper print and online (i.e., email) advertisements and flyers distributed to marital separation recovery support groups. The local family and conciliation court did not allow advertisements of the study. These initial recruitment methods were deemed sufficient until three weeks had passed with only eight sign-ups for study

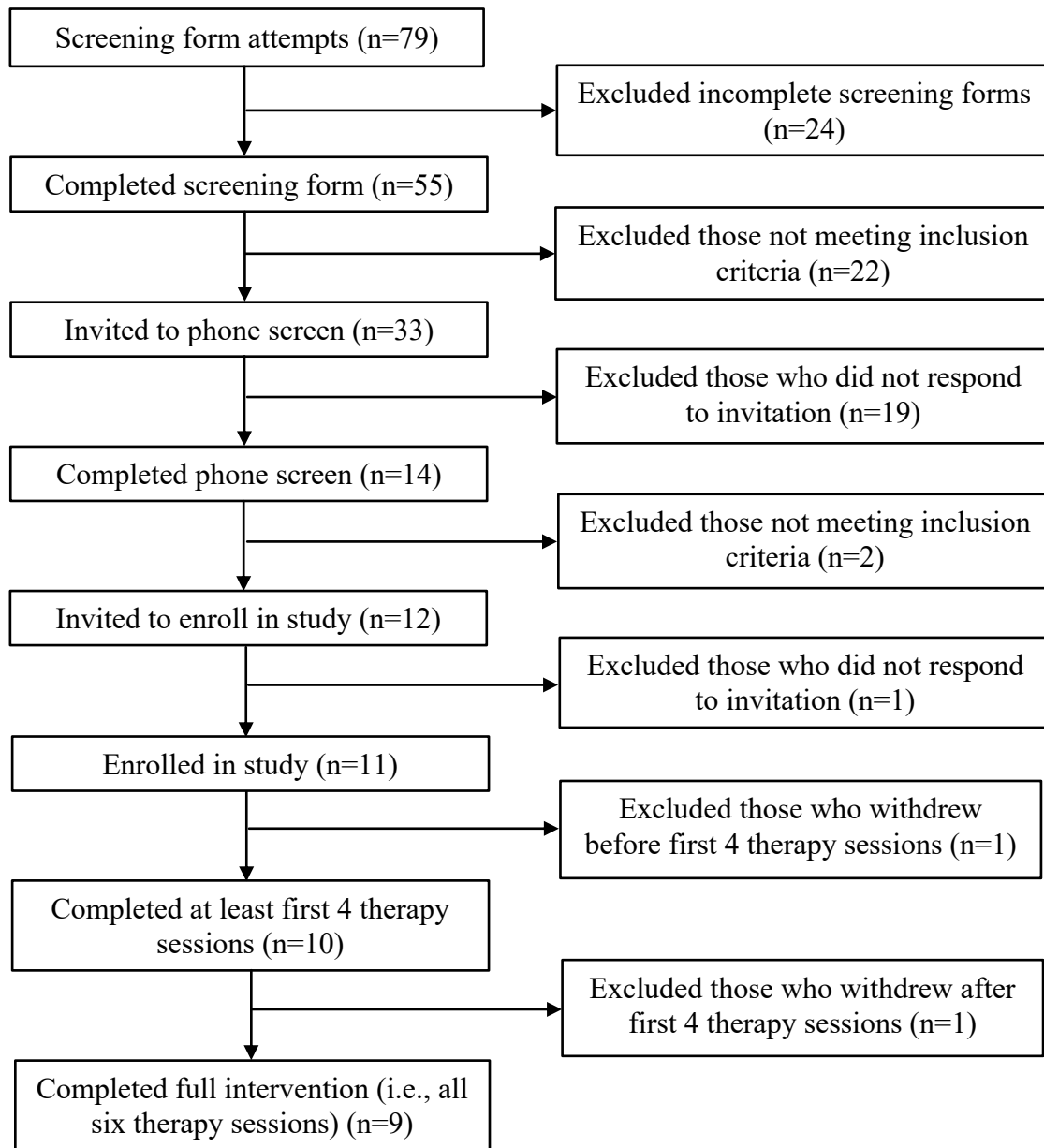
screenings and one enrolled participant. Then, advertising shifted almost exclusively to social media and sign-ups improved substantially, and some participants were given exemptions from some exclusion criteria to support enrollment, including allowing enrollment for two participants not born in the United States (i.e., Mexico and Germany); one participant who had lived with their ex-partner for about one and a half years (rather than at least 2 years); two participants who had married their ex-partner for a few months less than one year (rather than at least 1 year); two participants who had been separated from their ex-partner for more than 1 year (i.e., approximately 3 and 5 years); one participant still living with their ex-partner; and two participants with past psychiatric diagnoses other than those related to stress and trauma, anxiety, or depression (i.e., obsessive-compulsive disorder and anorexia). After two months of recruitment, one participant withdrew from the study after completing two therapy sessions; I decided recruitment would continue until at least 10 participants completed their first four weekly therapy sessions because the bulk of narrative development work and implementation planning occurred in those sessions. The 11<sup>th</sup> and final participant enrolled approximately four months after recruitment began, and recruitment efforts ended when this participant completed their fourth session five months after recruitment began.

A flowchart of participants from initial screening to intervention completion is presented in Figure 1. Given 79 attempts to complete the screening form, approximately 30% or 24 attempts, including 3 duplicates, were incomplete, suggesting there was some difficulty or hesitation in completing the form. Of the 55 participants who completed the screening form, around 60% or 33 of them were deemed sufficiently eligible and invited to phone screening, and of those, only around 40% or 14 of them responded and completed the phone screening. Two participants were deemed ineligible following the phone screen and twelve participants were

invited to enroll in the study. Since one participant did not respond to their study enrollment invitation, eleven maritally-separated persons ( $N = 11$ , 9 female,  $M_{age} = 43.6$ ,  $SD_{age} = 12.3$ , age range: 27-69) from the American Southwest were enrolled in the study in exchange for receiving psychotherapy. Excluding data from the one participant who withdrew from the study after two therapy sessions,<sup>4</sup> the final sample consisted of 10 participants (8 female,  $M_{age} = 43.0$ ,  $SD_{age} = 12.7$ , age range: 27-69), including 8 Non-Hispanic White participants and 2 Hispanic participants. Participants were largely heterosexual (two were homosexual and one was pansexual) and diverse in education levels (one did not complete high school, two had high school diplomas, one had an associate's degree, four had bachelor's degrees, one had a master's degree, and one had a doctoral degree) and occupations (e.g., unemployed, IT technician, teacher, social worker, nurse, retired). All participants were fluent in English. The average relationship length with ex-partner was 15.8 years ( $SD_{rel\_length} = 15.9$ ,  $range_{rel\_length}$ : 2-52 years); average time lived with ex-partner was 14.3 years ( $SD_{live\_length} = 14.2$ ,  $range_{live\_length}$ : 1.5-45 years); average time married to ex-partner was 12.6 years ( $SD_{marry\_length} = 15.2$ ,  $range_{marry\_length}$ : 0.8-47 years); and average time separated from ex-partner was approximately 6 months when excluding two participants whose separation lengths were 4.5 years and nearly 3 years, and 1.2 years when including all participants. Six participants were legally divorced, three participants were physically separated but with no legal action taken, and one participant was emotionally separated but still living with their ex-partner and with no legal action taken. Brief case studies of each of the 10 participants in the final sample are provided in Table 1.

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<sup>4</sup> Only data from participants who completed at least the first four weekly therapy sessions was included since the first four sessions were deemed to be the minimum number of sessions required to experience and benefit from the key elements of the therapy (i.e., narrative development and implementation planning).

**Figure 1***Flowchart of Participants*

**Table 1***Case Studies of Participants in Final Analyzed Sample*

Case Study	
Participant 1	Participant was a college-educated White (Non-Hispanic) heterosexual female in her early 40s and who divorced her ex-husband after approximately a decade of relationship, co-habitation, and marriage. Participant still hoped to reunite with her ex-partner whom she had periodically separated and reunited with over the course of their relationship. Participant had a troubled upbringing involving parental infidelity, substance use, and physical abuse. Prior to her ex-husband, participant had been involved in a continuous series of romantic relationships in which she bore several children with several different men, some of whom were abusive toward her, with the month prior being the longest she had ever been single. Participant conveyed that her decision to divorce was partly motivated by her father's recent deathbed advice to live her life more fully. During therapy, participant found writing her life narrative gave her a new perspective on the tragedy of her difficult upbringing and relationship history and how these experiences affected her choices as an adult. In particular, she saw in her divorce an opportunity for redemption by heeding her father's advice and not repeating her parents' mistakes, thus she explored her redemptive identity and how she could live more authentically. Though she eventually reunited with her ex-husband, she re-entered the relationship with a greater sense of self and what she wanted from the relationship, as well as more confidence in her ability to advocate for herself and enforce her personal boundaries.
Participant 2	Participant was a college-educated White (Non-Hispanic) heterosexual female in her mid 50s who divorced her ex-husband about half a decade ago after approximately three decades of relationship, most of which was spent living together and married. Participant reported current post-traumatic stress disorder (PTSD) diagnosis and was managing the stress of a prolonged, multi-year divorce process with a difficult and uncooperative ex-partner, as well as residual trauma from the relationship and guilt for not leaving the relationship sooner, which she believes negatively impacted her children. She was also a member of a divorce recovery group. Participant found it helpful to write her life narrative and reflect on how she became too permissive toward her ex-husband just like her father was toward her mother. She processed the tragedy of giving so much and spending so many years in the relationship to try to make it work for it to only fail in the end. However, she also recognized the positive traits she developed to overcome her tragedy, including learning how to be assertive and enforce boundaries; developing greater self-respect, self-confidence, and sense of personal responsibility; and gratitude and her church

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 Case Study
 

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- Participant 2 (continued) and divorce recovery group, to help others who had gone through a similar tragedy, she crafted a redemptive self that balanced her compassion with a new strength such that, unlike in her last relationship, she might live according to her values and help others but be a more effective actor and limit the degree to which others take advantage of her.
- Participant 3 Participant was a graduate school-educated Hispanic lesbian female in her late 30s who emotionally but not physically separated from her wife a few months ago after several years of relationship and co-habitation and about one year of marriage. Participant endorsed passive suicidal ideation but denied suicidal intent, means, or plan. Participant reported a traumatic family upbringing in Mexico, where she was born and raised, which taught her to not be close to her family or be open emotionally and encouraged her to develop a self-concept as a “fighter.” She moved to the United States many years ago to study. Participant reported she discovered the meaning of love when she had her own children and had hoped her marriage would allow her to create the family she always wanted. However, this dream was shattered when her wife asked for a divorce along with associated pressures to leave the United States. Participant found using a third-person perspective in her narrative work provided an alternative view of her tragic past that allowed her to forgive herself and see herself as naïve rather than blameworthy. She learnt she had to go through “darkness” to find her “strengths” and that her redemptive narrative aligned with her belief that “everything happens for a reason.” Thus, she achieved greater acceptance and equanimity and approached her therapy work with vigor as she charted a new course for her life based on her family, friends, and new romantic interest. The participant eventually returned to Mexico with her children during the study. However, she used lessons from her divorce to engage in humility and gratitude that afforded her the cognitive flexibility to pivot her narrative to her new reality, as well as fortify herself as she reminded herself of her strength and ability to choose to be her redemptive self.
- Participant 4 Participant was a high school-educated White (Non-Hispanic) heterosexual female in her early 50s who divorced her ex-husband about one year ago after more than two decades of relationship, living together, and marriage. Participant endorsed current diagnoses of PTSD and anxiety disorder, and past diagnosis of PTSD, anxiety disorder, and depressive disorder. Participant reported growing up in a highly structured, “militant” household where she felt pressured to be the “golden child” and “perfect.” As a result, she developed tendencies toward harsh self-criticism and perfectionism and a high need for control, which led to problems with eating restriction and purging in her adolescence. Participant reported she married an alcoholic with

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 Case Study
 

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- Participant 4 (continued) whom she had children, but she felt burdened by and lacking support from the “third child” that was her husband. Participant felt guilty for exposing her children to their father’s neglect and emotional and verbal abuse, as well as serving as a bad role model for taking that abuse for so long. Initially, her narrative work was largely descriptive as she found it difficult to be in touch with her emotions, but she gradually incorporated psychological states and emotions into her narrative over time. Though the participant’s lack of self-compassion made it difficult for her to let go of her guilt, forgive herself, and give herself permission to feel her painful emotions, she identified self-compassion and self-love as core parts of her redemptive narrative. She found it helpful to divide her life narrative into chapters named after different personas and roles she adopted in each chapter. She named her final chapter “Eve” as a biblical reference to the “dawn of woman” and symbolic of her new, redemptive self where she learns to love herself and enjoy her life for the first time.
- Participant 5 Participant was a high school-educated White (Non-Hispanic) pansexual female in her mid 30s who divorced her ex-wife about one year ago after approximately half a decade of relationship, living together, and marriage. Participant endorsed current psychiatric diagnosis of depression and past diagnoses of depression, social anxiety, and anorexia, as well as passive suicidal ideation but denied suicidal intent, means, or plan. Participant’s troubled upbringing and relationship with parents led her to internalize lifelong depressive feelings and thoughts that she is unlovable and unworthy, which were triggered again by her divorce. Participant endorsed a “nihilistic” or “absurdist” worldview, believed that redemption was not possible for her, and admired the powerful villain who inflicts suffering rather than the tragic hero who bears suffering. Throughout the intervention, participant struggled with allowing herself to be vulnerable, feel negative emotions, and make mistakes, which impeded her ability to change and be authentic. Participant found the third-person narrative approach allowed her sufficient psychological distance to reevaluate conditions of self-worth and try a new identity. Participant eventually viewed the divorce as an opportunity for redemption, including discovering new values through her artwork, pursuing new romance, and deepening connections with family and friends.
- Participant 6 Participant was a graduate school-educated White (Non-Hispanic) heterosexual female in her early 30s who legally separated from her ex-partner about half a year ago and after approximately a decade of relationship and living together, and several years of marriage. Participant endorsed current psychiatric diagnosis of an anxiety disorder and past diagnoses of depressive and obsessive-compulsive disorders. Participant described her ex-

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- Participant 6 (continued) partner as controlling and manipulative both during the relationship and in its aftermath as she dealt with the stress, anxiety, and exhaustion of an ongoing divorce process, unwinding shared financial assets, and developing a co-parenting plan. Participant described her tragedy as not heeding warning signs, enforcing personal boundaries, or trusting herself to end the relationship sooner, and now being unable to trust others. Participant reported finding strength in her children and being a better parent, and she resonated with the word “redemption” and related to a heroine in the Star Wars narrative who inspired her to pursue her own redemption. Participant told her story in two parts: “Battle 1” was the physical separation where she learnt resilience and the need to be self-compassionate, discerning of others, and assertive as she engaged in the ongoing divorce process that was “Battle 2.” By the intervention’s end, participant learnt to trust herself and her conscience more; to become more self-compassionate, assertive, and confident, especially in her dealings with her ex-partner; and to be a more proactive and productive problem solver by focusing on what she can control.
- Participant 7 Participant was a high school-educated White (Non-Hispanic) gay male in his late 20s who legally separated from his ex-husband about one year ago after several years of relationship, co-habitation, and marriage. Participant endorsed current and past psychiatric diagnoses of depressive and anxiety disorders. Participant reported experiencing severe stress and anxiety due to his ex-partner’s financial irresponsibility and the significant negative financial ramifications of the divorce. Participant often used metaphor to describe his tragic-redemptive experience, such as his marriage being a “vase” that held important aspects of life that was now broken, and his goal now to build a “mug” that contained these meaningful aspects of life and allowed him to be happy on his own. He initially found it difficult to write his narrative as his identity was still enmeshed with his ex-partner in the “vase,” but over time the narrative exercise appeared to assist him in imagining a separate self from his ex-partner. Participant believed the relationship taught him to avoid self-delusion and see reality clearly while being more discerning about others. He better realized what mattered most (e.g., his pets) and the areas of improvement in his life. He sought redemption by working toward financial stability, through self-exploration and improvement, learning to love and care for himself, and pursuing meaningful work and leisure. Participant hoped that once he built his “mug” and was happier on his own and knew himself better, he would pursue a new romantic relationship where the individuals retained their separate “mugs” or lives without becoming enmeshed in a “vase.”
- Participant 8 Participant was a college-educated White (Non-Hispanic) heterosexual male in his late 40s who legally divorced his ex-wife about half a year prior after a

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- Participant 8 (continued) decade of relationship and co-habitation, and approximately half a decade of marriage. Following the divorce, the participant endorsed a current psychiatric diagnosis of depression as well as anxiety and insomnia symptoms and began taking anti-depressant medication. Participant reported having “abandonment” concerns due to his own parents divorcing and his father disappearing from his life, which the participant believes may explain why he “gave everything” to his ex-wife and let her violate his personal boundaries. Throughout treatment, participant struggled with navigating personal boundaries with his ex-wife and shared custody of their children, as well as how to form a new identity, life, and social network without her. Participant experimented with writing his narrative from first-person and third-person perspectives, finding the former “easier” but the latter offering a “different perspective.” Participant’s tragic story involved betrayal and uncontrollability in relation to the divorce, the pain of letting go of his hope for reunification with his ex-wife, but also the lesson that he would make the same choices if given the chance because he values love so much. Participant imagined his redemptive self as having more self-confidence, stronger personal boundaries, better self-care, more patience with self and others, taking more risk to trust others, deeper relationships, and greater engagement and appreciation of life. Participant implemented his redemptive narrative by developing a meditation practice, journaling for self-discovery and goal setting, learning a new language and musical instrument, training for a sports event, and searching for a new career. By study’s end, participant reported he found the narrative therapy helpful for making sense of and developing a new perspective on his suffering and last relationship, as well as learning to love himself as part of his redemption. His biggest lesson was learning to give love and receive it, and that, if given the chance, he would follow through with his last relationship again despite the emotional pain it brought about.
- Participant 9 Participant was a college-educated Hispanic heterosexual woman in her mid 30s who legally divorced her ex-husband a few months prior after approximately half a decade of relationship and living together and about one year of marriage. Participant endorsed past psychiatric diagnosis of depression. Participant left her ex-husband because of his infidelity throughout their relationship, leaving her with emotional pain, a sense of betrayal, lacking closure, and feeling isolated and lost. While managing the stress of ongoing child custody issues, the participant was reminded of how her late mother was cheated on by her father. The participant was strongly inspired by her mother whom she described as “a strong Mexican woman” who was decisive, loved her family “unconditionally,” and raised the participant and her siblings. In formulating her personal narrative, the participant honored her mother’s memory by modeling her ideal self on her

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Participant 9 (continued) mother and striving for that ideal of being strong for her children, advocating for herself, and having self-respect. Participant's tragic lessons were realizing life's uncontrollability, the potential for lack of closure and deceit by close others, and learning acceptance through her faith in God, just as her mother did. Participant's redemption involved raising her children to be ethical and teach them not to be careless with other people's emotions, like her ex-husband was with her emotions, as well as personal growth through a new career and further education, enjoying alone time by re-engaging with hobbies, and re-establishing friendships.

