

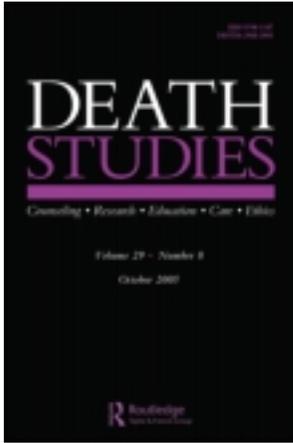
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Innovative Moments in Grief Therapy: Reconstructing Meaning Following Perinatal Death

Daniela Alves^a, Inês Mendes^b, Miguel M. Gonçalves^a & Robert A. Neimeyer^c

^a School of Psychology, University of Minho, Braga, Portugal

^b Research Center at the Center for Cognitive-Behavioral Studies and Intervention, Instituto Superior da Maia (ISMAI), Maia, Portugal

^c Department of Psychology, University of Memphis, Memphis, Tennessee, USA

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INNOVATIVE MOMENTS IN GRIEF THERAPY: RECONSTRUCTING MEANING FOLLOWING PERINATAL DEATH

DANIELA ALVES

School of Psychology, University of Minho, Braga, Portugal

INÊS MENDES

Research Center at the Center for Cognitive-Behavioral Studies and
Intervention, Instituto Superior da Maia (ISMAI), Maia, Portugal

MIGUEL M. GONÇALVES

School of Psychology, University of Minho, Braga, Portugal

ROBERT A. NEIMEYER

Department of Psychology, University of Memphis,
Memphis, Tennessee, USA

This article presents an intensive analysis of a good outcome case of constructivist grief therapy with a bereaved mother, using the Innovative Moments Coding System (IMCS). Inspired by M. White and D. Epston's narrative therapy, the IMCS conceptualizes therapeutic change as resulting from the elaboration and expansion of unique outcomes (or as we prefer, innovative moments), referring to experiences not predicted by the problematic or dominant self-narrative. The IMCS identifies and tracks the occurrence of 5 different types of innovative moments: action, reflection, protest, re-conceptualization, and performing change. Results documented the process of meaning reconstruction over the 6 sessions of treatment, and demonstrated the feasibility and reliability of analyzing narrative change in this form of grief therapy, opening it to comparison with other approaches.

Life changes after a major loss can be revolutionary, requiring a drastic reordering of personal priorities and major new capacities and roles. Reconstructing a world of significance in the wake of

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Address correspondence to Miguel M. Gonçalves, School of Psychology, University of Minho, 4710 Braga, Portugal. E-mail: mgoncalves@psi.uminho.pt

bereavement frequently involves an active process of self reorganization and adaptation to a new life-story (Neimeyer, 2000). This reconstruction can result in a deep self-narrative transformation. The self-narrative can be defined as “a cognitive-affective-behavioral structure that organizes the ‘micro-narratives’ of everyday life into a ‘macro-narrative’ that consolidates our self-understanding, establishes our characteristic range of emotions and goals, and guides our performance on the stage of the social world” (Neimeyer, 2004a, pp. 53–54). Thus in daily life we create narratives to give meaning to events, integrating them into an evolving story that gives them order and thematic significance. Importantly, the self-narrative also restrains the emergence of new meanings that can transform and invalidate the current meaning system (Gonçalves, Matos, & Santos, 2009) to create a sense of predictability in a rather unpredictable world. As Bruner (1986) suggested, narrative construction is a potent form of assimilating events that are non-canonical, rendering them interpretable and meaningful. Major losses threaten these efforts at stability and coherence, however, prompting significant revisions to our prior meaning system (Neimeyer, 2002). A good deal of research with bereaved parents (Keesee, Currier, & Neimeyer, 2008; Lichtenthal, Currier, Neimeyer, & Keesee, 2010), older widows and widowers (Coleman & Neimeyer, 2010), survivors of the violent death of a loved one (Currier, Holland, Coleman, & Neimeyer, 2007), and bereaved young people (Holland, Currier, & Neimeyer, 2006; Holland, Currier, Coleman, & Neimeyer, 2010; Neimeyer, Baldwin, & Gillies, 2006) supports the view that an inability to “make sense” of the loss by assimilating it into a personal framework of meaning is associated with complicated, protracted grief symptomatology. At its worst, the story of the loss may become the “dominant narrative” of the person’s life, effectively resisting restructuring along more hopeful lines (Neimeyer, 2006a). Accordingly, an anguishing search for constructive meaning in what appears to be a senseless loss can be viewed as a critical focus of grief therapy (Neimeyer, 2011; Neimeyer & Sands, 2011).