Participant 10 Participant was a college-educated White (Non-Hispanic) heterosexual woman in her late 60s who began legally separating from her ex-husband several years ago after around five decades of relationship, co-habitation, and marriage. Following the participant cheating on her ex-husband approximately four decades ago, the ex-husband became resentful and was unable to forgive the participant. The ex-husband's resentment and his alcoholism, and their growing differences in perspective, eventually led to their separation. The participant was experiencing significant shame, guilt, and self-blame from the separation, and she found it difficult to write about her emotions in her narrative. Given the participant's ardent Christian faith, it was suggested the participant write her self-narrative from God's perspective. By empathizing with God's loving attitude toward herself, the participant found she was able to give herself permission to be vulnerable and cry; she reported she "let grace in" to "decalcify pain in my heart" and "learnt I can cry." The participant also understood the tragic-redemptive narrative framework's categorization of what is controllable vs. uncontrollable from the perspective of the Christian Serenity Prayer. The tragic portion of her narrative involved learning to be humble and to accept, forgive, and love herself through God, as well as understanding the necessity of loss in relationships and developing compassion for other divorcees. She characterized her redemption as learning from her last relationship the importance of personal boundaries and creating and maintaining a new identity to help her find a better romantic relationship. Additionally, she extended her personal narrative to her adolescent self whose mother recently died and sought compassion for her younger self's suffering, loss of innocence, and inability to replace that love through her ex-husband.

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## **Materials and Procedure**

### ***Screening Survey***

Prospective participants completed an online screening measure that recorded demographics such as age, gender, sexual orientation, race, ethnicity, languages (including whether they can read, write, and speak fluent English), whether they were born in the United States, whether they were currently living in Arizona, occupation, and educational attainment. Prospective participants were also asked about their last relationship, including relationship length, marriage length, time spent living together, time since physical separation from ex-partner; whether they were reunited with their ex-partner; and whether they were legally divorced, legally separated, or physically or emotionally separated without legal action. Finally, prospective participants were asked to provide information about any past or current mental health diagnoses; psychological distress or impairment due to separation; and suicidality via the Ask Suicide-Screening Questions survey below.

**Ask Suicide-Screening Questions (ASQ).** The ASQ scale is a 4-item survey used to screen for suicide risk in medical settings (Horowitz et al., 2012; 2020; National Institute of Mental Health, n.d.). Items are assessed on a binary scale of “yes” or “no” and include, “In the past few weeks, have you wished you were dead?” “In the past few weeks, have you felt that you or your family would be better off if you were dead?” “In the past week, have you been having thoughts about killing yourself?” and “Have you ever tried to kill yourself?” If an individual answers “no” to all four items, then screening is complete, and no intervention is necessary. However, if an individual answers “yes” to any of these four items, the assessor asks the follow-up question “Are you having thoughts of killing yourself right now?” If a respondent answers “yes” to this additional question, then they require a full and immediate mental health and safety

evaluation. On the other hand, if a respondent answers “no” to this last question, only a brief suicide safety assessment is conducted. In both cases, the assessor contacts any relevant authorities and resources to ensure the respondent’s safety.

### *Pre- and Post-Intervention Surveys*

Once participants completed the abovementioned screening and interview process and were enrolled in the study, they began psychotherapy sessions. Prior to the first session and following the last session, participants were sent measures of depression, self-concept disturbance, and separation-related emotional intrusion and grief to complete; these measures formed a composite measure of separation-related psychological distress that would allow comparison of participant well-being pre- and post-intervention. Additionally, participants completed measures of self-compassion, compassion for others, self-esteem, existential isolation, emotional approach coping (specifically emotional processing), and experiential avoidance (specifically distress aversion) to assess psychological constructs that may be associated with tragic and redemptive narratives. These measures are provided below.

**Beck Depression Inventory (BDI).** The Beck Depression Inventory II (Beck et al., 1996) is a 21-item questionnaire that measures participants’ self-reported psychological and somatic symptoms related to major depressive episodes over the past two weeks. Items include symptoms reflecting depressed mood, such as sadness, pessimism, guilt, and loss of pleasure. Each item consists of four descriptive statements of a symptom rated from 0 to 3 (3 indicating the most symptom severity) and participants choose the statement that best describes how they have been feeling over the past two weeks. The total score is summed across all items. Clinical cut-off scores for the BDI: 1-10 indicates normal ups and downs; 11-16 indicates mild mood disturbance; 17-20 indicates borderline clinical depression; 21-30 indicates moderate depression;

31-40 indicates severe depression; and over 40 indicates extreme depression. The BDI has excellent psychometric properties and is widely used.

**Impact of Event Scale-Revised (IES-R).** The IES-R (Creamer et al., 2003) is a 22-item survey that measures emotional responses to distressing events and intrusive thoughts and symptoms often associated with Post-Traumatic Stress Disorder (PTSD). Items refer to a respondent's degree of distress regarding a given symptom over the last seven days on a 5-point scale (from 0 = Not at all to 4 = Extremely). Higher scores on the IES-R reflect greater self-reported emotional distress following romantic separation. The IES-R is associated with other assessments of separation-related psychological distress and is a valid measure of such distress (Mason et al., 2010; Sbarra et al., 2012).

**Loss of Self and Rediscovery of Self Scale (LOSROS).** The LOSROS scale (Lewandowski & Bizzoco, 2007) is a 12-item survey that assesses both a sense of loss and a sense of rediscovery regarding one's self-concept following a romantic separation. The two 6-item subscales of Loss of Self and Rediscovery of Self, the latter being reverse coded, are summed to produce an overall score. Items are assessed on a 7-point Likert scale ranging from 1 (not at all) to 7 (a great deal). Items in Loss of Self scale include, "I have lost my sense of self," "I do not know who I am," "I feel as though I am missing a part of me," and "I feel incomplete." Items in the Rediscovery of Self scale include, "I have regained my identity," "I have rediscovered who I am," "I have done the things I once enjoyed that I could not do while I was in my relationship," and "I have reclaimed lost parts of myself that I could not express while with my partner." Higher scores on the LOSROS indicate greater sense of loss of self.

**Revised Inventory of Complicated Grief (ICG).** The original ICG (Prigerson et al., 1995) is a factor-analytically derived measure of complicated grief. This 15-item revised ICG is

adjusted to ensure that survey items are relevant to romantic separation. Items measure maladaptive symptoms of loss, including grief, avoidance, and difficulty accepting the romantic separation. For example, items include “I think about my ex-partner so much that it is hard for me to do the things I need to do.” Items are rated on a 5-point scale from 0 (never) to 4 (always). Higher scores on this revised ICG are associated with higher levels of depression and emotional distress due to romantic separation.

**Separation-Related Psychological Distress Composite (SRPD).** A composite index that combines the abovementioned BDI, IES-R, LOSROS, and ICG measures to form a measure of participants’ self-reported SRPD served as the outcome variable to assess descriptive treatment efficacy of the present intervention. I used a percent of maximum possible (POMP) scoring system such that higher scores on the composite index indicated increased self-reported separation-related distress (Cohen et al., 1999). I computed the composite index score separately for the first and final assessments. This composite is a reliable and valid index of adults’ psychological responses to the end of marriage (Bourassa et al., 2017, 2019; O’Hara et al., 2020; Sbarra et al., 2013).

**Self-Compassion Scale-Short Form (SCS).** The short form SCS (Raes et al., 2011) is a 12-item survey that assesses participants’ self-reported self-compassion. Respondents rate each item, which consists of descriptive statements of how a respondent might act toward their self in difficult times, on a 5-point scale (from 1 = Almost never to 5 = Almost always). Items form six subscales to measure different aspects of self-compassion, including self-kindness and its opposite, self-judgment; common humanity and its opposite, isolation; and mindfulness and its opposite, over-identification. For example, items include: “I try to be loving towards myself when I’m feeling emotional pain,” “When things are going badly for me, I see the difficulties as

part of life that everyone goes through,” and “When I’m feeling down I try to approach my feelings with curiosity and openness.” After reverse scoring the negative subscales (i.e., self-judgment, isolation, and over-identification) and calculating the mean of each subscale, subscale means are averaged to compute an overall self-compassion score with higher scores indicating greater self-reported self-compassion. According to Raes et al., total SCS scores have evidenced adequate internal reliability (Cronbach’s  $\alpha \geq .86$ ) and near perfect correlation ( $r \geq .97$ ) with the long form SCS (Neff, 2003), which is well-validated.

**Compassion Scale (CS).** Based on the SCS, the CS (Pommier et al., 2020) is a factor-analytically derived measure of compassion for others, including four subscales measuring kindness, sense of common humanity, mindfulness, and lessened indifference toward the suffering of others. The CS consists of 16 items assessing a respondent’s experiences on a 5-point scale (1 = almost never; 5 = almost always). Example items include: “If I see someone going through a difficult time, I try to be caring toward that person,” “Suffering is just part of the common human experience,” and “When people tell me about their problems, I try to keep a balanced perspective on the situation.” Total compassion scores are calculated by reverse scoring the indifference items and calculating the grand mean of all items. Higher scores on the CS indicate greater self-reported compassion for others. The CS total score was found to be reliable (Cronbach’s  $\alpha$  ranged from .77 to .90) and subscales have demonstrated adequate reliability (Pommier et al., 2020).

**Rosenberg Self-Esteem Scale (RSES).** The RSES (Rosenberg, 1965) was used to assess participants’ state self-esteem. The RSES consists of 10 items assessing self-esteem on a 4-point scale (1 = strongly disagree; 4 = strongly agree). The RSES items measure both positive (e.g., “On the whole, I am satisfied with myself”) and negative (e.g., “I feel I do not have much to be

proud of”) feelings about the self. Self-esteem scores were obtained by reversing the negative items and summing all ten items, with higher scores indicative of higher levels of self-esteem. The RSES exhibits excellent internal consistency with a Guttman scale coefficient of reproducibility of 0.92 and test-retest reliability over a two-week period of 0.85 to 0.88 (Rosenberg, 1979). The RSES is positively associated with other self-esteem measures, including the Coopersmith Self-Esteem Inventory, and predicts depression and anxiety in the expected direction (Rosenberg, 1979).

**Existential Isolation Scale (EIS).** The EIS (Pinel et al., 2017) is a 6-item measure designed to measure the extent to which a participant feels that their subjective experiences of stimuli are unique. Items assessing existential isolation are rated on a 7-point Likert scale (1 = strongly disagree; 7 = strongly agree) with four items reverse coded. Items include: “Other people usually do not understand my experiences,” and “I usually feel like people share my outlook on life” (reverse coded). After reverse scoring, EIS items are summed to produce an overall existential isolation score, with higher scores suggesting greater self-reported existential isolation. The EIS has demonstrated adequate internal reliability (Cronbach’s  $\alpha = .78$ ) and test-retest reliability over a two-week period (Pinel et al., 2017).

**Emotional Approach Coping Scale-Emotional Processing Subscale (EAC-EP).** The EAC-EP (Stanton et al., 2000) is a 6-item subscale of the Emotional Approach Coping Scale and measures emotion-focused coping through emotional processing, which is conceptualized as active attempts to acknowledge and understand one’s emotions. The present study used the EAC-EP to assess participants’ willingness to accept and approach their emotions. Respondents rate 4 items measuring emotional processing on a 4-point scale of “I don’t do this at all,” “I do this a little bit,” “I do this a medium amount,” and “I do this a lot.” Items include: “I delve into my



feelings to get a thorough understanding of them,” “I realize that my feelings are valid and important,” and “I take time to figure out what I’m really feelings.” The mean item score represents the emotional processing score, with higher scores indicating greater willingness to acknowledge and understand one’s emotions. The EAC-EP has satisfactory internal consistency (Cronbach’s  $\alpha = .72$ ) and test-retest reliability (Stanton et al., 2000).

**Multidimensional Experiential Avoidance Questionnaire-Distress Aversion Subscale (MEAQ-DA).** The MEAQ-DA (Gómez et al., 2011) is a 13-item subscale of the Multidimensional Experiential Avoidance Questionnaire and measures experiential avoidance and specifically distress aversion, otherwise conceptualized as non-acceptance of distress or having a negative attitude toward distress. The present study used the MEAQ-DA to assess participants’ degree of rejection of negative emotions and feelings. Items are rated on a 6-point scale (1 = strongly disagree; 6 = strongly agree) and include “If I could magically remove all of my painful memories, I would,” “Happiness means never feeling any pain or disappointment,” and “When I am hurting, I would do anything to feel better.” Distress Aversion scores are calculated as the sum of item scores, with higher scores suggesting greater tendency to not accept or reject distress and negative emotions. The Distress Aversion subscale demonstrates good internal consistency (Cronbach’s  $\alpha = .88$ ), correlates positively with other measures of avoidance, and offers significant discriminant validity (Gómez et al., 2011).

### ***First Session***

In their first 1-hour session, participants were oriented to the treatment and supported in their motivation to create a new narrative. This session’s agenda:

- Review study’s purpose, structure, and timeline, as well as confidentiality and its limits within the study, and obtain informed consent.

- Administer SOC recording instructions at Appendix B. I read the instructions at Appendix B to participants, including that they would be imagining their former partner for 30 seconds and then speaking into a digital voice recorder about their separation experience in a stream-of-consciousness fashion for 4 minutes. After reading the instructions, I left participants alone in a room to create a detailed image of their ex-partner for 30 seconds. Following this 30-second period, I re-entered the room and placed a recorder on a table in front of participants. After I left the room a second time, participants spoke into the recorder about their separation experience in a stream-of-consciousness manner for 4 minutes. Following this 4-minute period, I knocked on the door to alert participants to stop speaking, and I re-entered the room and collected the recorder.
- Inquire into the participant's marital separation story. Following the SOC recording task, I asked participants to tell their separation story, which could include events prior to, during, or following the relationship, such as early childhood and family dynamics, how they met their ex-partner, the growing difficulties as their relationship progressed, how the relationship ended, and its aftermath.
- Discuss the potential benefits of a narrative approach to treatment, including making sense of the marital separation, learning to accept the separation and its associated negative emotions, and challenging maladaptive core beliefs about the self and charting a new way forward (Lindstrom et al., 2013).

- Assign homework where the participant completes a decisional balance worksheet (see Appendix C; Barlow et al., 2010) to weigh the costs and benefits of changing versus not changing regarding development of a new marital separation narrative.

### *Second Session*

This 1-hour session introduced participants to tragic narratives and assisted them in writing a new marital separation narrative with tragic themes. This session's agenda:

- Review the participant's homework and confirm their readiness for a new marital separation narrative.
- Introduce the concept of tragedy, and specifically the dramatic and literary tradition focused on a protagonist who despite their best intentions and efforts nevertheless experiences severe and unjustified suffering. The protagonist then develops a deeper understanding of the nature of human suffering, and consequently may develop virtues like wisdom, humility, and courage to better accept and manage their suffering and the limits of their agency in an unpredictable and ultimately uncontrollable world.
- Discuss examples of tragedy, like those from ancient Greek or Shakespearean literature, but more importantly from stories the participant personally relates to.
- Discuss the utility of tragic narratives in promoting acceptance of suffering. Key tragic ideas include the universality, inevitability, and uncontrollability of human life and suffering, the inherently flawed nature of humans, and the virtues that help manage this suffering, including wisdom to discern what is and what is not controllable, humility to accept what cannot be changed, and courage to change what can be changed (particularly one's self and attitude). By incorporating these

tragic concepts into our personal narrative, we might shape ourselves to develop the perspectives, insights, attitudes, traits, and behaviors to better accept our suffering. By viewing our suffering as part of a tragic cultural narrative, we might make sense of and feel validated in our suffering experience and accept our suffering as part of our role as worthy actors in a grand cultural drama, potentially reducing existential isolation and boosting self-esteem. Holding ourselves in such esteem, we may be better able to give ourselves permission to process (i.e., approach rather than avoid) our painful thoughts and feelings, likely decreasing depressive symptoms and emotional distress over time. Touched by our own suffering, we can become more self-compassionate; understanding the universality of our suffering, we may become more compassionate toward others as well.

- Read and discuss a vignette of a typical marital separation narrative demonstrating tragic ideas (see Appendix D). The gender of the ex-partner in the vignette was matched to participants' situation (e.g., participants' whose ex-partner was female were given a vignette where the ex-partner is female).
- Assign homework where the participant writes a new marital separation narrative for themselves incorporating tragic ideas. Specifically, participants write about themselves in their marital separation narrative as if they were a protagonist in a tragic narrative, emphasizing the tragic elements in their marital separation experience. For example, they might highlight how their relationship ended despite their best efforts to maintain or improve it; their recognition of the universally painful and precarious nature of interpersonal relationships; and the

character strengths they developed to accept and persist in the face of suffering and limited agency. Participants were instructed to write as much or as little as is necessary to convey a coherent, tragic marital separation narrative, including narrating their marriage, the end of their relationship, their separation experience, and their life following the relationship (see Sbarra et al., 2013). Participants may write their narrative in both factual and hypothetical terms, such as writing about the virtues they have or wish to develop in the real world.

### *Third Session*

This 1-hour session introduced participants to redemption narratives and assisted them with adding redemptive themes to their tragic marital separation narrative. This session's agenda:

- Review homework: Participant discussed what they learnt from writing their tragic narrative, which could include their understanding of the inevitable and universal nature of human suffering; the virtues they have or wish to develop to accept and manage their suffering and limited agency; their sense of existential isolation, connection to humanity, or self-esteem from being part of a cultural narrative or tradition of suffering; and their ability to have self-compassion or compassion for others.
- Introduce the concept of redemption, and specifically the idea of using our agency to create positive meanings or outcomes from negative situations. Discuss the relationship between developing acceptance and resilience through tragic thinking and developing agency and personal growth through redemptive thinking, noting how tragedy and redemption may be combined into a single framework or story arc.

- Discuss examples of redemption, such as those from popular cultural narratives, but more importantly from stories the participant personally relates to.
- Discuss the utility of redemptive narratives in promoting redemption of suffering. Key redemptive ideas include learning from negative events (e.g., our compassion for our own suffering or the suffering of others, or the character traits or virtues required to manage and overcome that suffering) and our personal agency and control to undertake effective action to change the suffering experience into something more positive. By incorporating these redemptive concepts into our personal narrative, we might shape ourselves to develop the perspectives, insights, attitudes, traits, and behaviors to better redeem our suffering. By viewing our suffering as part of a redemptive cultural narrative, we might make sense of and feel validated in our suffering experience and feel empowered to redeem our suffering as part of our role as worthy actors in a grand cultural drama, potentially reducing existential isolation and boosting self-esteem. To the extent we become more aware of our personal agency and power to change circumstances, we may experience enhanced self-efficacy and hopefulness and take effective action to improve our life, the lives of others, or the world, which should improve mood symptoms. Cognizant of our capacity for self-development, we can become more self-compassionate and compassionate toward others as well.
- Read and discuss a vignette of a typical marital separation narrative demonstrating redemptive ideas (see Appendix D).
- Assign homework where the participant amends their tragic marital separation narrative to incorporate redemptive ideas. Specifically, participants continue to

write about themselves in their tragic marital separation narrative as if they were a protagonist but now add a redemptive story arc, emphasizing the redemptive elements in their marital separation experience. For example, though they may be unable to save their previous romantic relationship, their marital separation taught them how much they value relationships and love in general. As such, they may take action to deepen other, existing relationships or create new relationships, both romantic and non-romantic, or they may practice more self-love and self-compassion. Another example is exposure to and tolerance of separation-related negative emotions (e.g., loneliness) may lead to the realization that being single is acceptable and has many benefits, including greater freedom to pursue projects or other relationships. They may appreciate their personal strength and ability to be alone, or they may take action to pursue a new hobby or career that they were unable to pursue while in their previous relationship. Participants were instructed to write as much or as little as is necessary to convey a coherent, tragic, and redemptive marital separation narrative. Participants may write their narrative in both factual and hypothetical terms, such as writing about the hobbies they have or wish to adopt in the real world.