But how do clients in grief therapy integrate loss and reconstruct their self-narratives? Theoretically, constructivist grief therapy offers a reflective context for helping clients symbolize,

articulate, and renegotiate the meanings on which they rely (Neimeyer, 1995), in a context marked by high “presence” on the part of the therapist and subtle co-construction of meaning in a vividly experiential, rather than “cognitive” therapeutic climate (Neimeyer, 2009). To date, several illustrative case studies of grief therapy as meaning reconstruction have appeared in print (Neimeyer, 2001; Neimeyer & Arvay, 2004; Neimeyer, Burke, Mackay, & Stringer, 2010) and in video demonstration (Neimeyer, 2004b), and controlled outcome research on narrative techniques in grief therapy have been encouraging (Lichtenthal & Cruess, 2010; Wagner, Knaevelsrud, & Maercker, 2006). However, no empirical analysis of the process of constructivist grief therapy have yet been published. Therefore it was our purpose, through the intensive analysis of a single case across a full six-session therapy, to illustrate how a life story is reconstructed in the context of tragic bereavement.

According to Gonçalves and colleagues (Gonçalves et al., 2009; Gonçalves, Santos et al., 2010) narrative transformation in psychotherapy occurs through the emergence and expansion of moments of novelty, known as *innovative moments* (IMs). The concept of IM was inspired by White and Epston’s (1990) idea of “unique outcome,” referring to experiences outside the influence of the problematic or dominant self-narrative (e.g., guilt—“There’s a lot of things making me feel like I’m a bad person”). An IM emerges every time a person thinks, behaves, or feels in a different way from what the problematic narrative suggests (e.g., “I don’t want to live like that, I want to be able to enjoy life . . . I deserve that”). As IMs are micro-narratives, their analysis is relevant to understand how clients integrate new experiences into their former meaning system and how the narrative elaboration and development of such IMs eventually consolidate a new self-narrative. Thus, the amplification of IMs plays a pivotal role in the promotion of self-change processes, producing a disruption in the problem-saturated story of loss, prompting alternative meanings, and eventually creating a new self-narrative (Gonçalves et al., 2009).

To track the emergence of IMs throughout the psychotherapeutic process, a qualitative method of data analysis was developed: the Innovative Moments Coding System (IMCS, see

Table 1; Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011). This system allows identification of 5 types of IMs:

1. *Action IMs* refer to specific new behaviors that are intentionally enacted by the client and are different than one would expect, keeping in mind the constraints the problematic self-narrative imposes on the client's behavior.
2. *Reflection IMs* are those events in which the client understands something new that directly contradicts or challenges the problematic self-narrative.
3. *Protest IMs* are actions (like action IMs) or thoughts (like reflection IMs) expressing a direct refusal of the problematic self-narrative and its assumptions. It results in more proactive stance in therapy.
4. *Re-conceptualization IMs* represent a complex form of meta-reflective process that indicates that the person not only understands what is different about him or herself, but can also describe the process that was involved in this transformation. These IMs involve three components: the self in the past (problematic self-narrative), the self in the present (emerging alternative self-narrative), and the description of the processes that allowed the transformation from the past to the present.
5. *Performing change IMs* include new projects, aims, activities, or experiences that were not possible before, given the restrictions imposed by the problematic self-narrative. They represent a performance of the change process and may function as a projection of a new intentions, purposes, and goals that shape the emergence of a new self-narrative.

The present analysis of a full six-session grief therapy organized along meaning reconstruction lines will trace the emergence of each of these specific types of IMs.

Results from previous hypothesis-testing studies analyzing the emergence of IMs in a variety of samples (see Matos, Santos, Gonçalves, & Martins, 2009; Mendes et al., 2010; Gonçalves, Mendes et al., 2012), and intensive single-case studies (Gonçalves, Mendes, Ribeiro, Angus, & Greenberg, 2010; Ribeiro, Gonçalves, & Ribeiro, 2009; Santos, Gonçalves, Matos, & Salvatore, 2009; Santos, Gonçalves, & Matos, 2011) have allowed the construction of a heuristic model of narrative change (see Figure 1). According

TABLE 1 Categories of Innovative Moments with Examples

	Contents	Examples (problematic narrative: depression)
Action	<ul style="list-style-type: none"> • New coping behaviors facing anticipated or existent obstacles • Effective resolution of unsolved problem(s) • Active exploration of solutions • Restoring autonomy and self-control • Searching for information about the problem(s) 	<p>C: Yesterday, I went to the cinema for the first time in months!</p>
Reflection	<p>Creating distance from the problem</p> <ul style="list-style-type: none"> • Comprehension—reconsidering the problem's causes and/or awareness of its effects • New problem(s) formulations • Adaptive self instructions and thoughts • Intention to fight problem's demands, references of self-worth and/or feelings of well-being <p>Centered on the change</p> <ul style="list-style-type: none"> • Therapeutic process—reflecting about the therapeutic process • Change process—considering the process and strategies; implemented to overcome the problem(s); references of self-worth and/or feelings of well-being (as consequences of change) • New positions – references to new/emergent identity in face of the problem 	<p>C: I realize that what I was doing was just not humanly possible because I was pushing myself and I never allowed myself any free time, uh, to myself . . . and it's more natural and more healthy to let some of these extra activities go . . .</p> <p>C: I believe that our talks, our sessions, have proven fruitful. I felt like going back a bit to old times. It was good, I felt good, I felt it was worth it.</p>
Protest	<p>Criticizing the problem(s)</p> <ul style="list-style-type: none"> • Repositioning oneself towards the problem(s) 	<p>C: What am I becoming after all? Is this where I'll be getting to? Am I going to stagnate here!?</p>

(Continued)

TABLE 1 Continued

	Contents	Examples (problematic narrative: depression)
	<p>Emergence of new positions</p> <ul style="list-style-type: none"> • Positions of assertiveness and empowerment 	<p>C: I am an adult and I am responsible for my life, and, and, I want to acknowledge these feelings and I'm going to let them out! I want to experience life, I want to grow and it feels good to be in charge of my own life.</p>
	<p>RC always involve two dimensions:</p> <ul style="list-style-type: none"> • Description of the shift between two positions (past and present) • The process underlying this transformation 	<p>C: You know . . . when I was there at the museum, I thought to myself: you really are different . . . A year ago you wouldn't be able to go to the supermarket! Ever since I started going out, I started feeling less depressed . . . it is also related to our conversations and changing jobs . . .</p> <p>T: How did you have this idea of going to the museum?</p> <p>C: I called my dad and told him: we're going out today!</p> <p>T: This is new, isn't it?</p> <p>C: Yes, it's like I tell you . . . I sense that I'm different . . .</p>
Re-conceptualization	<ul style="list-style-type: none"> • Generalization into the future and other life dimensions of good outcomes • Problematic experience as a resource to new situations • Investment in new projects as a result of the process of change • Investment in new relationships as a result of the process of change • Performance of change: new skills • Re-emergence of neglected or forgotten self-versions. 	<p>T: You seem to have so many projects for the future now!</p> <p>C: Yes, you're right. I want to do all the things that were impossible for me to do while I was dominated by depression. I want to work again and to have the time to enjoy my life with my children. I want to have friends again. The loss of all the friendships of the past is something that still hurts me really deeply. I want to have friends again, to have people to talk to, to share experiences and to feel the complicity in my life again.</p>
Performing change		

Note. From *The Innovative Moments Coding System: A coding procedure for tracking changes in psychotherapy*, by Gonçalves, Ribeiro, Matos, Santos, and Mendes, 2010. Adapted with permission.