#### ***Fourth Session***

This 1-hour session assisted participants in implementing their new tragic-redemptive narrative. This session's agenda:

- Review homework: Participant discussed what they learnt from their tragic-redemptive narrative, including their understanding of human agency, what they

can control, and how they might learn from their marital separation to lead a meaningful life.

- Discuss the utility of scheduling concrete and specific activities (i.e., behavioral activation and implementation intentions) in pursuing their new narrative.
- Assist the participant in identifying and scheduling concrete and specific actions over the coming month to live according to their new narrative.
- Assist the participant in identifying potential obstacles to living according to their new narrative and developing concrete and specific strategies and contingency plans should these obstacles arise (e.g., if-then plans that connect situational cues with responses that effectively achieve one's goals; Gollwitzer, 1999). For example, if the participant expects contact with their previous romantic partner to prevent them from implementing their intention to meet a new romantic partner, then the participant may write a message detailing their wish to end communications with their ex-partner and be ready to send this message to their ex-partner should they contact the participant.
- Assign homework where the participant engages in journaling to keep track of their implementation progress over the coming month, noting any successes and obstacles in living according to their new narrative and how they dealt with them.

### ***Fifth Session***

This 1-hour session allowed participants to monitor their progress and to adjust their narrative or plans if necessary. This session's agenda:



- Review homework: Participant discussed their implementation progress since the last session, including their successes and challenges, how they dealt with challenges, and any new learnings along the way.
- Review the participant's narrative and motivation to pursue this narrative and assist the participant in processing or making any changes in these.
- Review the participant's successes and discuss what aspects of their narrative and scheduled concrete and specific actions are working for them.
- Review the participant's challenges and discuss what aspects of their narrative and scheduled concrete and specific actions are not working for them. Problem-solve with the participant to amend their narrative and scheduled concrete and specific actions, including strategies and contingency plans, where necessary.
- Assign homework where the participant continues to journal to keep track of their implementation progress over the coming month, noting any successes and obstacles in living according to their new narrative and how they dealt with them.

### *Sixth Session*

This 1.5-hour session allowed participants to monitor their implementation progress and to adjust their narrative or plans, if necessary, as well as terminate therapy and provide feedback on the intervention. This session's agenda:

- Review homework: Participant discussed their implementation progress since the last session, including their successes and challenges, how they dealt with challenges, and any new learnings along the way.
- Review the participant's narrative and motivation to pursue this narrative and assist the participant in processing or making any changes in these.

- Review the participant's successes and discuss what aspects of their narrative and scheduled concrete and specific actions are working for them.
- Review the participant's challenges and discuss what aspects of their narrative and scheduled concrete and specific actions are not working for them. Problem-solve with the participant to amend their narrative and scheduled concrete and specific actions, including strategies and contingency plans, where necessary.
- Conduct therapy termination: Discuss the participant's journey through the study, including knowledge gained, how they have changed (including perceptions about self, relationships with others, and the world), and what the next chapter of their life will be. Inquire into participant's depression, anxiety, well-being, self-concept clarity, current view of the marital separation, and their level of hopefulness about their future.
- Finally, administer SOC recording task again as well as post-intervention survey and exit interview assessing overall intervention acceptability (see below).

### *Post-Session Survey*

After each session, participants completed a survey assessing session acceptability. The survey consists of the following items rated on a 7-point Likert scale from "strongly disagree" to "strongly agree:" "I understood the content of today's session," "I found today's session to be engaging": "The work I did in today's session was useful in helping me to accept the end of my relationship," "The work I did in today's session was useful in helping me to move forward from the end of my relationship," "I am satisfied with today's session," and "I am looking forward to completing homework from today's session." These items were followed by questions about the amount and difficulty of content from the current session and prior session's homework rated on

a 3-point Likert scale of “Too much,” “About right,” and “Too little”: “How was the overall length of today’s session?” “How was the difficulty of content in today’s session?” “How was the amount of homework from last week’s session?” “How was the difficulty of homework from last week’s session?” To assess homework completion, participants were asked to respond “Yes” or “No” to the question “Did you complete the homework from last week’s session?” Finally, participants were asked the open-ended question “What did you like or dislike about today's session, and would you change anything?”

### ***Post-Intervention Acceptability Survey***

Many items will mimic the post-session surveys except be applicable to the overall intervention. The first items will be rated on a 7-point Likert scale from “strongly disagree” to “strongly agree” and include: “I understood the content of the therapy program,” “I found the therapy program to be engaging”: “The work I did in this therapy program was useful in helping me to accept the end of my relationship,” “The work I did in this therapy program was useful in helping me to move forward from the end of my relationship,” “I am satisfied with the therapy program,” “I am looking forward to building on the progress I have made so far in the therapy program,” “I found the narrative writing exercises helpful,” “I found the narrative review sessions helpful,” and “I would recommend this program to a friend or loved one.” These items were followed by questions about the quantity and difficulty of the overall therapy program and were rated on a 3-point Likert scale of “Too much,” “About right,” and “Too little”: “How was the overall length of the therapy program?” “How was the difficulty of content in the therapy program?” “How was the length of each session?” “How was the total number of sessions?” “How was the amount of homework from the therapy program?” and “How was the difficulty of homework from the therapy program?” Finally, participants were asked the open-ended question “What did you like or dislike about the therapy program, and would you change anything?”

### ***Exit Interview***

Following the post-intervention survey, the exit interview invited participants to provide open-ended feedback to help improve the therapy program. Questions included: “What did you find helpful about the therapy program?” “Were there aspects of the program that you found unhelpful or disliked?” “Is there anything you would change about the therapy program? Should anything be added, revised, or removed from the therapy program?” and “Is there anything else about the therapy program you would like to comment about?”

### **Data Analysis**

The primary goals of this study are to assess the feasibility and acceptability of a novel existential narrative psychotherapy aimed at helping American adults recently separated from their ex-partners to create coherent marital separation narratives that incorporate tragic and redemptive themes. Secondary goals include obtaining preliminary, descriptive evidence of intervention efficacy; exploring the psychological constructs and linguistic markers associated with creating a tragedy and redemption-informed marital separation narrative; and eliciting feedback to improve the therapy program. These goals were achieved using survey data collected online and in-person and stored in REDCap hosted at the University of Arizona (Harris et al., 2009; Harris et al., 2019), as well as in-session SOC recordings and exit interviews. REDCap data was exported and analyzed using Microsoft Excel to produce descriptive statistics. SOC recordings were transcribed, text-analyzed using the LIWC computer program, and coded for acceptance and redemption themes using the coding scheme at Appendix A.

**Aim 1** is to assess the feasibility of a tragedy and redemption-informed narrative psychotherapy. To assess *H1*, I used REDCap survey data to determine the number of participants enrolled in the two-month period since the beginning of the recruitment period. If

the number of participants enrolled in this two-month period is at least 10, then H1 would be supported. To assess **H2**, I used REDCap survey data to determine the proportion of the first 10 enrolled participants who completed all six therapy sessions. If the percentage of the first 10 enrolled participants who complete all sessions is at least 75%, then H2 would be supported. To assess **H3**, I used REDCap survey data regarding the post-session survey question “Did you complete the homework from last week’s session?” to determine the percentage of sessions whose homework was completed. If the percentage of homework completed among those who complete the therapy program (i.e., the 9 participants who completed all six therapy sessions) is at least 75%, then H3 would be supported. To assess **H4**, I used REDCap survey data and descriptive statistics regarding the post-intervention question “I understood the content of the therapy program” to determine the mean response to this question among those who complete the therapy program. If the mean response to this question is at least 6 (i.e., “moderately agree”), then H4 would be supported.

**Aim 2** is to assess the acceptability of a tragedy and redemption-informed narrative psychotherapy. To assess **H5**, I used REDCap survey data and descriptive statistics regarding the post-intervention questions “The work I did in this therapy program was useful in helping me to accept the end of my relationship,” “The work I did in this therapy program was useful in helping me to move forward from the end of my relationship,” “I am satisfied with the therapy program,” and “I would recommend this program to a friend or loved one,” to determine the mean response to each of these questions among those who complete the therapy program. If the mean response to each of these questions is at least 6 (i.e., “moderately agree”), then H5 would be fully supported.

**Aim 3** is to obtain preliminary, descriptive evidence of treatment efficacy of tragedy- and redemption-informed narratives. To assess **H6**, I used REDCap survey data and descriptive statistics from pre- and post-intervention surveys to compare the mean improvement in SRPD scores from pre- to post-treatment among participants who completed the therapy program to the mean improvement in SRPD scores observed across a 3-month window in an observational study of marital separation adjustment as reported in O'Hara et al. (2020). Specifically, mean SRPD scores decreased approximately 20% over a 3-month period in the O'Hara et al. study, and the present study expected to produce greater improvement in SRPD over a similar 3-month period compared to O'Hara et al.

**Aim 4** is to obtain preliminary, descriptive evidence of the psychological constructs and linguistic markers associated with tragedy- and redemption-informed narratives. To assess **H7**, I used REDCap survey data and descriptive statistics from the pre- and post-intervention surveys to determine the pre- and post-treatment mean scores on self-compassion, compassion for others, self-esteem, existential isolation, emotional processing, and distress aversion among those who completed the therapy program. If the mean scores from pre- to post-treatment increases for self-compassion, compassion for others, self-esteem, and emotional processing, and decreases for existential isolation and distress aversion, then H7 would be fully supported.

To assess **H8**, I used LIWC analysis and thematic coding of SOC recordings and descriptive statistics to determine the pre- and post-treatment mean scores of positive and negative emotion words, first-person singular and plural pronouns, cognitive processing words, analytic thinking words, acceptance themes, and redemption themes. If the mean scores from pre- to post-treatment decrease for negative emotion words, cognitive processing words, first-person singular pronouns, and first-person plural pronouns; and increase for positive emotion

words, analytic thinking words; the ratio of first-person plural pronouns to first-person singular pronouns, acceptance themes, and redemptive themes, then H8 would be fully supported.

After SOC recordings were produced in-session, they were transcribed by a research assistant under my supervision and uploaded to LIWC software for analysis. The software produced values for emotion word, pronoun, and cognitive processing variables that represent the percentage of total words within a transcription that are categorized by that variable. It also produced values for the analytic thinking variable that is a summary of several categories of words within a transcription that are standardized and converted to percentiles in a normal curve ranging from 1 to 99 (LIWC, n.d.).

Additionally, two research assistants under my supervision and I coded each SOC recording for overall acceptance and redemption themes using the coding scheme at Appendix A. Acceptance of the romantic separation with equanimity is the primary goal of the tragic narrative. Coders used the emotional valence and language contained in SOC recordings to rate the degree to which is expressed acceptance. If participants spoke about their separation in a relatively stable or neutral manner, it was assumed they had sufficiently processed separation-related negative emotions and thus developed greater acceptance. Similarly, if participants used language expressing understanding of the separation experience and the nature of such experiences more broadly, they would be rated higher in acceptance. When rating redemption from romantic separation, coders evaluated those SOC recordings that spoke about moving from a negative state to a positive state based on personal growth catalyzed by the separation experience as higher in redemption. Though there is some overlap between acceptance and redemption, the main difference is acceptance is a relatively passive attitude toward suffering that moves someone from a negative state to a near-neutral state, whereas redemption typically

involves someone actively using their suffering to engage with the world in both physical and psychological ways (e.g., practicing gratitude) that moves them from a negative state to a positive state. Both acceptance and redemption themes were rated using scales from 1 (“No signs of acceptance/redemption”) to 4 (“Complete acceptance/redemption”). After we coded the SOC recordings separately, we convened to compare acceptance and redemption scores for each SOC recording and deliberated until we reached a consensus acceptance and redemption score for each SOC recording.

**Aim 5** is to elicit feedback that may improve this tragedy and redemption-informed narrative intervention. Thematic analysis of answers to exploratory questions asked in post-session and post-intervention surveys and in the exit interview regarding potential improvements to the therapy program would indicate where this intervention could be improved. Thematic analysis would involve the themes from participant answers to these exploratory questions being collated and the number of participants who expressed each theme tallied. Then, I would catalog a list of key changes for the next iteration of the intervention.

## **Results**

### **Aim 1: Feasibility of Existential Narrative Therapy**

Under H1, I predicted at least 10 participants would be recruited into the study over a two-month recruitment period. Over the initial two-month recruitment period, beginning with newspaper advertisements and ending with social media advertisements, 8 participants were enrolled in the study. Thus, H1 is not supported.

Under H2, I predicted at least 75% of the first 10 enrolled participants would complete the therapy program. Given 2 out of the first 10 enrolled participants withdrew before the final session, the retention rate is 80%. Thus, H2 is supported.



Under H3, I predicted participants who completed the therapy program (i.e., completed all six therapy sessions) would complete at least 75% of their homework assignments. Homework completion rates were determined by participant yes/no answers to the post-session survey question “Did you complete the homework from last week’s session?” Of the 9 participants who completed the therapy program and excluding data from three post-session survey forms that were not returned, the average homework completion rate was 90% (i.e., 1 participant completed 75%, 3 participants completed 80% and 5 participants completed 100% of homework assignments). Thus, H3 is supported. Additionally, since the lowest completion rate was 75%, all participants who completed the therapy program made good progress completing homework.

Under H4, I predicted the average participant response to the post-intervention question “I understood the content of the therapy program” would be at least “moderately agree” or an average score of 6 on a scale from 1 to 7 (“strongly disagree” to “strongly agree”). Since the average participant response was a score of 6.67 ( $SD = 0.50$ ), H4 is supported. In fact, the lowest participant response to this question was 6 or “moderately agree,” which suggests that all participants who completed the therapy program reasonably understood it.

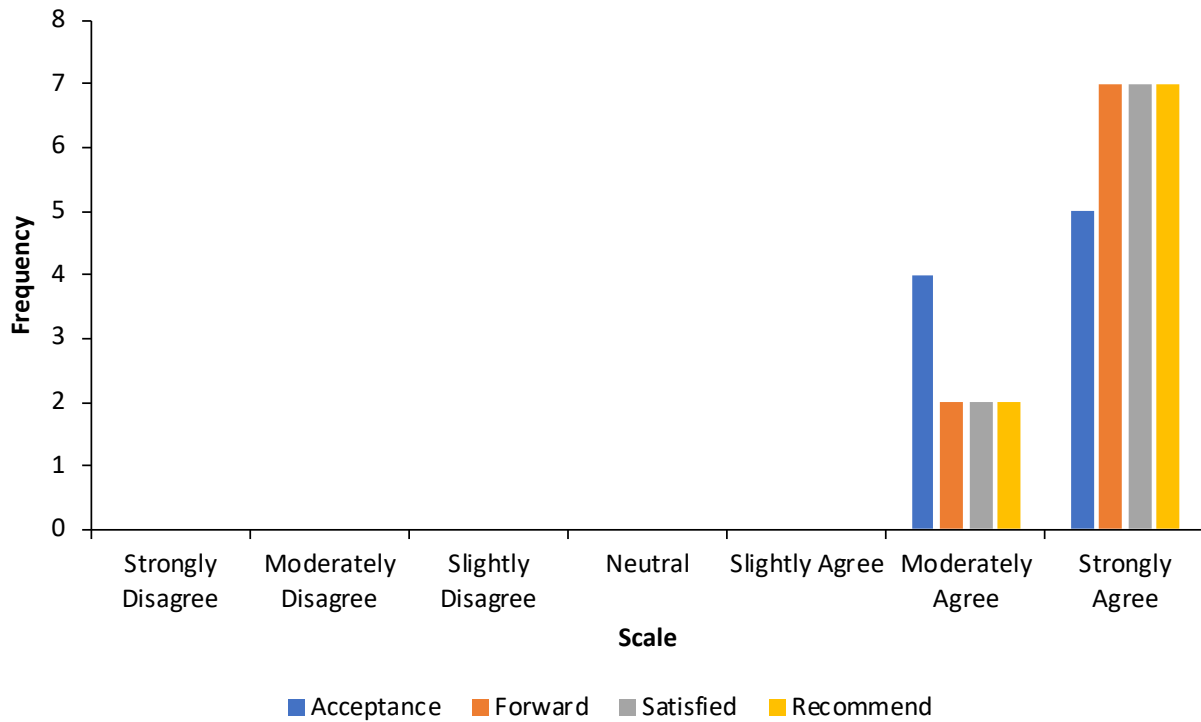
Therefore, given the above criteria, we could say that a tragedy and redemption-informed narrative therapy for maritally-separated adults is feasible. There appears to be sufficient participatory interest in the therapy modality, and the work associated with it seems to be sufficiently understood and perceived as engaging, or at least not overly burdensome, such that those who participate in it can complete it and its associated assignments to a satisfactory degree.

**Aim 2: Acceptability of Existential Narrative Therapy**

Under H5, I predicted the average response by participants who completed the therapy program to each of the post-intervention questions “The work I did in this therapy program was useful in helping me to accept the end of my relationship,” “The work I did in this therapy program was useful in helping me to move forward from the end of my relationship,” “I am satisfied with the therapy program,” and “I would recommend this program to a friend or loved one” would be at least “moderately agree” or 6 on a scale from 1 to 7 (“strongly disagree” to “strongly agree”). Since the average response to each of these questions was a score of 6.56, 6.78, 6.78, and 6.78, respectively, H5 is supported. As shown in Figure 2, the lowest response to each of these questions was “moderately agree” or a score of 6, suggesting all participants who completed the therapy program significantly agreed with these statements. Therefore, we can conclude that this existential narrative therapy is acceptable to the extent that those who complete it believe it is helpful for accepting and moving on from marital separation and is a positive experience overall.