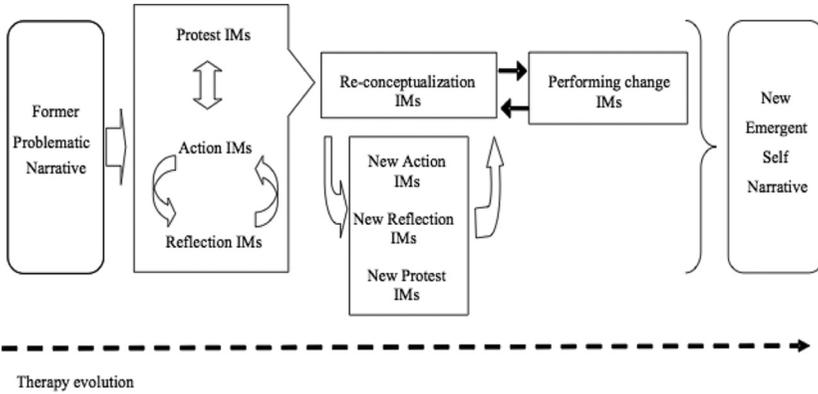


FIGURE 1 Heuristic model of change (adapted from Gonçalves, Matos, & Santos, 2009). IMs = innovative moments.

to this model, action and reflection IMs initiate the process of change, emerging when the person starts wondering about the characteristics of an alternative life (reflection IMs) or behaving differently (action IMs). Reflection IMs can spur new behaviors (action IMs) or, alternatively, new behaviors can stimulate reflection IMs. As suggested by Gonçalves et al. (2009), multiple cycles of action and reflection may be required before the client and significant others notice the emergence of meaningful life novelties. Protest IMs can also emerge from the beginning of therapy, creating a “proactive position” (e.g., “I don’t want my life to be like this anymore!”), or it can appear only after the expansion of reflection and action IMs. The outset of therapy is usually characterized by these three types of IMs. Re-conceptualization commonly emerges in the middle of therapy with an increasing tendency until termination and seems to play a critical role in sustaining change, given its dual function. First, it gives coherence and structure to prior actions, reflections, and protest IMs, given the contrast between the past and present self; that is, a contrast between a problematic narrative and one characterized by the emergence of IMs. Second, it fosters an understanding of the shift that enabled this transformation, creating a meta-position concerning the change process or a position of authorship (see Dimaggio, Salvatore, Azzara, & Catania, 2003, on the importance of meta-cognition in therapeutic change). That is, not only is something new and meaningful taking place, but also, and even more

importantly, the person is clearly in charge of that change. Re-conceptualization IMs stimulate new action, reflection, and protest IMs; which in turn prompt new re-conceptualizations. Finally, performing change IMs emerge, representing the expansion into the future of the emergent self-narrative (e.g., engagement in new projects), ensuring to the client that the new narrative has a future. This study is the first to use this coding system and model of change with a case of grief therapy, thus representing an important test of the applicability of IMCS and its heuristic model in the area of bereavement.

The Present Study

This research analyzes the process of narrative change in constructivist therapy with one good outcome case of a client with complicated grief. All six therapy sessions were transcribed and coded using the IMCS to track the IMs that emerged throughout the therapeutic process. The fourth author served as therapist and was uninvolved in the coding of the sessions, which was performed by a highly experienced research group in another university. Readers interested in viewing the entire course of this therapy, both with and without process commentary by the therapist, can find it in commercially available DVD format (Neimeyer, 2008).

Cara was a 37-year-old African American woman referred to individual grief therapy organized along constructivist lines (Neimeyer, 2006b; Neimeyer et al., 2010), 6 months after the still-birth of her daughter (who died in utero at 7 months of gestation). She was married and had two small children and an adolescent stepdaughter, Jasmine, whose unplanned and undisclosed pregnancy was detected only a short time after the death of her sister, leading to major family complications. This theme became one focus of Cara's therapy, toward the end of which Jasmine gave birth to a healthy daughter. Cara met criteria for complicated grief or prolonged grief disorder (Prigerson et al., 2009), assessed using the Inventory for Complicated Grief (Prigerson & Jacobs, 2001) administered at the outset of treatment. This case was considered a good outcome as the client's score on the Inventory for Complicated Grief dropped substantially after the six sessions of therapy, such that she no longer met diagnostic criteria for the disorder. In her first clinical interview Cara recounted the troubling events of

her baby's death, which she first suspected the day after Mother's Day when the previously active child within her became quiescent, sliding lifelessly in her womb as she rolled over in bed. Cara immediately sought medical consultation, where the probability of her child's death was confirmed, and the stillborn infant was delivered the next day. Though originally planning to name her "Lorraine" after a beloved aunt who had functioned as a second mother, the couple decided to christen her "Spirit," because "that is how she came to us, as a spiritual being rather than a living child." Compounding the tragedy, a few hours after informing Aunt Lorraine of her daughter's death, Cara received the news that Lorraine herself had died, apparently of a heart attack. Cara and her husband therefore added Lorraine as a middle name for their deceased child, to honor that lost love as well.

In her first session of therapy, some seven months following Spirit's birth and death, Cara described the tragedy as an unexpected event that "kind of threw everything into a tailspin." In the midst of an otherwise orderly and hopeful life, Cara found herself plunging down on "a rollercoaster ride" of emotion, which deeply disturbed her sustaining life projects. In her own words,

I had everything planned out, I just didn't have this planned. I was to finish school by June 26th, she's due July 9th. I was done with my degree and I had babysitters lined up as well as a job, and now all that is gone. School's going to take me two semesters more now . . . I'm not working . . . And 4 days later I find myself in the hospital, losing what I gave up everything for.

Cara's problematic self-narrative suggested that, since the still-birth of her daughter, her life became a mixture of emotions ruled by pain, guilt, and disbelief that seriously challenged her personal, family, and social functioning. As a result, Cara constricted her world by avoiding both her stepdaughter and best friend for months, as each carried her own baby to term.

Early in therapy Cara alternated between abject grief for her own loss and resentment about Jasmine's pregnancy, a reality for which she felt "totally unprepared." As she noted, "It seems so unfair . . . the fact that I'm in a place to care for a child and mine is taken. There is some jealousy, there is some anger, just sadness involved with the entire thing." She therefore remained locked in a conflict between her role as parent of a living child, with a felt

obligation to take care of her stepdaughter, and as the parent of Spirit, to whom she owed a duty of grief. As she stated in the first session,

I feel really guilty because I almost envy her pregnancy even though I know she shouldn't, she shouldn't be pregnant, you know, and then I think that is so unfair . . . This is going to remind me every time I look at her child that mine is no longer here.

Stifling her tears in the presence of others, Cara struggled to maintain a culturally valued role of being a “strong woman,” retreating to her room and to her private grief several hours every day, and disengaging from a world that caused her such pain.

Method

Researchers

The primary researcher working with the case of Cara was a woman in her middle twenties doing her PhD dissertation, integrated in a team of researchers studying therapeutic change processes using the IMCS. Another PhD student trained in this coding system also participated in the single-case study by independently coding 100% of the sample. Neither was a mother at the time of this study.

Measures

The case was coded using the IMCS (Gonçalves, Ribeiro et al., 2011). We give examples below of the different types of IMs that emerged throughout therapy.

Procedures

Following a careful reading of all the verbal material contained in the transcripts, the coders defined consensually the characteristics of the problematic self-narrative, taking into account the client's discourse. In this case the major problem domains included Cara's inability to deal with the loss of her baby, her guilt related to her baby's death and her stepdaughter's pregnancy, her incapacity to reinvest in her previous projects (work, school), and the inability to face “triggers” associated with pregnancy (expectant women, photographs in her

obstetrician's office, newborns nursing in restaurants). Therefore, each instance in which Cara challenged these difficulties in any form (actions, feelings, thoughts) was considered an IM.

Each session was coded independently in terms of IM type (e.g., action, reflection) and its beginning and end to calculate its "salience." This index indicates the percentage of text in the session occupied by a specific IM (e.g., reflection), computed by calculating the number of words (both client's and therapist's) involved in each type of IM, divided by the total number of words in the transcript of the session. The coders also calculated the index of overall salience for the IMs in the entire therapy and for each IM category.