**Figure 2**

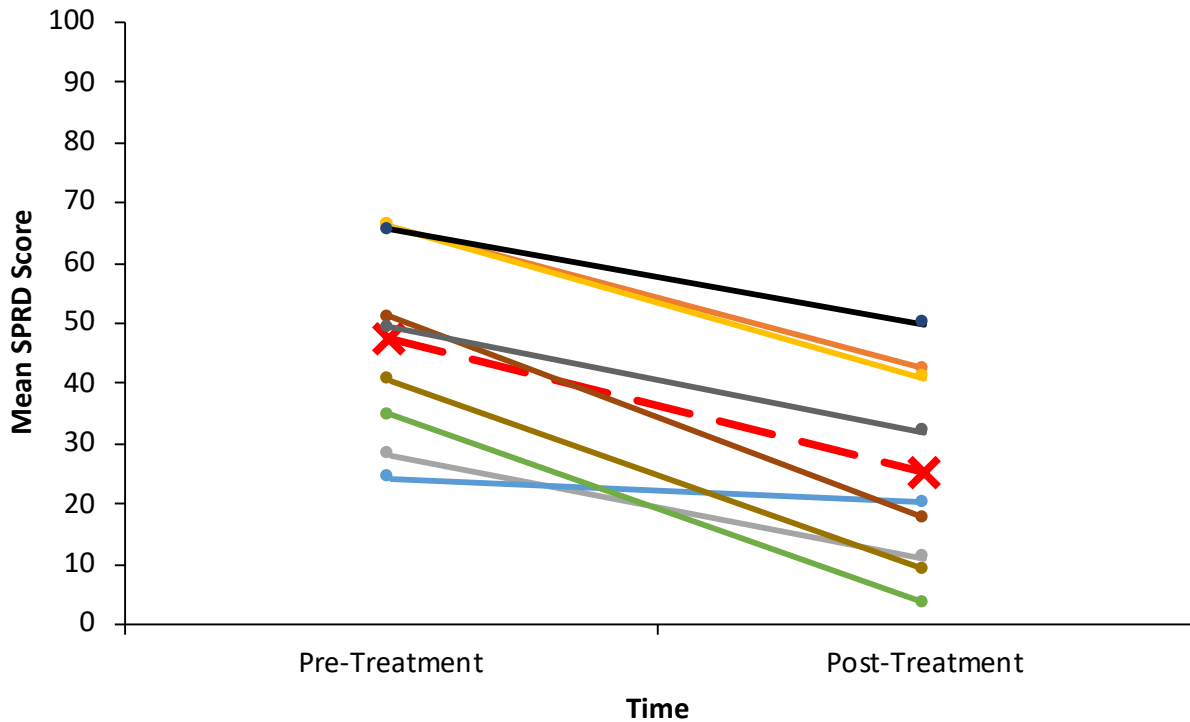
*Participant Responses to Post-Intervention Acceptability Questions*



*Note.* “Acceptance,” “Forward,” “Satisfied,” and “Recommend” refer to participant responses to the post-intervention questions “The work I did in this therapy program was useful in helping me to accept the end of my relationship,” “The work I did in this therapy program was useful in helping me to move forward from the end of my relationship,” “I am satisfied with the therapy program,” and “I would recommend this program to a friend or loved one,” respectively.

**Aim 3: Treatment Efficacy of Existential Narrative Therapy**

Under H6, I predicted the mean SRPD score of participants who completed the therapy program would decrease by more than 20% from pre- to post-treatment. The current treatment was benchmarked against mean improvement in SRPD scores observed across a 3-month window in an observational study of marital separation adjustment as reported in O'Hara et al. (2020). Specifically, mean SRPD scores decreased approximately 20% over a 3-month period in the O'Hara et al. study, and the current treatment was expected to produce greater improvement in SRPD over a similar 3-month period from pre- to post-treatment compared to O'Hara et al. Among participants who completed the therapy program, the mean pre-treatment SRPD score was 47.3, whereas the mean post-treatment SRPD score was 25.2, which is a decrease of 46.7% in mean SRPD scores from pre- to post-treatment. Changes in overall mean and individual SRPD scores over the present study's 3-month intervention period are presented in Figure 3. Therefore, H6 is supported and there is tentative reason to believe this tragedy and redemption-informed narrative therapy decreased separation-related psychological distress over and above what would be expected over the 3-month period between pre- and post-treatment in the present study.

**Figure 3***Separation-Related Psychological Distress Over Time*

*Note.* SRPD = Separation-related psychological distress (SRPD). SRPD is a composite index of the Beck Depression Inventory II, Impact of Event Scale-Revised, Loss of Self and Rediscovery of Self Scale, and Inventory of Complicated Grief adjusted for romantic separation. Using a percent of maximum possible (POMP) scoring system, each measure's scores Pre- and Post-Treatment were scaled to a 0-100 scale and combined in an equally weighted average to form a measure of participants' self-reported SRPD. Overall mean SRPD scores are represented by the dashed, red line with crossed ends, whereas individual SRPD scores are represented by the solid, non-red lines. The time between Pre- and Post-Treatment is approximately three months.

#### **Aim 4: Psychological Constructs and Linguistic Markers Associated with Existential Narrative Therapy**

Under H7, I predicted the mean participant score from pre- to post-treatment would increase for self-compassion, compassion for others, self-esteem, and emotional processing, and decrease for existential isolation and distress aversion. Among participants who completed the therapy program, results show increased mean scores in self-esteem ( $RSES_{Pre} = 15.7$ ,  $RSES_{Post} = 19.8$ , or 26% increase), emotional processing ( $EAC-EP_{Pre} = 10.3$ ,  $EAC-EP_{Post} = 12.8$ , or 24% increase), self-compassion ( $SCS_{Pre} = 2.80$ ,  $SCS_{Post} = 3.19$ , or 14% increase), and compassion for others scores ( $CS_{Pre} = 3.95$ ,  $CS_{Post} = 3.98$ , or 1% increase); and decreased mean scores in distress aversion ( $MEAQ-DA_{Pre} = 48.2$ ,  $MEAQ-DA_{Post} = 44.0$ , or 9% decrease) and existential isolation ( $IES_{Pre} = 4.06$ ,  $IES_{Post} = 3.91$ , or 4% decrease).<sup>5</sup> These changes in psychological constructs are presented in Figure 4. Therefore, H7 is supported by increases in self-esteem, emotional processing, self-compassion, and compassion for others, and decreases in distress aversion and existential isolation from pre- to post-treatment. Furthermore, these psychological constructs moved in their expected direction with respect to SRPD—that is, increases in distress aversion and existential isolation were associated with increases in SRPD, whereas increases in self-esteem, emotional processing, self-compassion, and compassion for others were associated with decreases in SRPD—as demonstrated by their bivariate correlations with SRPD, which are presented in Table 2.<sup>6</sup>

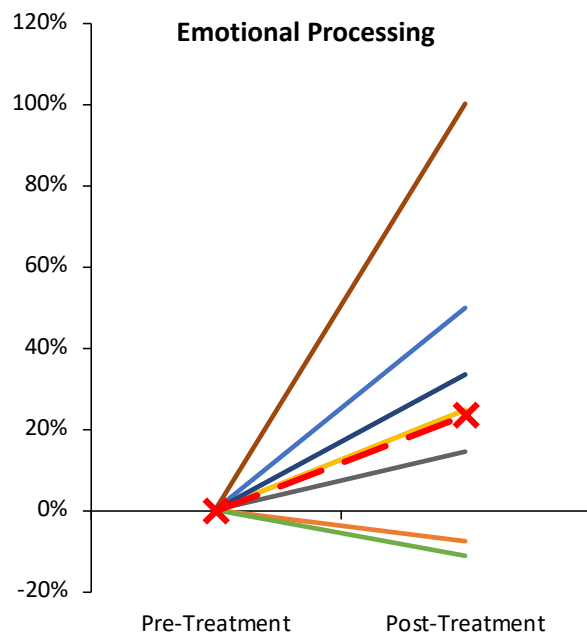
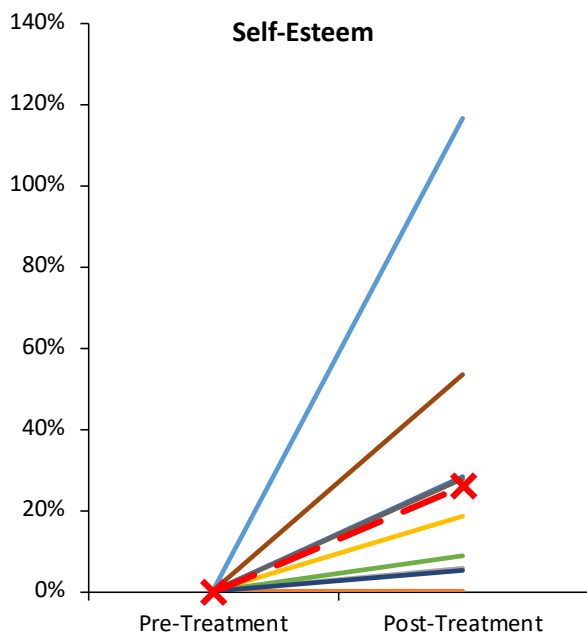
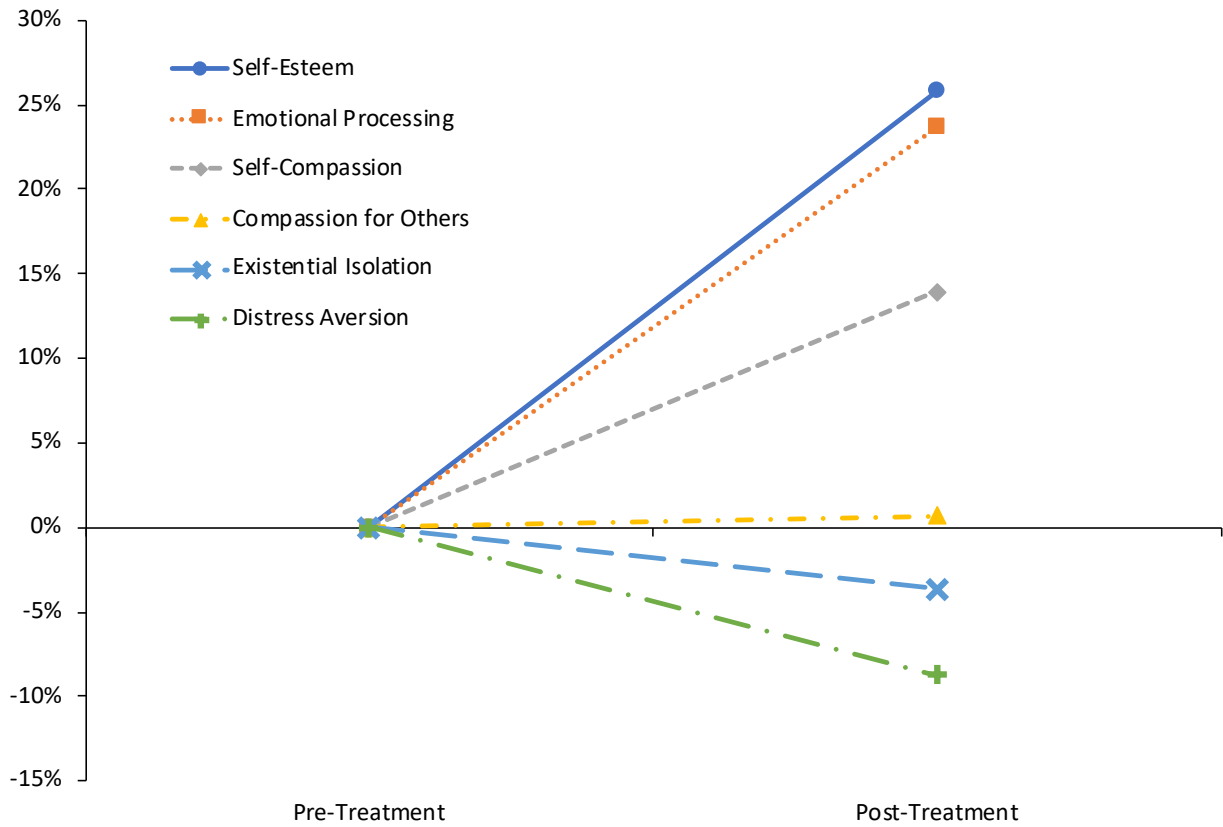
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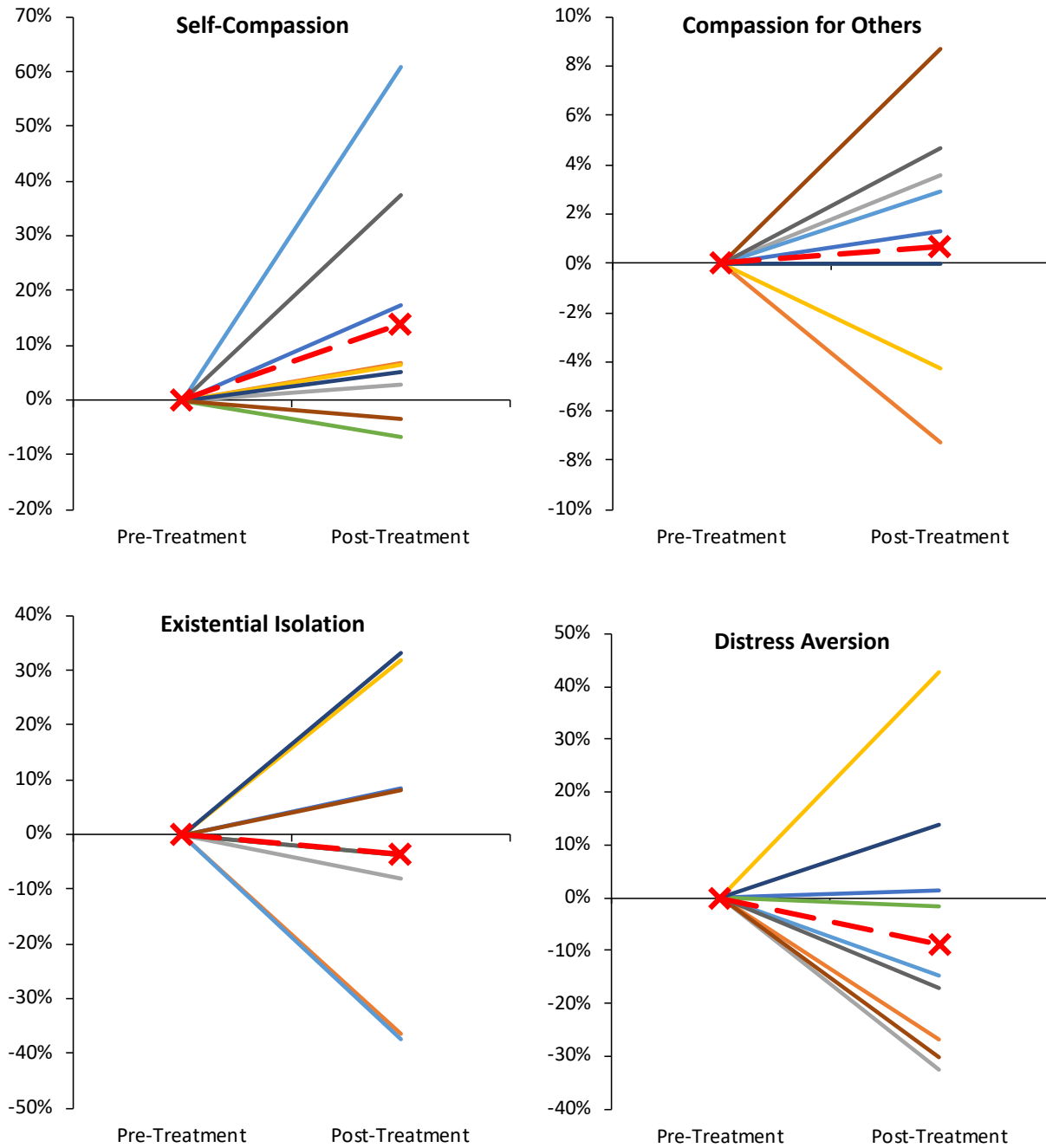
<sup>5</sup> Participant 4 did not respond to item 5 on the pre-treatment self-esteem measure; items 1, 4, 6, and 7 on the post-treatment self-esteem measure; item 15 on the post-treatment compassion for others measure; and item 1 on the post-treatment self-compassion measure. Unanswered items were imputed with scores equivalent to the “neutral” score on each scale.

<sup>6</sup> In the present study, *p* values are not included in these and other correlation data due to the study’s small sample size and thus inability to conduct meaningful statistical inferences.

**Figure 4**

*Existential Narrative Therapy Psychological Constructs Over Time*





*Note.* Changes in each psychological construct’s mean and individual scores between Pre- and Post-Treatment were converted to percentage to allow for easier comparison between constructs. The first panel shows changes in each psychological construct’s means, whereas the other panels show changes in each psychological construct’s means and individual scores separate from the other constructs. Within each individual construct’s panel, changes in mean score are represented by the dashed, red line with crossed ends. The time between Pre- and Post-Treatment is approximately three months.



**Table 2**

*Bivariate Correlations Between Changes in Existential Narrative Therapy Psychological Constructs and Changes in Separation-Related Psychological Distress*

	Self-Esteem	Emotional Processing	Self-Compassion	Compassion for Others	Existential Isolation	Distress Aversion
SRPD	-0.31	-0.41	-0.57	-0.52	0.33	0.32

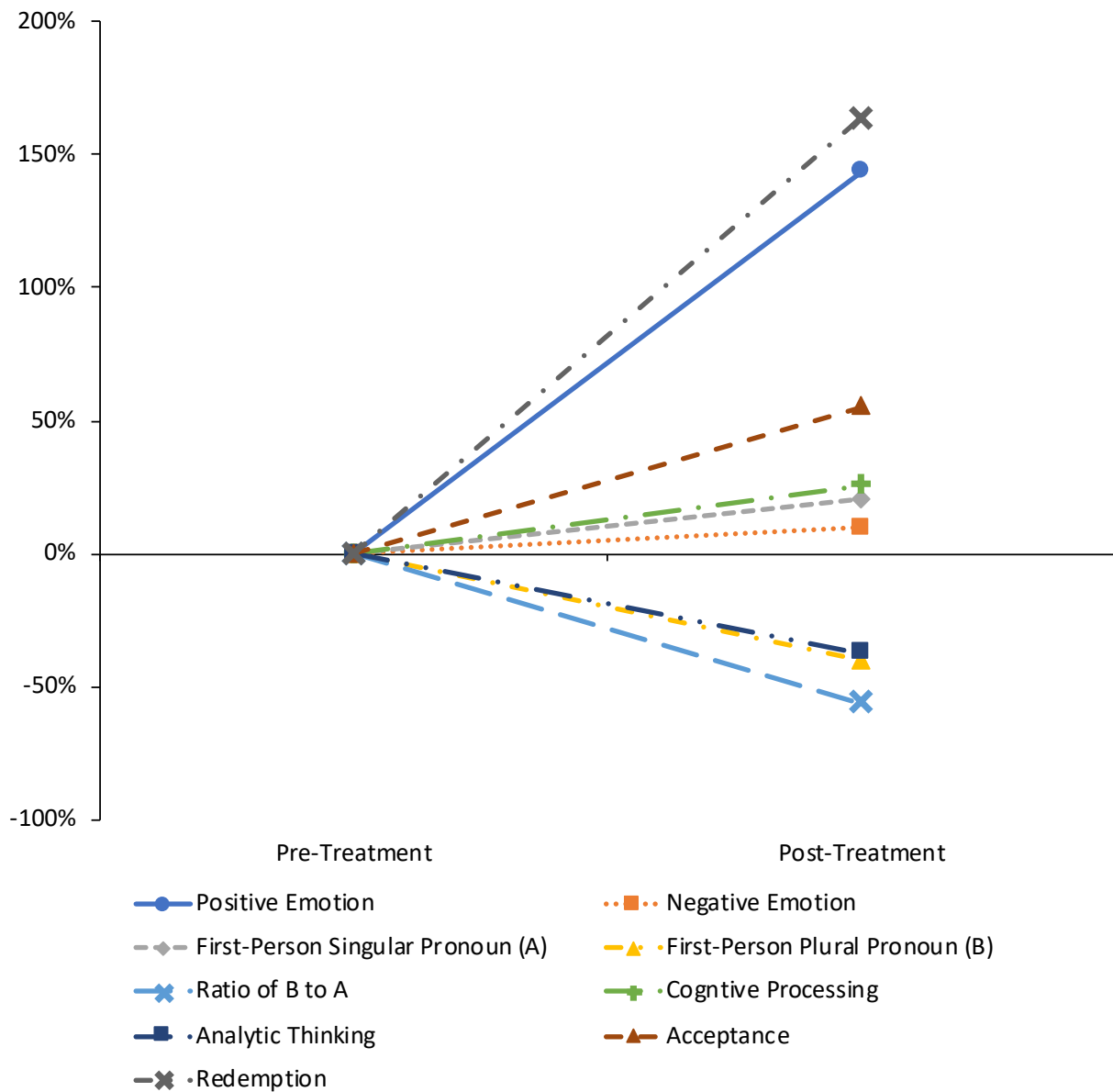
*Note.* SRPD = Separation-related psychological distress.