Sessions were coded in a sequential order from the first to last, considering both therapist and client turn taking, as we believe the process of change is co-constructed by both parties (Neimeyer, 2002). Hence, IMs are coded when the client elaborates on questions or tasks suggested by the therapist, but not in cases in which the therapist merely proposes a task or a question containing a novelty that is denied or not elaborated by the client.

TRAINING

The coders were trained by the authors of the manual in weekly meetings with a larger cohort of trainees. Between meetings they coded psychotherapy transcripts until they consistently met criteria for inter-coder reliability. The process of training included discussing the manual with the authors, coding transcripts from different samples, discussing disagreements and misunderstandings in the process of coding until a consensus among every member was established. At the end of the training period coders' reliability was assessed by comparing their codes with the codes of expert judges in a set of randomly selected excerpts of dialogues of therapeutic sessions. They were considered to be reliable and able to engage in coding research material once they achieved a Cohen's kappa higher than 0.75.

Inter-coder Reliability

The inter-coder percentage of agreement for salience was 89%, reflecting high consensus in the number of words coded as IMs across the six sessions. Regarding their agreement for the specific type of IM, Cohen's kappa was .80, again indicating strong agreement between coders (Hill & Lambert, 2004).

Results

Overall Findings

Cara and her therapist spent nearly 20% of all therapeutic dialogue involved in the elaboration of IMs (overall salience for all the five categories). In general, salience increased across the therapy. The category with highest salience was reflection (12.7%) followed by re-conceptualization (3.6%). Performing change occupied 1.7% of the entire therapy, while action and protest occurred less frequently (.9 and .2, respectively; see Figure 2). Salience of IMs fluctuated across sessions, with the third showing the lowest salience (8.6%), and the sixth displaying the highest (32.2%).

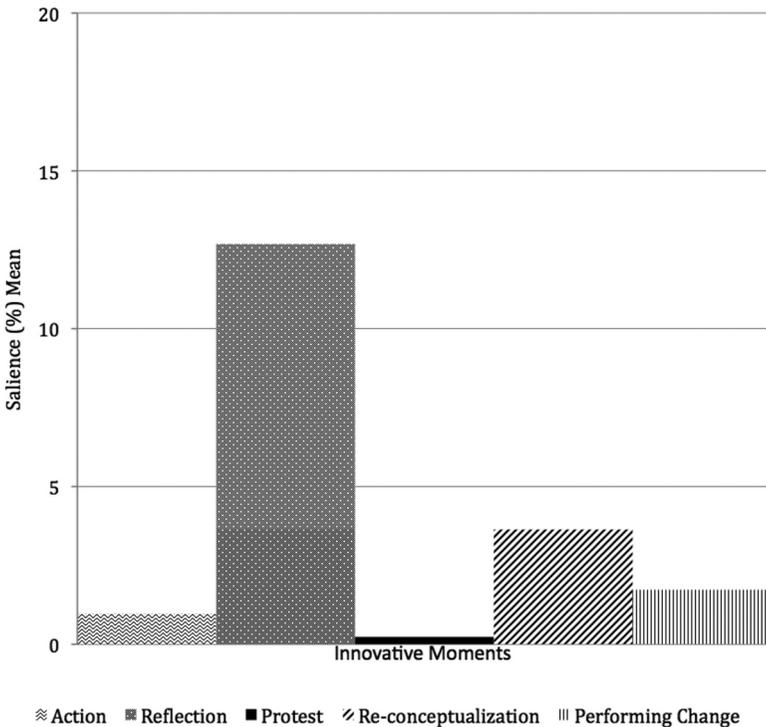


FIGURE 2 Overall salience of innovative moment types throughout the therapeutic process.

Emergence of IMs Types across the Course of Therapy

A careful analysis of Cara’s therapeutic process highlights the specific contribution of each IM over the course of the meaning reconstruction activity. Figure 3 depicts the evolution of reflection, re-conceptualization, and performing change IMs. Action and protest IMs are not represented given their low salience.