Under H8, I predicted the mean participant score from pre- to post-treatment would decrease for negative emotion words, cognitive processing words, first-person singular pronouns, and first-person plural pronouns; and increase for positive emotion words, analytic thinking words; the ratio of first-person plural pronouns to first-person singular pronouns; and acceptance and redemptive themes. From pre- to post-treatment, participants demonstrated increases in mean positive emotion words ( $\text{emo\_pos}_{\text{Pre}} = 0.81$ ,  $\text{emo\_pos}_{\text{Post}} = 1.97$ , or 144% increase), negative emotion words ( $\text{emo\_neg}_{\text{Pre}} = 0.79$ ,  $\text{emo\_neg}_{\text{Post}} = 0.86$ , or 10% increase), first-person singular pronoun words ( $\text{i}_{\text{Pre}} = 7.99$ ,  $\text{i}_{\text{Post}} = 9.59$ , or 20% increase), cognitive processing words ( $\text{cogproc}_{\text{Pre}} = 11.44$ ,  $\text{cogproc}_{\text{Post}} = 14.37$ , or 26% increase), acceptance themes ( $\text{accept}_{\text{Pre}} = 2.22$ ,  $\text{accept}_{\text{Post}} = 3.44$ , or 55% increase), and redemption themes ( $\text{redempt}_{\text{Pre}} = 1.22$ ,  $\text{redempt}_{\text{Post}} = 3.22$ , or 164% increase), and decreased mean scores in first-person plural pronoun words ( $\text{we}_{\text{Pre}} = 2.98$ ,  $\text{we}_{\text{Post}} = 1.78$ , or 40% decrease), ratio of first-person plural pronouns to first-person singular pronouns ( $\text{we}_{\text{Pre}} / \text{i}_{\text{Pre}} = 0.44$ ,  $\text{we}_{\text{Post}} / \text{i}_{\text{Post}} = 0.19$ , or 56% decrease), and analytic thinking words ( $\text{Analytic}_{\text{Pre}} = 13.75$ ,  $\text{Analytic}_{\text{Post}} = 8.60$ , or 37% decrease). These changes in hypothesized linguistic markers are presented in Figure 5. Therefore, H8 is partially supported by decreases in first-person plural pronoun words and increases in positive emotion words and acceptance and redemption themes, but not supported by increases in negative emotion words, cognitive processing words, and first-person singular pronoun words and decreases in analytic thinking

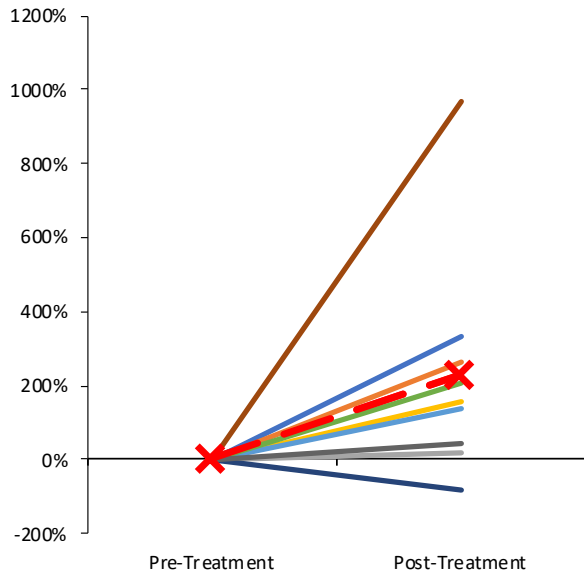
words and ratio of first-person plural pronouns to first-person singular pronouns. Interestingly, from pre- to post-treatment, increased redemption themes were associated with decreased SRPD,  $r(8) = -.07$ , but increased acceptance themes were associated with increased SRPD,  $r(8) = .07$ .

**Figure 5**

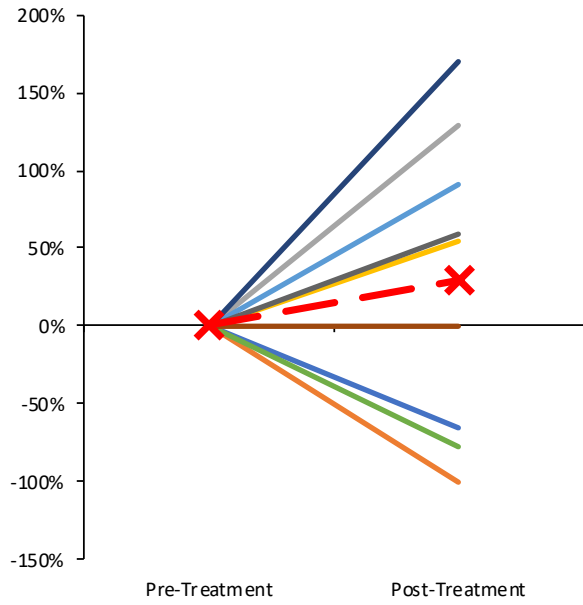
*Existential Narrative Therapy Linguistic Markers Over Time*



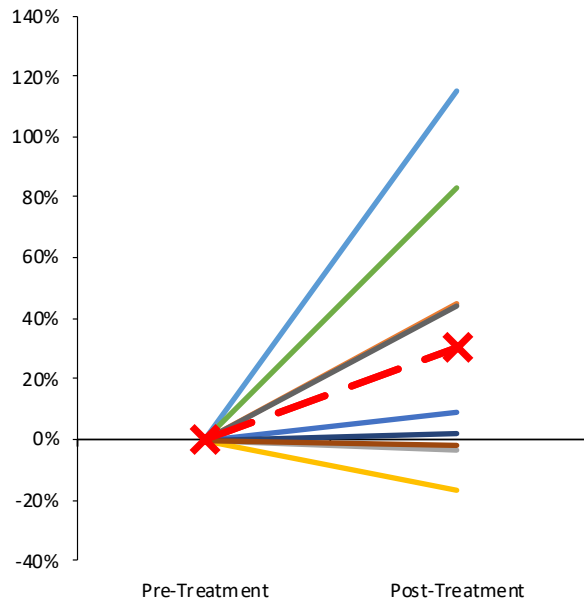
**Positive Emotion**



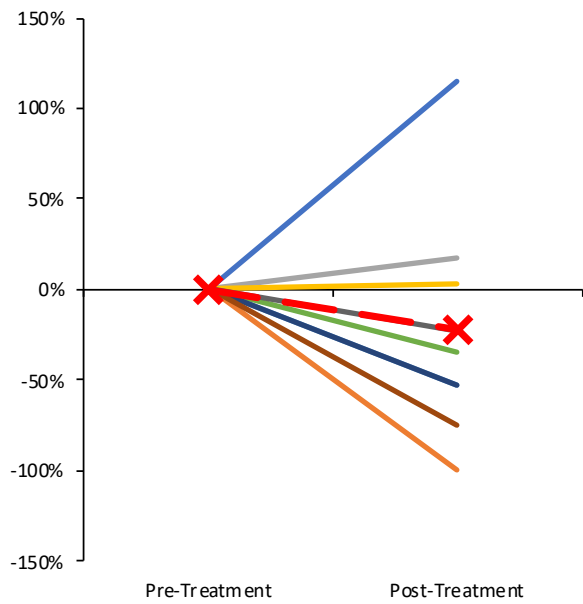
**Negative Emotion**

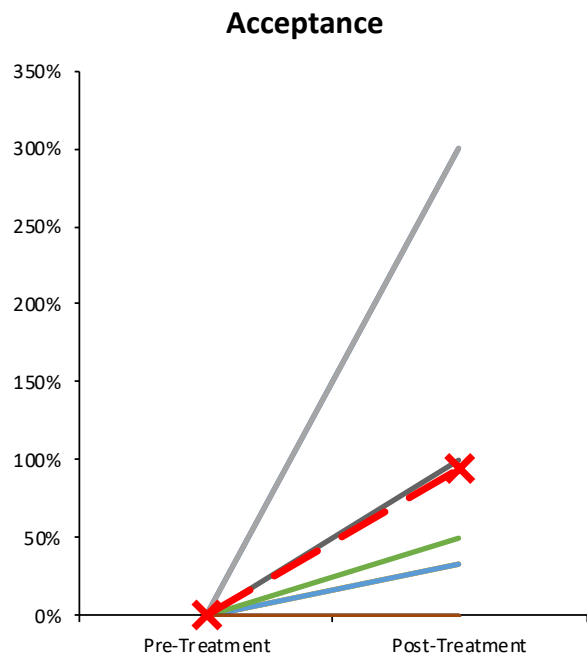
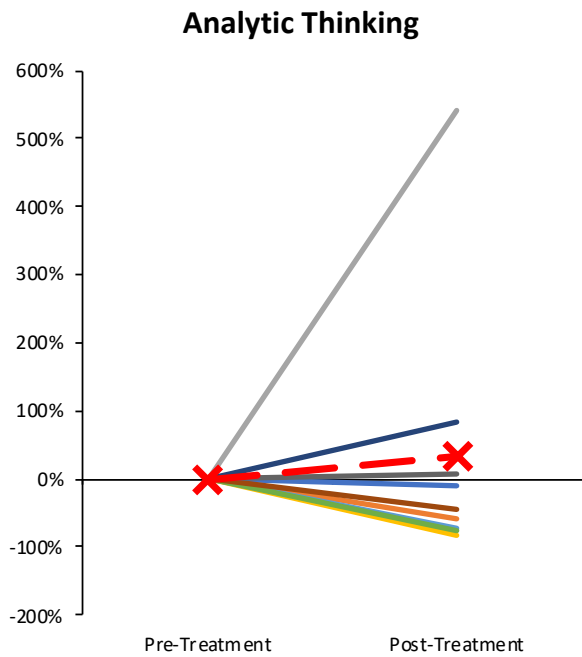
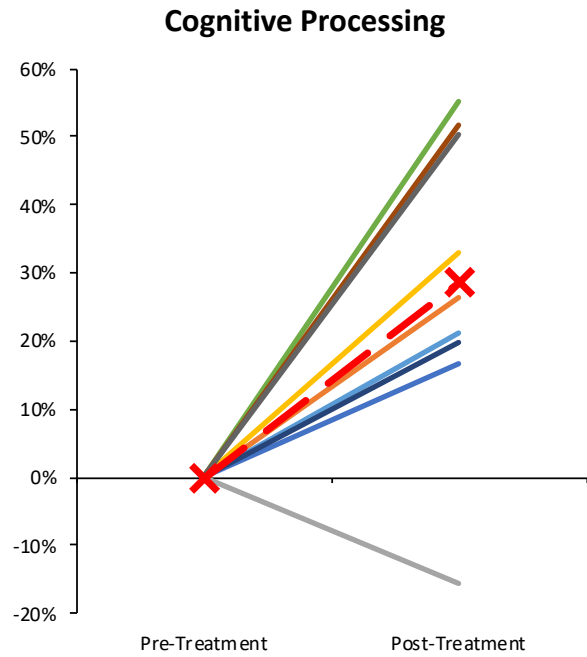
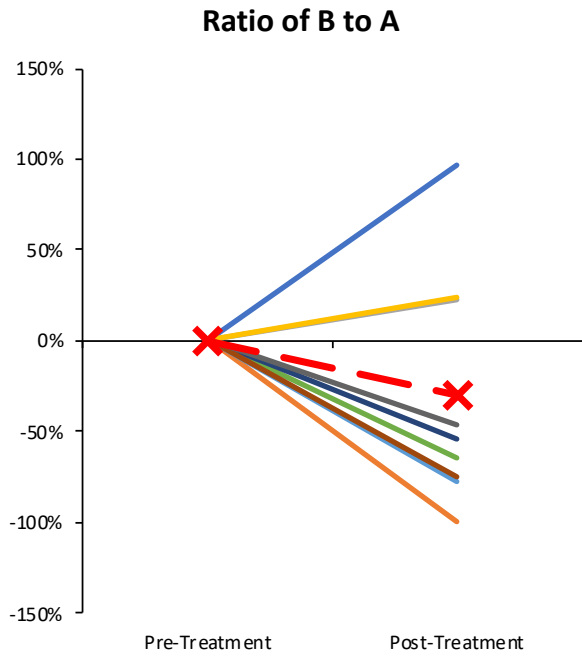


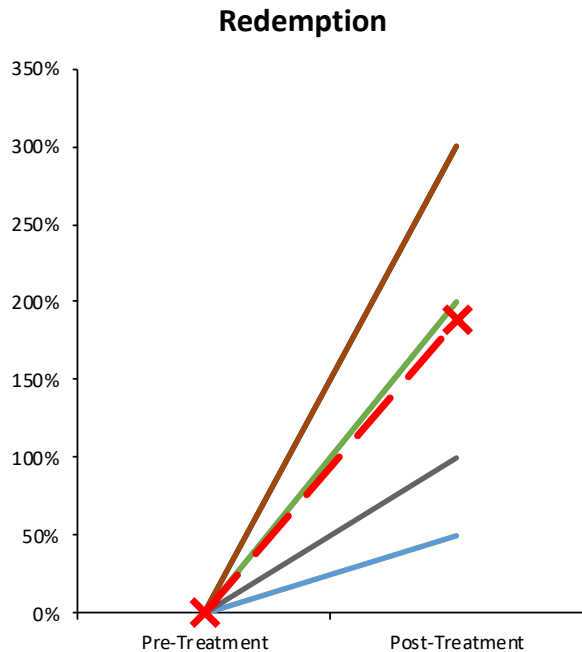
**First-Person Singular Pronoun (A)**



**First-Person Plural Pronoun (B)**







*Note.* Changes in each linguistic markers' mean and individual scores between Pre- and Post-Treatment were converted to percentage to allow for easier comparison between constructs. The first panel shows changes in each linguistic markers' means, whereas the other panels show changes in each linguistic markers' means and individual scores separate from the other constructs. Within each individual construct's panel, changes in mean score are represented by the dashed, red line with crossed ends. The time between Pre- and Post-Treatment is approximately three months.

### **Aim 5: Feedback on Existential Narrative Therapy**

Participants were asked a series of open-ended questions in surveys throughout the study and in an exit interview at the final session to obtain feedback to potentially improve the intervention. Questions in post-session surveys were “What did you like or dislike about today’s session, and would you change anything?” and questions in post-intervention surveys were “What did you like or dislike about the therapy program, and would you change anything?” In the exit interview, participants were asked four questions: “What did you find helpful about the therapy program?”, “Were there aspects of the program that you found unhelpful or disliked?”, “Is there anything you would change about the therapy program? Should anything be added, revised, or removed from the therapy program?”, and “Is there anything else about the therapy

program you would like to comment about?”. Themes from participant answers to these questions were collated and the number of participants who expressed each theme tallied. Given the limited number of participant suggestions for improving the intervention, analysis was expanded to include the most helpful features of the therapy program to highlight potential mechanisms of action. The following themes were gleaned from this analysis:

1. Five participants expressed their desire for more therapy sessions. Participant 8 suggested 2-3 additional weekly sessions would be helpful for figuring out their narrative and how to implement it, and 1-2 additional monthly check-in sessions to allow more time and guidance for implementation. Participant 3 suggested the check-in sessions should be every two weeks since monthly was too long in between sessions. Participant 10 suggested additional monthly sessions to extend the intervention to 6 months overall: “I’m wondering, you could even do, one a month, maybe go over six months, you know, now that we’ve done three... it would be really nice to check in after I work on what we’re talking about and have more direction.” However, two other participants reported the current structure is optimal; for example, Participant 2 said, “Actually, I think [the number of sessions] was good because it was, like, once a week in the beginning when you’re kind of starting to discover stuff, and then, um, as they became a little further apart, now I can act on things, and before the next session, you have time to implement those action items.”
2. Three participants disliked the discomfort associated with approaching painful emotions and truths they had been avoiding, but they also viewed this work as necessary for personal growth. Participant 10 reported: “When I’m pushed to do

things that are difficult, it feels a little awkward, but I think sometimes those things are the things we need to do that will really help us get to a point where we want to be. So, um, I'm not complaining about those times, I think those are good things. I think kind of the whole point was we suffer, and then we learn, and we grow because of it, and we come out better on the end of that. So, I think it's healthy to do that, and it's human. I think it's important to realize that we are not perfect, that we can't do it perfectly, we just keep trying, we might do it a little better, we might try something else for a while, but yeah."

3. Three participants reported they found narrative writing helpful for creating meaning across time within their personal narratives (i.e., the self across past, present, and future). Participant 2 stated: "It's a way to look back, too, it's there in black and white, you can read it, and it's like, I was here, and now I'm here, so you can see how you've changed and grown, and, you know, just by reading about it. Because I never wanted to leave my husband, but I realized that it was a positive thing, it was something that had to happen to be able to move forward in my life. It was like I was stuck back then."
4. Two participants reported they found narrative writing helpful for creating meaning between their personal narratives and broader narratives (e.g., connecting personal narratives to familial or cultural narratives). Participant 9 conveyed: "It did help me because I would also think like 'my mom went through this.' Like, I can... I am something bigger than what I'd thought, that I thought I am, I guess, in my own story in my own life, like, when you look at it that way, you have your own story, you have your own... um... like, I don't know, like,

path, that you write your own path.” Participant 6 reported: “I found [the therapy program] very helpful. I think, like, addressing things as, um, kind of a story and describing them in, like, relation to stories that I, the way we’d talk about Star Wars and stuff, and that I found, like, emotionally connected with at times, like, I, that’s just, like, the kind of person I am, like, being, like, emotionally connected to certain songs or stories and kind of like connecting those with my life. I think, um, it was really impactful and relatable, um, just because of, like, how my own mind works, um, it was helpful in processing, like, my own story while, kind of, in relation to, like, those stories that I found impactful and important in, you know, from a, like, a movie perspective or book perspective or anything like that.”

5. Five participants believed narrative writing provided a different perspective on their experiences and emotions that led to deeper understandings, different interpretations, or consideration of previously unknown or suppressed information. Participant 7 reported: “It made me reflect on information that I didn’t really think about or analyze as much. It made me talk about things that I buried about my divorce, um, things that I didn’t want to talk about, things that I didn’t, kind of, want to bring to light or overlooked about my ex.”
6. Two participants explained they found the tragic and redemptive framing of narratives helpful for accepting what could not be changed and focusing on changing what can be changed. Participant 2 stated: “I think it concentrates on the positive and, uh, it is, like the, I never thought of [my story] as being a tragic and redemption story, and, uh, that was helpful, so, and it gave me the power to be



able to, like, turn my circumstances around... I never wanted to leave my husband, but I realized that it was a positive thing. It was something that had to happen to be able to move forward with my life. It was like I was stuck back then. I had to realize that I couldn't change him, I couldn't control him, and I couldn't get him to let me control my own life, so I had to move away from that, and, um, so I could do what I wanted in my life, and have who I wanted in my life, you know. Whenever I ran into a wall or a hurdle or something like that, it taught me that's just a temporary thing, I can figure out how to go around it, or over it, or I'll just do it a different way... It helped me think through the stuff I want to do in the future, because I didn't know where to go... then I can have a kind of better direction, where I want to go, what do I do." Participant 9 reported: "I felt like after the therapy, I felt really, like, exhausted, like, emotionally, but then I get... it really did help me just let everything go and feel at peace, and to set goals for myself, and it made me realize what I needed help with, what areas of myself I needed help with, and that if I didn't put in the work, I wouldn't improve from the crappy situation I was in... it helped me, like, um, hold myself accountable for doing things to improve myself, improve myself for my kids, and just keep trucking forward."

7. Five participants reported how the tragic-redemptive narrative framework led to a deeper understanding of their authentic or ideal self, as well as clarification regarding their emotions, desires, values, and future direction. Participant 10 wrote: "I liked... the opportunity to look back on the work/writing/narrative I've developed over the past three months and evaluate areas where I could grow

stronger and delve deeper to find the hurting spots, reveal them bring them to light/my consciousness and learn to forgive myself, move ahead and know myself better in the future. I want to be strong still but have that balanced with vulnerability.”

8. Two participants reported they found the narrative implementation planning and check-in sessions useful. Participants appreciated seeing how their tragic-redemptive narrative could manifest in their real-world life and preparing for obstacles to narrative implementation along the way. Participants found it helpful to set overarching goals and divide them into realistic subgoals, visualize their path forward with a diagram, and problem-solve for potential impediments.
9. Participant 7 believed that more formal structure or homework in the intervention might have been helpful: “I feel like something specific to actual homework would be great... like during my VA group session appointments, we actually had homework. There was a booklet and it kind of said do these questions and have answers for the next time.” This participant expressed that such structure would have helped him see more clearly the therapy goals and the connection between therapy sessions.

### **Discussion**

Marital separation presents a new and significant psychological challenge to approximately 100,000 people in the United States annually (Centers for Disease Control and Prevention, 2024; Mancini et al., 2011; United States Census Bureau, 2024). In the dissolution of marriage, one can experience the symbolic death of relationship (Alpaslan, 2018) and self (Mikulincer et al., 2002) as the coherent life narrative that once bonded self to other across time

gives way to chaos, uncertainty, isolation, and meaninglessness. As such, narrative therapy may be particularly useful for post-divorce recovery, but there is currently a dearth of research on this kind of application of narrative therapy (e.g., only Pietsch, 2002). The power of narrative therapy lies in its focus on creating a new self-narrative, to bring order to the chaos, and enabling the redefinition of self. The power of an *existential* narrative therapy that incorporates cultural narratives of tragedy and redemption lies in its promotion of acceptance of human limitation and embracing of human possibility in the self-redefinition process.

To this end, the present study sought to evaluate the feasibility and acceptability of incorporating tragic and redemptive narratives into a novel psychotherapeutic treatment for American adults struggling with marital separation. Following the NIH's Intervention Stage Model, this study engaged in Stage I intervention development by building on the basic science literatures of narrative identity and terror management research to develop and test the feasibility and acceptability of a novel existential narrative therapy. Additionally, the current study explored the psychological constructs and linguistic markers associated with forming tragic-redemptive narratives, and how the treatment may be improved. By using tragic and redemptive narratives to target mechanisms encouraging acceptance and personal growth from suffering, this existential narrative therapy attempted to help participants in not only creating a coherent narrative of their separation experience but to also place their suffering within a broader cultural context from which to draw meaning, self-worth, social connection, purpose in life, and hopefulness for the future. Overall, the results of the present study strongly support the intervention's feasibility and acceptability, and the findings provide compelling preliminary evidence for the treatment's potential efficacy and hypothesized tragic and redemptive narrative impact on participants' self-narratives, mechanisms of change, and outcomes.

**Aim 1: Feasibility of Existential Narrative Therapy**

Under H1, I predicted there would be sufficient demand for the current therapy such that at least 10 participants would be recruited into the study over a two-month recruitment period. In the end, H1 was not supported since only 8 participants were recruited in the initial two-month recruitment period. Additionally, even if recruitment began with the relatively more effective social media advertising (as opposed to the relatively ineffective newspaper and email marketing advertising), recruitment would likely still have taken three months instead of the four months it took (since social media advertising began three weeks into recruitment). Furthermore, some participants were given exemptions from some exclusion criteria to complete recruitment in a timely manner.

There are several potential reasons for the longer-than-expected recruitment period. First, if we refer to the flowchart of participants at Figure 1, we can see that approximately 30% or 24 out of 79 attempts to complete the screening form (including 3 duplicates) were unsuccessful, which suggests potential technical issues completing the form or hesitation by the participant after beginning the form. Second, the strict exclusion criteria led to 40% or 22 out of 55 prospective participants who completed the screening form being ineligible for the study. These criteria were in place to recruit the most appropriate participants for this study. Eventually, however, I accepted two participants not born in the United States; one participant who had lived with their ex-partner for about one and a half years (rather than at least 2 years); two participants who had married their ex-partner for a few months less than one year (rather than at least 1 year); two participants who had been separated from their ex-partner for more than 1 year (i.e., approximately 3 and 5 years ); one participant still living with their ex-partner; and two participants with past psychiatric diagnoses other than those related to stress and trauma, anxiety,

or depression (i.e., obsessive-compulsive disorder and anorexia). These exceptions were relatively minor variations on the intended sample; the sample overall still seemed to have a strong affinity for American cultural narratives, were significantly distressed by their separation, and were not impacted by past psychiatric diagnoses other than those related to stress and trauma, anxiety, or depression. If exclusion criteria had been relaxed from the beginning, perhaps the amended advertisements and screening would have allowed faster recruitment of a more diverse and representative community sample reflective of actual demand for this therapy in the community. Third, approximately 60% or 19 out of 33 prospective participants who were invited to the phone screen did not respond to the encrypted email invitation. I suspect that many participants did not read the invitation because they were unwilling to click the “Read message” button contained within the encrypted email or log in to the Outlook email client after clicking this button, as they may have interpreted this as a phishing attempt or scam. Therefore, though recruitment took longer than expected, 80% of the intended sample was recruited within a two-month period, and without the impediments mentioned above—i.e., ineffective advertising, excessively strict exclusion criteria, and potential technical issues regarding the screening form and encrypted email—the goal of enrolling 10 participants within two months may have been achieved.

By contrast, the other three Aim 1 hypotheses were supported. I predicted that at least 75% of participants would complete the therapy program (H2); among participants who complete the therapy program, they would complete at least 75% of their homework assignments (H3); and the average participant would answer at least “moderately agree” to the survey question “I understood the content of the therapy program” (H4). Given the study completion rate was 80%, the lowest homework completion rate was 75% among participants who

completed the study, and the average participant reported they “strongly agree” they understood the content of the therapy program, H2, H3, and H4 were supported. From my perspective, all participants appeared motivated throughout the study to process their separation experience from a narrative perspective and chart a new course for their life. Though the homework was emotionally difficult for some participants, all participants ultimately viewed the homework as important for their recovery, which may explain why the average homework completion rate was above 90%. Furthermore, participants seemed to understand the concepts of tragedy and redemption and how they could be applied to life. I observed discussing with participants the vignette and the tragic and redemptive elements in it, as well as grounding tragic and redemptive themes in the cultural or personal stories they knew, was critical to this understanding. This observation is reflected in the fact that all participants who completed the therapy program at least “moderately agree” with understanding its content, which suggests all participants had a good understanding of the therapy program.

Given the findings under Aim 1, an existential narrative therapy for maritally separated adults appears largely feasible. There seems to be sufficient interest in this therapy modality (or there would be if not for some unnecessary hindrances), and the content and work associated with it is likely understandable and engaging, or at least not overly burdensome, such that those who participate in it can complete it and its associated assignments to a satisfactory degree.

### **Aim 2: Acceptability of Existential Narrative Therapy**

Under H5, I expected the average participant who completed the therapy program to respond with “moderately agree” to the questions “The work I did in this therapy program was useful in helping me to accept the end of my relationship,” “The work I did in this therapy program was useful in helping me to move forward from the end of my relationship,” “I am

satisfied with the therapy program,” and “I would recommend this program to a friend or loved one.” Given the average participant response to all these questions was “strongly agree,” H5 was supported. Additionally, since the minimum participant response to each of these statements was “moderately agree,” all participants seemed to significantly benefit from and were satisfied with this treatment. These responses align with my own perceptions throughout the study: participants took to heart the notions of tragedy and redemption when creating their self-narratives, and through this process learned to better accept and achieve personal growth from their separation experience. Though this work was difficult, participants appeared satisfied with the progress they had made by the end of treatment. Indeed, one participant recruited via a local divorce recovery group reported they readvertised the study to new group members because they had found it so helpful. In this respect, I find that my existential narrative therapy is acceptable to the extent that those who completed it believed it was helpful for accepting and moving on from their marital separation and considered it a positive experience overall.

### **Aim 3: Treatment Efficacy of Existential Narrative Therapy**

Under H6, I predicted the mean SRPD score among participants who completed the therapy program to decrease by more than 20% from pre- to post-treatment. This hypothesis was part of a benchmarking exercise whereby the current study’s SRPD scores were compared to the approximately 20% decline in mean SRPD scores in a non-treatment, observational study of marital separation adjustment over a three-month period (O’Hara et al., 2020). Given mean SRPD scores in the current study decreased 47% over a similar three-month period between pre- and post-treatment, which is more than the 20% observed in O’Hara et al., H6 was supported, and we may have a strong empirical foundation for believing that a tragedy and redemption-informed narrative therapy would likely decrease separation-related psychological distress over

and above what would be observed with the normal passage of time. Though the sample in the present study is too small for meaningful statistical inference, the goal was to collect preliminary, descriptive evidence of treatment efficacy for this novel existential narrative therapy.

If we explore the four components of the SRPD measure separately—the Beck Depression Inventory (BDI), Impact of Event Scale-Revised (IES-R), Loss of Self and Rediscovery of Self Scale (LOSROS), and a revised Inventory of Complicated Grief (ICG)—we observe comparable declines in negative psychological symptoms over the same three-month period. The BDI, which measures self-reported psychological and somatic symptoms related to major depressive episodes over the past two weeks, evidenced decreased mean scores pre- to post-treatment of 52% ( $BDI_{Pre} = 26.3$ ,  $BDI_{Post} = 12.7$ ). Mean scores on the IES-R, which assesses emotional responses to distressing events and intrusive thoughts and symptoms often associated with Post-Traumatic Stress Disorder, decreased 51% over the same three months ( $IES-R_{Pre} = 42.6$ ,  $IES-R_{Post} = 21.0$ ). Scores on the LOSROS, which evaluates both a sense of loss and a sense of rediscovery about one's identity following a romantic separation, decreased by 27% on average over the study period ( $LOSROS_{Pre} = 48.4$ ,  $LOSROS_{Post} = 35.2$ ). Finally, the ICG, which was revised to make it relevant to marital separation such that it measures maladaptive symptoms of loss, including grief, avoidance, and difficulty accepting the romantic separation, showed decreased mean scores of 49% ( $ICG_{Pre} = 29$ ,  $ICG_{Post} = 14.8$ ) from pre- to post-treatment. These results suggest the treatment was effective in decreasing several key elements of separation-related psychological distress, including depressive symptoms, intrusive thoughts and emotions, loss of sense of self, and feelings of loss.

Throughout my therapy work with participants, I observed many changes in participants that align with these change scores in SRPD and its components. At the beginning of treatment,



participants who most recently lost their relationship and still felt the raw emotional pain of breakup presented with a deep sense of sadness for having lost an intimate connection with someone they still love. They appeared to devote a significant amount of time and energy ruminating about their ex-partner and their past relationship outside of therapy. In cases where they still shared custody of children, they also experienced a sense of loss for the vision or hope they had of having their own happy family. By contrast, other participants who had had enough time to process the initial pain of breakup lamented, felt guilty about, and were preoccupied with losing who they were in the relationship, not being strong enough to leave sooner, wasting time, or inadvertently hurting their children by not choosing a better partner. In all cases, participants struggled to make sense of their relationship and its separation, as well as what these meant for who they are now and where they go from here.

Early in the intervention, the tragic narrative seemed to foster emotional processing and expression, allowing participants to experience negative emotions like sadness more fully. After processing their emotions, many participants appeared to have a softer disposition as if their more intense thoughts and emotions had been processed or “let go.” In examining the relationship and its ending from a narrative perspective, I observed that participants began to see their self as more changed than lost, realizing the strength and wisdom they developed to endure their hardship. Building on this new sense of self, participants wrote a redemption narrative where their separation became a necessary catalyst for their current and future personal growth. In such manner, participants appeared to lessen their depressive symptoms, feelings of loss, and intrusive thoughts and emotions, as well as bolster their sense of self.

#### **Aim 4: Psychological Constructs and Linguistic Markers Associated with Existential Narrative Therapy**

##### ***Psychological Constructs***

Under H7, I hypothesized that among participants who complete the therapy program, the average scores between pre- and post-treatment on self-reported self-compassion, compassion for others, self-esteem, and emotional approach coping (specifically emotional processing) would increase, whereas average scores on existential isolation and experiential avoidance (specifically distress aversion) would decrease. Since mean scores in self-esteem, emotional processing, self-compassion, and compassion for others increased 26%, 24%, 14%, and 1%, respectively, and mean scores in distress aversion and existential isolation decreased 9% and 4%, respectively, from pre- to post-treatment, we can conclude H7 is supported. Additionally, these mean scores changed in their expected direction with respect to SRPD scores such that increases in distress aversion ( $r_{DA} = 0.32$ ) and existential isolation ( $r_{EI} = 0.33$ ) were associated with increases in SRPD, whereas increases in self-esteem ( $r_{SE} = -0.31$ ), emotional processing ( $r_{EP} = -0.41$ ), self-compassion ( $r_{SC} = -0.57$ ), and compassion for others ( $r_{CO} = -0.52$ ) were associated with decreases in SRPD.

These findings suggest some psychological constructs are particularly pertinent to how tragic and redemptive narratives might work to help people heal. By emphasizing the ubiquity and universality of tragic narratives, this therapy normalized for participants the human experience of suffering. Given widespread stigma of mental illness in the United States (Parcesepe & Cabassa, 2013; Pescosolido et al., 2021), including perceptions of shame and incompetence associated with depression, it would be understandable if Americans also found it embarrassing or weak to experience depressive symptoms like sadness. This stigma corresponds

to my observation that some participants reported feeling embarrassed or “stupid” (e.g., Participant 9) or were afraid of appearing “weak” (e.g., Participant 5) for experiencing their sadness. However, reminding participants about tragic cultural narratives and the similarity between them and tragic heroes may have allowed them to challenge this stigma; perhaps they realized they could experience suffering emotions like sadness and not necessarily be broken or weak, and in fact may be a better person for it. Moreover, when participants created their redemptive narrative, they were empowered to focus on what they can control and to take effective action to improve their lives. As such, participants likely gained an increased sense of validation of their suffering and self-efficacy that boosted their self-worth. The relatively large 26% increase in self-esteem from pre- to post-treatment supports this conclusion. This therapy also somewhat decreased existential isolation by 4% from pre- to post-treatment by likely reminding participants that suffering is an experience shared by everyone and that they are not alone. If people believe they are still good and perhaps less alone if they feel their suffering, then it makes sense they would be more likely to approach difficult internal, emotional experiences, as illustrated by the substantial 24% increase in emotional processing, as well as the 9% decrease in distress aversion or avoidance of negative emotion.

These processes may explain what seemed to be the unlocking of a more complete range of emotional experiences and particularly sadness for many participants. Lessening the stigma associated with sadness may have allowed participants to reduce their suppression of it and feel sadness without feeling bad about themselves. If anxiety and anger are emotions whose functions are to motivate us to defend against or correct injustice in the world, respectively, then broadening participants’ emotional repertoire to include sadness, which is arguably an adaptive emotional response to unachievable goals and negative outcomes that cannot be changed, may

open the door to greater acceptance and thus healing (Barlow et al., 2017; 2018; Durisko et al., 2015). Furthermore, encouraging participants to focus on what they can control may increase their sense of self-efficacy, which can help them feel better about themselves and their future. As such, tragic narratives may promote acceptance by destigmatizing acceptance-related emotions like sadness, and redemptive narratives may boost self-esteem, hopefulness, and positive affect by improving self-efficacy.

Furthermore, rather than feel shame or guilt about their suffering, participants may have used the narrative approach to shift their perspective and view themselves as just another human being suffering among many and worthy of compassion. For example, Participant 10 wrote a self-narrative from God's perspective that allowed her to feel the love that she assumed God had for her, which was the same love she believed God had for everybody. For other participants, it was the act of relating their suffering to the suffering of a tragic hero and for whom they had compassion for that opened the door to self-compassion. For instance, Participant 9 related her suffering to that of her mother who was cheated on by her father in a similar way to how her ex-partner cheated on her. Participant 9's relatability to and compassion for her mother's suffering allowed her to feel compassion for herself. This conclusion is supported by the 14% increase in self-compassion from pre- to post-treatment. However, despite the marital separation motivating Participant 2 to be a mentor to others in her divorce recovery group, the relatively minor change in compassion for others of 1% suggests the expected turning toward the suffering of others after more fully experiencing the universal well of human suffering within themselves was insignificant.