ACTION IMs

Action IMs were present in all sessions but had a low salience value throughout. They began to appear at Session 1, when Cara told her therapist that she and her husband decided to name her unborn baby Spirit. Despite its low salience, this action IM was very important for Cara, as it represented a new coping behavior in the wake of an anguishing loss, reinforcing the spiritual bond between her and her baby. In Session 5, Cara related an episode in which she was able to make a telephone call to a pregnant friend who she had been avoiding for months: “I was able to leave her a message. She has not returned my call yet but I did apologize to her that it had been so long since I spoke to her, and I told her I loved her and [to] give me a call.” In Session 6, Cara let her

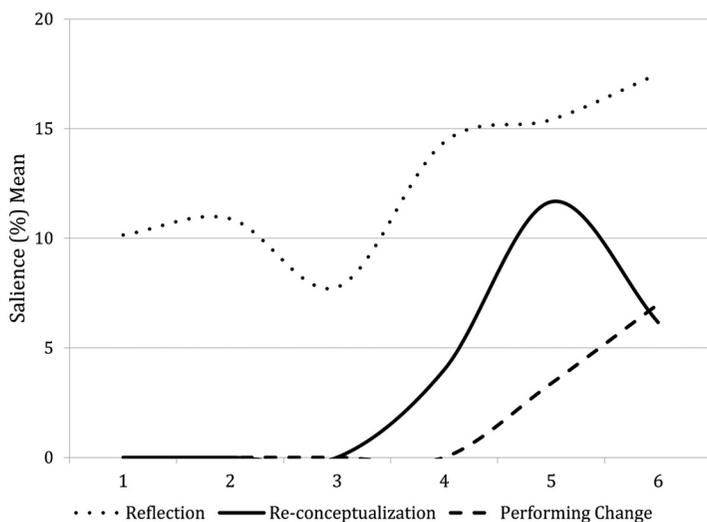


FIGURE 3 Evolution of reflection, re-conceptualization and performing change innovative moments throughout the therapeutic process.

therapist know that she begun to build an active closeness with her stepdaughter and her baby: “I have actually spoken to Jasmine and asked her about her and the baby and just [make] general conversation. ‘Is she sleeping all the time now?’ or ‘Is she keeping you up a little?’”, chuckling at the image of Jasmine wrestling with the predictable challenges of early motherhood. These examples emphasize the emergence of an active exploration of new ways of dealing with her pain and isolation, in conjunction with the restoration of important roles within the family and the wider social context. All such IMs represented specific actions, in which the problematic self-narrative that emerged after the loss was challenged at a behavioral level.

REFLECTION IMs

Reflection IMs emerged from the beginning of therapy and increased gradually over time. Their salience in Session 1 was 10.2%, increasing progressively through Session 4 (14.4%) to Session 6 (17.5%). From the outset, Cara and her therapist invested in reflection IMs around her experience of self reconstruction after loss. In Session 1, she stated, “I guess my main reason for being here (in therapy) is to help get some understanding as to how to move on now. You know, I can’t keep cutting people off. There are going to be babies born every day and people getting pregnant all the time, and I’ve got to find a way to deal with it without falling apart.”

The content of reflection IMs across therapy focused on new intentions to deal with the problem (e.g., “get a job and work full time and then go back to school in the winter after I’ve learned to deal with this a little bit better”). Likewise, such moments arose as the therapist prompted meaning reconstruction around the problem, encouraging Cara’s quest for new significance. For example, in Session 3, reviewing for the first time the photos of Spirit’s birth, Cara and her therapist engaged in a strong reflective processing of the meaning of Spirit’s brief life inside Cara, as reflected especially in the reading of her eulogy statement, written by Cara and her sister, entitled “Born Still”:

C: This was what I put on the back of her obituary and I think that was probably the best I could find to explain how I felt. I and my sister wrote it. You can read it.

- T: Born Still (title): “Seven long months I carried you, I felt you kick more than any before you . . . After my strong laboring you came and did not cry, did not breathe. We had not expected this. The record will say that you did not live and will register you as a stillborn child but for me you lived all that time in my womb. I felt you kick and so I know that you were there with me. Now I know that you are in the grace of God, in his sight, his perfect little angel. I know that for us you were born still. We will carry you with us forever, my child, my love. You will always be a part of all of us. You were always ours and you are ours now. Death and life are the same. You were born, still – Mommy and Daddy”.
- C: That’s really the only, the best way to describe how I felt how I feel.
- T: Yes, the idea that she was born. Affirming the life she had within you, and the way you carried her, not only then but the way you carry her now.