*Linguistic Markers*

Under H8, I predicted that among participants who complete the therapy program, LIWC analysis and thematic coding of SOC recordings would show that the mean score from pre- to post-treatment would decrease for negative emotion words; cognitive processing words; first-person singular pronouns; and first-person plural pronouns; and increase for positive emotion words; analytic thinking words; ratio of first-person plural pronouns to first-person singular pronouns; acceptance themes; and redemption themes. From pre- to post-treatment, participants showed increased positive emotion words by 144%, negative emotion words by 10%, first-person singular pronoun words by 20%, cognitive processing words by 26%, acceptance themes by 55%, and redemption themes by 164%, and decreased first-person plural pronoun words by 40%, ratio of first-person plural pronouns to first-person singular pronouns of 56%, and analytic thinking words by 37%. Hence, H8 was partly supported by decreases in first-person plural pronoun words and increases in positive emotion words and acceptance and redemption themes, but not supported by increases in negative emotion words, cognitive processing words, and first-person singular pronoun words and decreases in analytic thinking words and ratio of first-person plural pronouns to first-person singular pronouns.

There are several ways to interpret these results. First, the increase in acceptance and redemption themes of 55% and 164%, respectively, from pre- to post-treatment indicates that the intervention was effective in promoting participants' acceptance of and redemption from their separation experiences. The higher amount of redemption themes compared to acceptance themes by the end of treatment makes sense given the second SOC recording was taken at the end of treatment where the focus is on the future and continued narrative implementation. Second, over the course of treatment, the 144% increase in positive emotion words corresponded

to the increased self-esteem finding and my observation that participants felt better and were more hopeful about the future by the end of treatment compared to when they started. But the simultaneous increase, rather than decrease, in negative emotions by a relatively minor 10% suggests there may also have been a general increase in describing their separation using emotion words, which corresponds to the greater emotional processing found above.

The concurrent increase in cognitive processing words (or words associated with working through or attempting to understand problems) by 26% and decrease in analytic thinking words (which should initially decrease when breakup occurs as individuals use more informal, personal, and dynamic language to make sense of the experience) by 37%—which is the opposite of what was predicted—indicates that the therapy, rather than concluding with a coherent self-narrative, may have actually stimulated increased meaning and narrative creation by the end of treatment. This result is consistent with participant feedback for more therapy sessions and my observation that participants were still actively experimenting with their self-narrative by the final session, especially in terms of defining their redemptive self and plans for the future. I believe this increased focus on the self and future direction is also supported by the fact that first-person singular pronoun words increased by 20%, counter to the prediction that first-person singular pronoun words would decrease if people lessened focus on their self and ex-partner after forming coherent separation narratives. Furthermore, the decreased ratio of first-person plural pronouns to first-person singular pronouns of 56%, rather than the expected increase due to a hypothesized increase in compassion for others, corresponds to the lack of increase in compassion for others found above. Finally, the significant decrease in first-person plural pronoun words by 40% supports the prediction that participants would identify themselves less in terms of a collective “we” with their ex-partner as they better accept the end of the relationship.

From pre- to post-treatment, increased redemption themes were associated with decreased SRPD ( $r(8) = -.07$ ) as expected, but increased acceptance themes were somewhat counterintuitively associated with increased SRPD ( $r(8) = .07$ ). It is worth remembering the small sample size in the current report precludes any meaningful statistical inference, so all correlations should be considered tentative. Additionally, in any correlation we cannot know the direction of influence. On the one hand, it is possible that those participants who struggled relatively more than other participants by the end of treatment may have had more need to discuss acceptance themes in their final SOC recording, which may have been coded as relatively higher increase in acceptance themes. On the other hand, less-distressed participants who were further along in acceptance and more focused on redemption may have had *less* need to discuss acceptance themes in their final SOC recording, which may have been coded as relatively lower increase in acceptance themes. Instead of change scores, if we correlate acceptance and redemption theme scores with SRPD scores at the time of their recording, we find that both acceptance and redemption themes are strongly negatively correlated with SRPD ( $r_{\text{acceptance}} = -.67$ ;  $r_{\text{redemption}} = -.66$ ) as we would expect.

In sum, it appears that tragic and redemptive narrative therapy is effective in promoting acceptance and redemption in participants' self-narratives. Connecting participants' personal suffering to a shared story of human suffering potentially protected their self-esteem and allowed them to experience and express a broader array of emotions conducive to greater acceptance and self-compassion. As participants accepted the end of their relationship, they focused more on themselves and what they could control and change as they actively created their redemptive self and narrative. By the end of treatment, participants seemed to have greater self-efficacy and self-

esteem, were happier and more hopeful about the future, and considered redemption an ongoing process rather than a static state.

### **Aim 5: Feedback on Existential Narrative Therapy**

Aim 5 initially sought to elicit feedback from participants to improve the intervention through open-ended survey questions and exit interviews. However, given the lack of participant recommendations to improve the intervention, I broadened this aim to also include thematic analysis of what participants found most helpful about the intervention and potentially shed light on the intervention's mechanisms of change.

### ***Participant Recommendations***

Participant recommendations largely pertained to the number and frequency of sessions. Some participants suggested including more weekly sessions and/or monthly check-in sessions to allow participants more time and guidance in narrative development and implementation. Other participants reported the current number and frequency of sessions was adequate. The desire for further time and guidance, however, is consistent with the finding that many participants were still actively creating and implementing their redemptive narratives by the end of therapy. The number and frequency of sessions in the present study were selected partly as a function of available time and resources and partly as an exploration of the minimal treatment dosage required for the desired therapeutic effect. Future studies of this intervention could experiment with more or more frequent sessions to determine if any additional therapeutic benefit is worth the additional time and resources needed for these changes. Conversely, it is also worth studying if lowering the treatment dosage with fewer or less frequent sessions may have a similar therapeutic effect. Additionally, any future studies should consider how additional sessions with a therapist may actually inhibit a participant's redemptive narrative insofar as it



limits their agency and responsibility for their narrative. Another consideration is the fact that therapy sessions did not cost participants anything but their time and participation in the study. If participants were charged for these therapy sessions, they may have been less inclined to request additional therapy sessions.

Another participant recommendation was for more formal structure or homework in the intervention, such as a booklet or handouts for each session. This participant felt that such structure would help them see more clearly the goals for each session, as well as see how the sessions were connected into a cohesive whole. The current therapy program included some handouts: a notebook to write their narratives in (if they were participating in person and wanted the notebook), the decisional balance worksheet in the first session, and the vignette in the second session. However, besides the decisional balance worksheet, most of the participants' homework (i.e., narrative writing) was completed in their notebook or their own word-processing software. To provide more structure to participants, future studies could use a booklet or app with interactive software where each therapy session is separated into sections, and each section begins with that session's purpose, goals, and agenda, and then writing space for that session's task. For example, the first section could be the decisional balance worksheet; the second and third sections could begin with the vignette and prompt participants to write their own personal narrative from a tragic or redemptive perspective, respectively, then provide space for writing their narratives; the fourth section could ask participants to write about their goals and specific actions that are in line with their tragic and redemptive self, and contingency plans in case obstacles arise in their pursuit of these goals and actions, then allow writing space for these; and the fifth and sixth sections could ask participants to review their successes and challenges in

narrative implementation and how they might adjust their narrative, goals, or contingency plans to meet challenges and/or continue successes, and provide writing space for these, too.

### *Potential Mechanisms of Change*

**Tragic-Redemptive Framework.** Besides recommendations, participants shared observations about what the most helpful aspects of the therapy program were, which could illuminate potential mechanisms of change. One potential pathway is the tragic-redemptive framework helped participants accept their marital separation and gain a degree of agency. Several participants reported aversion to processing and expressing painful emotions, but they also recognized their importance for healing and personal growth. By reducing stigma and protecting self-esteem, tragic narratives may have allowed participants to experience the sadness underlying their suffering more fully, with some participants reporting they were better able to “let go” of their emotional pain (Participant 9) or surprise at their capacity for sadness and self-compassion (Participant 10) by the end of treatment. These findings are consistent with the idea that tragic narratives work by validating participants’ suffering and protecting their self-esteem so they can more fully experience emotions that may be stigmatized but allow for greater acceptance. By introducing participants to the cultural tradition of tragic narratives, participants may view their suffering as a normal part of the human condition, rather than as something to be avoided lest that reveal something wrong with them. If participants can better maintain their self-esteem, they may have less need for ego defense and more scope to allow themselves to experience stigmatized emotions like sadness. Though emotions such as anxiety and anger are more likely to be targeted at defending against or controlling external threats, sadness is more often felt in response to unchangeable negative outcomes that must be accepted (Durisko et al., 2015). Until participants feel the emotions associated with accepting their marital separation,

they may find it difficult to accept the marital separation and move on (Barlow et al., 2017; 2018). If they can experience these emotions, however, then that may open the door to greater self-understanding, personal transformation, and redemption.

Once participants became more open to their suffering, they may have studied it to determine what meaning it offered for their redemptive self, and particularly their sense of identity, agency, and purpose in life going forward. For these participants, suffering offered the foundation and material for building their redemptive narrative. Five participants found the tragic-redemptive narrative framework helpful for understanding of their authentic or ideal self, as well as clarifying their emotions, desires, values, and future direction. When participants imagined themselves as the hero in their own story, they often reflected on their authentic or ideal self, what really mattered to them, and what parts of themselves they shed or kept as they searched for the strength to endure and overcome their tragedy. What remained following this introspective process was likely akin to a transformed or redemptive self with greater insight into their identity, values, and capabilities. Moreover, the tragic narrative's emphasis on accepting what cannot be changed (e.g., the past, the divorce) and the redemptive narrative's emphasis on changing what can be changed (e.g., the present, the future) provided participants with a framework for understanding their locus of control and directing their time and energy toward more productive and adaptive ends, which, in turn, engendered a greater sense of personal responsibility, agency, and hopefulness for the future. For example, Participant 2 discussed how her suffering led her to realize her capacity for resilience, persistence, and adaptation as she shed her lifelong dependency and permissiveness in favor of greater self-respect, self-confidence, personal responsibility, and assertiveness. Participant 2 ended therapy with a better balance between compassion and strength that was more in line with her ideal self and gave her the

confidence to become a leader and mentor in her church and divorce recovery groups so she could help others. In this way, the tragic-redemptive narrative framework encourages people to not only accept their suffering, but to use it to develop self-insight and self-efficacy, which, in turn, can lead to courage and a vision for the future.

**Self-Distancing.** In addition to the tragic-redemptive framework promoting acceptance and formulation of the redemptive self, the practice of narrative writing facilitated the creation of meaning in other ways. Some participants, like Participant 5, found it easier to write their narratives from the third-person perspective because it created some psychological distance from their intense painful emotions and made the task more manageable for them. From this “cooler” vantage point, five participants reported they found narrative writing offered a different perspective on their experiences and emotions that led to deeper understandings, different interpretations, or consideration of previously unknown or suppressed information, which arguably led to more adaptive emotional and cognitive processing and meaning-making. This potential mechanism of change is supported by Park, Ayduk, and Kross’s (2016) research on expressive writing, self-distancing, and adaptive self-reflection (see also Ayduk & Kross, 2010a; Ayduk & Kross, 2010b; Kross & Ayduk, 2008; Kross et al., 2005). These researchers aimed to study how expressive writing facilitates narrative creation that can help people understand their negative emotions and ultimately feel better. They posited that when people recount their negative experiences, they may relive them as if they were experiencing the same intense painful thoughts and feelings as when it happened. This psychological pain and overinvolvement may be so aversive or overwhelming that people avoid or lack the bandwidth for adaptive processing of distressing memories. The authors argued that expressive writing encourages people to engage in narrative construction, which often involves self-transcendence and perspective-taking (Graybeal

et al., 2002; Labov & Fanshel, 1977; Linde, 1993; Lyubomirsky et al., 2006; Pennebaker et al., 1997; Smyth et al., 2001). This act of self-distancing, or viewing oneself from outside one's person and at a distance, then assists people to mentally reconstrue their negative experiences in a less distressing manner in a process known as emotional processing or meaning-making (Foa & Kozak, 1986; Kross & Ayduk, 2011; Rachman, 1980). In two longitudinal studies, Park et al. (2016) randomly assigned participants to engage in expressive writing or thinking about either a distressing experience or non-emotional topic for 15 minutes on each of three consecutive days. The researchers found that those who participated in EW—which involved writing about their deepest thoughts and feelings about the experience with attention to the past, present, and future, as well as interpersonal relationships—about distressing experiences were more likely to self-distance than those in other conditions and experience less emotional reactivity one month and six months later. Therefore, narrative writing may facilitate adaptive self-reflection or meaning-making by offering people the psychological distance necessary to approach and interpret their painful emotions and experiences in a more adaptive manner.

Interestingly, Park et al. (2016) conducted linguistic analyses of participant essays with the same LIWC software used in the present study to investigate the linguistic mechanisms through which expressive writing works to increase self-distancing. When they compared change scores in causation, insight, positive emotion, negative emotion, and first-person singular pronoun words between essays written on the first day and third day of the experimental manipulation, they found that self-distancing one day after the manipulation was positively associated with causation words, negatively associated with negative emotion words and first-person singular pronoun words, and not associated with insight or positive emotion words. Based on these results, the authors suggested that self-distancing may be more dependent on causal

reasoning than self-insight and decreased negative emotions than increased positive emotions, as well as reflected in decreased self-focus (i.e., less first-person singular pronoun use). Inasmuch as narrative writing in the present study promoted self-distancing, Park et al.'s results seem to contrast with the present study's findings that positive emotion, negative emotion, and first-person singular pronoun words increased by 144%, 10%, and 20%, respectively, from pre- to post-treatment. In exploratory analyses, I found that causation and insight words increased by 27% ( $\text{causation}_{\text{Pre}} = 1.53$ ,  $\text{causation}_{\text{Post}} = 1.95$ ) and 39% ( $\text{insight}_{\text{Pre}} = 2.73$ ,  $\text{insight}_{\text{Post}} = 3.79$ ), respectively, from pre- to post-treatment in the current study.

However, given Park et al. compared mean linguistic change scores over a three-day period compared to the present study's three-month period, perhaps Park et al. and the present study's results show which processes are most adaptive early and later in the narrative creation process, respectively. In the early stages of therapy, decreased self-focus and negative emotions through self-distancing may be more adaptive as it creates enough psychological distance from painful emotions to facilitate perspective-taking and meaning creation. Additionally, the relative importance of causation words compared to insight words in self-distancing in Park et al. suggests the kind of meaning most important in early narrative creation is comprehension or coherency (i.e., making sense of what happened; see "Meaning across time and narratives" below; King & Hicks, 2021). These processes may have occurred in the present study when participants began with writing their tragic narrative and considered how their suffering relates to the broader human story of suffering. In doing so, participants engaged in an explicit shift in focus from a self as a suffering individual to a self as one suffering among many, and that self-distancing may have allowed participants to process their negative emotions in a less intense manner and begin to create a coherent narrative of their marital separation. However, after three

months in the therapy program, participants likely had less need to self-distance from intense negative emotions and make sense of their separation, thus enabling them to increase self-focus as they created their redemptive narrative and self. In formulating their redemptive self, participants tried to understand who they were following the tragedy of their separation, what their purpose is now, and why that mattered; that is, more self-insight in relation to the purpose and existential mattering/significance components of meaning in life (see “Meaning across time and narratives” below; King & Hicks, 2021). If successful, participants probably had a stronger sense of agency and hopefulness, and thus positive affect. These conclusions are supported by the present study finding from pre- to post-treatment increases in both causation and insight words, as well as in positive emotion and first-person singular pronoun words.

**Meaning Across Time and Narratives.** After gaining some psychological distance from their emotional pain, participants in the present study also found it helpful to create meaning across time within their personal narratives and between their personal narratives and cultural narratives. The tripartite definition of meaning in life—including a sense of coherence or comprehension about life, purpose in life, and existential mattering or significance to one’s life—provides a framework for understanding this narrative meaning creation (King & Hicks, 2021). Comprehension or coherence about life refers to the idea that humans are intrinsically motivated to understand their experience (Fiske, 2018; Yalom, 1980), such as seeing the connections between people, objects, and events in one’s life (Heine et al., 2006) that gives rise to the perception that life make sense (Baumeister & Vohs, 2002). Purpose in life can mean having an overarching aim for one’s life that defines the self and supports organization and prioritization of one’s values and goals (Baumeister 1991; Bronk 2011; Klinger, 1977; McKnight & Kashdan, 2009). Existential mattering or significance refers to the need people have of

viewing their life as mattering or somehow important or impactful in the universe, even after we die (Becker 1973, George & Park, 2016, 2017; Yalom, 1980). When two participants reported they found it useful to write about where they came from (e.g., early family experiences); how their past affected how they became involved in their last relationship, its difficulties, and its ending; and how their relationship has affected where they might be going from here (i.e., the future), they were creating a sense of coherency or comprehension for their life by connecting their past, present, and future. By understanding the cause-and-effect nature of their life's trajectory, they made sense of why they were in their current situation and potential future. Furthermore, when three participants reported they found it useful to connect their personal, separation narratives to a broader familial narrative (e.g., not repeating the mistakes of one's parents or breaking generational cycles of suffering for their children) or to archetypal or popular cultural narratives (e.g., using adversity as an opportunity for personal transformation and growth as in the story of Jesus Christ or Star Wars), they created a sense that their life has purpose and matters. Thus, the process of narrative writing across time within personal narratives and between personal and broader narratives helped participants create meaning in life in terms of comprehension, purpose, and existential significance.

**Implementation Planning.** Finally, two participants reported they found the narrative implementation planning and check-in sessions useful. Participants appreciated working through how their tragic-redemptive narrative could be realized in their real-world life and preparing for potential obstacles to their narrative implementation that may arise along the way. Participants also found it helpful to be pragmatic and concrete regarding implementation, such as setting overarching goals and dividing them into realistic subgoals, visualizing their path forward with a diagram, and problem solving if-then contingency plans for possible setbacks. The check-in



sessions appeared to be helpful for when implementation did not go as planned and unforeseen challenges arose; participants found it helpful to brainstorm potential solutions and use the therapist as a sounding board for such ideas.

Overall, participant feedback on the therapy program led to important recommendations and understandings about possible mechanisms of therapeutic change. Regarding recommendations, any future iteration of the therapy program should consider increasing the number and frequency of therapy sessions to determine if that improves well-being (or if decreasing the same deteriorates well-being) and implement more structure, such as a booklet or app with guidance for each session. Participant feedback illustrated potential pathways for therapeutic effect, including the tragic-redemptive framework supporting self-esteem, emotional processing, and adaptive refocusing of one's locus of control, facilitating greater acceptance, self-understanding, and self-efficacy. Another plausible mechanism is narrative writing promoting self-distancing and meaning creation via connections within personal narratives and between personal narratives and broader cultural narratives. Participants also found narrative implementation planning useful, particularly if it is specific, concrete, and practical and includes contingency, if-then plans for potential obstacles.

### **Limitations and Future Directions**

One limitation of the present study relates to the composition of the sample. Variations in participant cultural backgrounds that differed from mainstream American culture may have produced unintended variation in their responses. For example, two participants were born outside the United States (i.e., Mexico and Germany) and two participants were Hispanic. It is possible a tragic sense is more prevalent or redemption narratives less popular in these non-stereotypical American cultures, potentially muting the effect of the intervention. Additionally,

there was substantial variability in the age of participants (i.e., one in their 20s, four in their 30s, two in their 40s, and three in their 50s and beyond), with younger participants likely responding to treatment differently compared to older participants. For instance, given the trend toward decreasing stigma of depression in the United States over the last few decades (Pescosolido et al., 2021), younger participants may have been more open to experiencing depression-related symptoms like sadness and thus benefit less from a tragic perspective.

Another limitation is arguably the small sample size in the current report. The primary purpose of the study was to conduct Stage I research by testing the feasibility and acceptability of a tragedy and redemption-informed narrative therapy for adults following marital separation in line with the NIH's Intervention Stage Model (Onken et al., 2014). Additionally, the study had secondary goals of assessing preliminary data regarding treatment efficacy, the potential mechanisms through which the treatment works, and how the intervention could be improved. The study's small sample size and non-statistical comparison of means was sufficient to meet these aims and suggest the intervention likely is feasible and acceptable to participants, promotes positive change via several mechanisms, and would produce meaningful and statistically significant improvement in well-being outcomes if studied again with a sufficiently large sample size. These results represent significant progress in the NIH's Intervention Stage Model, fulfilling key aspects of Stage I research feasibility and pilot testing. Nevertheless, to engage in Stage II research and test the efficacy of this intervention, larger sample sizes are necessary to allow multiple comparison groups and statistical analyses of conditions (e.g., treatment and control conditions in a randomized controlled trial).

There should be more structure in the intervention to assist participants and therapists. As mentioned, implementation of more structure in the intervention via treatment booklet or app

may help participants gain clarity about their goals for each session, and how those goals are connected across the treatment modality. Additionally, other structures in the form of treatment protocols, training and supervision manuals, and tools for fidelity assessment and enhancement are necessary steps in intervention development and Stage I research (Onken et al., 2014). In fact, these foundational elements are crucial for the scalability of the intervention and, once implemented, would allow more therapists and thus participants to be involved in studies, thus enabling Stage II efficacy research through a sufficiently large sample size.

In addition to efficacy testing the treatment's current form, Stage II research also offers the chance to test the effect of varying aspects of the treatment, including dose response. For example, we could study dose response via changes in the number and frequency of therapy sessions. Given many participants in the present study suggested increasing the number and frequency of sessions, future research should assess whether and how much such changes would positively impact well-being outcomes. Alternatively, it would also be helpful to reduce the number and frequency of sessions to determine if similar positive effects can be achieved using less resources. Again, scalability is important to consider, not only because it allows the intervention's efficacy to be studied, but because it also has important implications for if such an intervention is disseminated and administered in any resource-constrained environment outside of the research laboratory. Indeed, there may be value in studying the effects of a less resource-intensive version of the intervention—such as a single-session or brief writing exercise like the expressive writing paradigm developed by Pennebaker and Smyth (2016)—to determine if it could produce similarly positive well-being effects. If this were the case, a less resource-intensive version of this intervention could be disseminated among and benefit more people more easily. It may be the case that treatment dosage should be tailored to an individual's needs;

for example, a multiple-therapy session version may be suited to those experiencing severe, long-term psychological distress from marital separation, whereas a single-therapy session or brief online writing exercise may be enough for college students experiencing their first romantic breakup.

Another significant limitation was the current study's recruitment and screening methods. As mentioned, recruitment began via newspaper and email marketing that was significantly underwhelming; it was not until recruitment shifted to online social media advertising a month later that recruitment began in earnest. Additionally, the exclusion criteria, which were selected to choose the ideal candidates for the intervention, may have been overly restrictive, eliminating 40% of prospective participants who completed the initial screening form. The participants for whom exclusion criteria exemptions were made did not appear to respond to the treatment differently compared to those who did meet these criteria. Technical issues or prospective participant concerns about the trustworthiness (e.g., perception of phishing attempt) of completing screening forms (30% drop-out rate) or invitations to screening interviews (60% drop-out rate) may have also interfered with recruitment. Considering these limitations, future research should begin recruitment via online social media and related channels, contain less restrictive exclusion criteria, and potentially use more user-friendly or trustworthy methods for screening prospective participants.

Finally, an important oversight in the present study was the lack of blinding of acceptance and redemption theme coders to the pre- or post-treatment timing of the SOC recordings. Since the coders—myself and two research assistants—knew whether SOC recordings were taken pre- or post-treatment, we may have been biased to code the post-treatment SOC recordings as higher in acceptance and redemption themes compared to pre-

treatment SOC recordings. The absence of blinding was largely due to the limited number of research assistants available to help with the current report. Moreover, it may be difficult to truly blind coders to the timing of SOC recordings since participants may express such timing in their SOC recordings. For example, a participant might say in their second SOC recording “I can now accept my divorce after going through this treatment.” Nevertheless, future studies that aim to code acceptance and redemption themes in participant recordings, perhaps using the present study’s coding scheme, should consider blinding coders to the timing of the SOC recordings as much as possible to limit bias in coding.

### **Conclusion**

The present study sought to develop and test the feasibility and acceptability of a novel existential narrative therapy for adults following marital separation. Drawing from popular cultural narratives of tragedy and redemption, this intervention complements existing poststructuralist narrative therapy (e.g., White & Epston, 1990) by combining the liberating act of writing personal narratives with the scaffolding offered by broader cultural narratives *in the context of an ongoing psychotherapy treatment*. Tragic narratives remind us we are not alone and are still worthy in our suffering, enabling us to accept our suffering and more fully experience and process our negative emotions. Redemptive narratives remind us that we have power and agency and that we can use our suffering to catalyze personal transformation and growth. When combined, tragic-redemptive narratives provide an effective framework for a more adaptive locus of control as we learn to accept the tragedies that cannot be changed and strive for what can be changed. As an initial step toward incorporating this framework into evidence-based psychotherapy, I developed a tragic-redemptive narrative therapy for maritally separated adults and engaged in Stage I feasibility and pilot testing of the therapy in line with the NIH’s Stage

Model of intervention development. I found strong evidence that the intervention is feasible to administer and acceptable to participants, as well as preliminary evidence that the treatment is effective and works through a variety of intended potential mechanisms of action. Future studies should aim to improve recruitment and screening methods, increase the structure and scalability of the intervention, and test the efficacy of the intervention and variations of it. At its base, the present study attempted to address, in a small way, the fundamental duality between limitation and possibility—between life and death, freedom and unfreedom, connection and isolation, meaning and meaninglessness—that is at the core of human existential problems. Given humans are naturally inclined to create meaning through story, narrative therapies that reconcile these dualities through a tragic-redemptive framework that encourages acceptance of human limitation while elevating human possibility should be particularly potent.

## Appendix A – Acceptance and Redemption Coding Scheme

### Acceptance coding

The purpose of this coding scheme is to measure the degree to which participants accept their romantic separation with equanimity. Regarding emotional valence, participants who have accepted their separation may have sufficiently processed separation-related negative emotions such that they can discuss their separation without feeling overwhelmed by these emotions and remaining in a relatively neutral psychological state (with some lingering emotional pain to be expected). Regarding language use, participants who have accepted their separation may use words or phrases indicating they have made sense of their separation experience, and some may have even developed a philosophical position or outlook on the relationship between their self, their suffering, and the world.

For example, a participant who has accepted their separation may discuss the end of their relationship in a relatively neutral tone that does not indicate uncontrollability or distress. This participant might also suggest they know why the relationship ended, or at least accepted that romantic separation is a normal or natural part of life. By contrast, a participant who has not accepted their separation would show the opposite of these behaviors.

Please use the following scale to rate the degree to which participants accept their separation experience:

1. No signs of acceptance
2. Only slight indication of acceptance
3. Clear indications of acceptance but not completely (some negativity about it)
4. Complete acceptance

### Redemption coding

The purpose of this coding scheme is to measure the degree to which participants have achieved redemption from their romantic separation. Redemption can be defined as the movement from a negative state to a positive state and where the movement is based on a personal transformation stemming from the negative state. In other words, a redemptive individual uses their suffering to achieve personal growth that then leads them to bring about some positive situation.

Though there is some overlap between acceptance and redemption, they also have clear differences. Acceptance is a relatively passive attitude toward suffering that moves someone from a negative state to a near-neutral state, whereas redemption typically involves an agentic individual using their suffering to engage with the world, including through both physical and psychological actions (e.g., practicing gratitude), in a way that moves them from a negative state to a positive state.

For example, a participant who has achieved redemption from their separation experience may discuss how their separation led to personal growth (e.g., greater self-awareness, learning about

their values or what matters to them, exploration of different aspects of their personality, stronger spirituality) that then led them to take action to bring about a positive situation for their self, others, or the world (e.g., better self-care, new career/hobbies, new romantic relationships, nurturing of existing relationships with family and friends, taking up a social or moral cause). By contrast, a participant who has not achieved redemption will not show positive personal transformation following suffering nor the consequent behaviors aimed at creating a positive state of affairs.

Please use the following scale to rate the degree to which participants have achieved redemption from their separation experience:

1. No signs of redemption
2. Only slight indication of redemption
3. Strong indications of redemption
4. Complete redemption



### Appendix B – Stream-of-Consciousness Recording Instructions

Before beginning, establish a place for the participant to complete this activity alone in a private room.

Read to participant:

“For this activity, we’re interested understanding your strongest thoughts and feelings about your separation experience. Therefore, we’d like you to speak into a voice recorder device in a “stream-of-consciousness” manner about this experience. I am going to read through all of the instructions before I have you do anything, so just listen for now. Before I have you speak in the recorder, I will ask you to take half a minute to create a vivid image of your ex-partner. When I indicate, I will have you close your eyes and take 30-seconds to come up with a detailed image of your former partner. When doing so, please try to create a careful image of your ex’s face, of your ex doing something, or of the two of you doing something together. The most important piece is that you concentrate carefully on creating a very vivid image.

In a few moments, I’ll leave the room. I’ll use a timer, and at the end of this 30-second period, I’ll hand you a digital voice recorder that is on and ready. As soon as I leave the room, please begin speaking into the recorder. You are free to say anything you want related to your ex-partner. You might talk about the end of your relationship, the “story” of your separation, your relationship history, what has happened since you separated, or any other thoughts and feelings—good or bad—that come to mind. If you are happy that the relationship has ended, you’re welcome to explain why and how; if you feel sad and/or angry that the relationship has ended, you’re welcome to explain why and how. What you say during this period is entirely up to you. There are only two “rules” for how to talk into the recorder: (1) Please try to talk continuously for the entire 4-minute period... if you don’t know what to say, just keep talking about anything related to the relationship that comes to mind; and, (2) All of your content should be related to the relationship in some capacity. At the end of the 4-minute period, I’ll knock on the door, and this indicates that the activity is over and that you can stop talking.”

“So now I will step out of the room and let you create that vivid image of your ex-partner for 30 seconds. When I knock, I will bring in the recorder and you may start talking for the 4 minutes. I will knock to indicate the end of that 4-minute period.”

**Appendix C – Decisional Balance Worksheet**

	<b>Pros/Benefits</b>	<b>Cons/Costs</b>
<b>Change</b>		
<b>Stay the Same</b>		

### Appendix D – Vignette

For participants with male ex-partner:

*It was wonderful at first. I met him at a friend's party in college and we instantly hit it off when we realized we were both into the same, obscure board games. Turns out we were both weird but in a similar way. It was a sweet, innocent time. We hung out all the time and constantly kept in touch, even when we went home for break. We fell in love. Soon after graduating, it was no surprise we got married and moved to a new city together. Then, we bought a house, had our first child, then our second child. We were a happy family.*

*But years later, maybe when our kids were around 10 and 12 years old, I noticed something was a bit off with him. He seemed a little colder, a little more distant. I wasn't sure why. Whenever I asked about it, he said nothing was wrong. He began spending more time with his friends and joined an outdoor climbing club. I thought maybe he just found himself in a routine of work and raising kids and needed an outlet. Nevertheless, I felt the need to reignite the spark in our relationship, so over the next few years I scheduled regular date nights with him, including reviving our old board game nights, and took him on romantic trips. I even tried to engage in his new hobby and went rock climbing with him, but this didn't last long as I was clearly not good at it. I met his climbing group, too, and they seemed nice and fun. I also noticed him being quite close with one of the women in the group, who happened to be his usual climbing partner. The way they looked at each other and laughed at each other's jokes made me jealous. But I gave him the benefit of the doubt and remained the trusting and devoted partner I had always been and shrugged it off. Besides, he still told me he loved me, and I still believed him. However, I still couldn't shake the feeling that, even though he seemed to enjoy these activities, he was still far away when we were together.*

*Then, one day, after our kids had left for college, he sat me down and asked for a divorce. I was shocked. I could not believe it. I was in denial and repeatedly asked how that can be when he still loves me. He confirmed he still loves me, but only as a friend—he stopped feeling romantically toward me years ago—and that he has been in love with the woman from his climbing group, his climbing partner, for several years now. I was devastated. I broke down. I begged him to reconsider, to give it another shot, saying we could try different things, maybe go to couples counseling. But he refused. He said we'd been growing apart for years but that he'd been holding his tongue until our kids went to college and didn't need us together anymore. That's when I became furious and bitter. How could he do this to me? I accused him of lying to me for years about his love for me. He apologized but said he did what he thought was right for our kids. I said I understood where he was coming from, but I still felt upset, used, and betrayed. And it looked like he made up his mind a long time ago, and there was no going back. So, I signed the divorce papers.*

*After the divorce, I moved back to my hometown. I felt defeated. I had always tried my best to be a good person and a good partner. I did my best to be kind, understanding, forgiving, honest, loyal, and committed to our relationship. I devoted my whole life to him and our family. I did everything I could to keep our love together. I put so much time, energy, and heart into our*

*relationship. I gave it my all, but it still fell apart. I thought if I just worked hard enough at it, it'll work out. But I was wrong, so wrong. I mean, what more could I have done? And how could this happen to me, someone who had always tried to do the right thing and gave so much to others? What kind of world is this? What kind of cruel, unfair world is this? And how can he just throw everything away after everything I gave to him? I didn't understand it at all. It made no sense to me whatsoever.*

*I was in so much pain. I began drinking. I reconnected with my old friends in town, some of whom were also divorced. One said she began drinking after her marriage failed too, but realized she was avoiding her pain and sooner or later would have to deal with it—or her drinking would destroy what she had left, including her relationship with her children. This affected me a lot, as I love my children deeply. I decided to stop drinking and face my suffering, and I started thinking about my own personal responsibility and what I could control. I realized that no matter how hard I tried, I could not control the end of my marriage. But I could still control my attitude and what I focused on, and my actions.*

*When I formed a kind of support group with my divorced friends, I discovered I was not alone. It seems that everyone found their past relationships uncontrollable too. Sure, we can do things that influence them, but at the end of the day I cannot know for certain what will happen. I cannot ultimately predict when someone I love stops loving me, or even when they'll die, or when I'll die. Sometimes, you can try and try, and things still don't work out. Then it hit me how amazing it is that humans have the will to persist and to keep loving and caring despite all the pain, despite all the uncertainty and vulnerability. To have courage and to commit, to love even when you know it will end someday, and may even end at any moment? Is this what faith means? If so, then what a wonderfully mad and beautiful thing it is to be human.*

*My separation experience has humbled me. I have learnt that sometimes, life is just out of your control. I mean, we met when we were pretty young, and we were both very different people back then. We have both changed and grown a lot since we first met. I think that's only natural and a good thing. Though it's unfortunate we grew apart, I am glad that we did grow, and now we can let go and give each other the space to continue that growth and begin the next chapter of our lives. I don't know how I got to this point, but I am very grateful for the relationship we had. Although it didn't turn out the way I wanted it to, I still appreciate the genuine love we did share. And we raised two amazing human beings who we're very proud of too.*

*If the world and our relationships are really unpredictable, and you never really know what is going to happen, I need to practice more active appreciation and gratitude of my loved ones. I am so much more grateful for my parents and children now. The fact that these connections can end at any time makes me realize just how precious they are. It's so important be loving, especially when you've been hurt before. I mean, why else would it be so painful to lose someone if I didn't love them? The pain has meaning. And I would rather love and risk feeling that pain than to not love at all. Sometimes you just can't have the good without the bad. My connections with my old friends have only grown since returning to my hometown and I look forward to continuing strengthening them. I have even thought about dating again, but my approach will be a little different this time—I'm going to give it all I can. You never know what will happen, but I am very thankful for each day and any new relationships I can build.*

For participants with female ex-partner:

*It was wonderful at first. I met her at a friend's party in college and we instantly hit it off when we realized we were both into the same, obscure board games. Turns out we were both weird but in a similar way. It was a sweet, innocent time. We hung out all the time and constantly kept in touch, even when we went home for break. We fell in love. Soon after graduating, it was no surprise we got married and moved to a new city together. Then, we bought a house, had our first child, then our second child. We were a happy family.*

*But years later, maybe when our kids were around 10 and 12 years old, I noticed something was a bit off with her. She seemed a little colder, a little more distant. I wasn't sure why. Whenever I asked about it, she said nothing was wrong. She began spending more time with her friends and joined an outdoor climbing club. I thought maybe she just found herself in a routine of work and raising kids and needed an outlet. Nevertheless, I felt the need to reignite the spark in our relationship, so over the next few years I scheduled regular date nights with her, including reviving our old board game nights, and took her on romantic trips. I even tried to engage in her new hobby and went rock climbing with her, but this didn't last long as I was clearly not good at it. I met her climbing group, too, and they seemed nice and fun. I also noticed her being quite close with one of the men in the group, who happened to be her usual climbing partner. The way they looked at each other and laughed at each other's jokes made me jealous. But I gave her the benefit of the doubt and remained the trusting and devoted partner I had always been and shrugged it off. Besides, she still told me she loved me, and I still believed her. However, I still couldn't shake the feeling that, even though she seemed to enjoy these activities, she was still far away when we were together.*

*Then, one day, after our kids had left for college, she sat me down and asked for a divorce. I was shocked. I could not believe it. I was in denial and repeatedly asked how that can be when she still loves me. She confirmed she still loves me, but only as a friend—she stopped feeling romantically toward me years ago—and that she has been in love with the man from her climbing group, her climbing partner, for several years now. I was devastated. I broke down. I begged her to reconsider, to give it another shot, saying we could try different things, maybe go to couples counseling. But she refused. She said we'd been growing apart for years but that she'd been holding her tongue until our kids went to college and didn't need us together anymore. That's when I became furious and bitter. How could she do this to me? I accused her of lying to me for years about her love for me. She apologized but said she did what she thought was right for our kids. I said I understood where she was coming from, but I still felt upset, used, and betrayed. And it looked like she made up her mind a long time ago, and there was no going back. So, I signed the divorce papers.*

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