Cara’s commitment to this meaning-making process gives voice to an interesting new narrative that reaffirms her intent to hold Spirit in her own life story, asserting that in spite of Spirit’s death, she was still a living being and still had personhood. The elaboration of this IM in the session represented a powerful construction of meaning around the life and death of her child.

The therapeutic process continued developing around Cara’s investment in new ways to re-narrate specific aspects of Spirit’s brief passage through life, reclaiming a measure of authorship in the midst of an unchosen experience. In Session 4, she gave further attention to an ultrasound of her baby at 4 months of gestation, first shared at the end of the review of photographs in the previous session. Although representing a clear image of Spirit in profile, the ultrasound image also contained an ominous image of a woman in a flowing robe, with clearly discernible hands and face, seemingly moving across the picture. For Cara, and still more for her “emotional” sister, this outline suggested a ghost-like being carrying a malevolent meaning, a harbinger of the death of her child that would soon follow. At the suggestion of her therapist, Cara drafted a letter addressed to that image as therapeutic homework, in which she powerfully articulated the burning existential questions that were in her heart, offering it to the therapist to read aloud in the session that followed: “C: What *are* you? Were you there to take my baby? . . . Some say you’re an angel, some say I’m imagining you, but that can’t be true. You weren’t there in human form but there all the same. Did I do something wrong? There’s nothing

I can do and nothing that no one can do.” In Session 5, 1 week later, Cara spontaneously reported reconstructing the meaning of this image with one of her aunts, a spiritual mentor figure for her, into an ancestral spirit guide who came to escort her child safely to heaven. This novelty provided an alternative interpretation of this chapter of her loss, one that opened a path to the spiritual resolution she gradually achieved:

- C: I was actually thinking about the ultrasound image and I don't know what exactly it was, but it was something. Even though I had sinister feelings associated with that picture, I think it's mostly my anger about what happened . . . I think it was not an evil being.
- T: That even though there was plenty of understandable anger at this outcome, it wasn't kind of out to injure and hurt but had some other purpose?
- C: Well my aunt . . . she studies theology, and she says that when you die someone always comes to get you. You never go alone. Somebody . . . one of your family members, one of your ancestors will come to get you.

During the last phase of the therapy, reflection IMs continued to focus on strategies to deal with the demands of the grief, allowing Cara and her therapist to differentiate new self-positions. In Session 6, when the therapist reflected on the importance of “freely and fully consenting” to life transitions, Cara went on to elaborate a significant reflection IM regarding her new emergent self, contrasting this new position with the former problematic self-narrative:

Exactly like someone getting up going to work every day or someone getting up, going to do what they love to do. It is a big difference, because now instead of looking just at the nature of what I've been in, I am now looking into other options, just seeing what needs need to be met.

PROTEST IMs

Protest IMs presented the lowest salience of all IM categories identified in this case. This type appeared only twice across therapy, when Cara initially defied family expectations to support her pregnant stepdaughter, as it is illustrated in the next example:

- T: If you were to just kind of do a scan of what is emotionally important for you in this . . . what would be the things that really stand out as things that you need attention to now?

- C: You know, um, I think that my husband as well as his mother could be more understanding of my withdrawal from Jasmine. Hmm . . . because it has upset them that I didn't want to see her. But I keep trying to explain it's not that I don't want to see her it's that I'm not ready to see any pregnant woman.

RE-CONCEPTUALIZATION IMs

Re-conceptualization IMs emerged for the first time in Session 4 with a low salience, increasing dramatically in Session 5 and decreasing slightly in Session 6. Beginning in Session 4, Cara started to attend to the contrasts between her former and current ways of dealing with her mourning process. In Session 5, an interesting example emerged concerning the way Cara highlighted all the strategies that helped her to change, assuming her authorship of this transformative narrative:

- T: You are doing something differently with the stress of that grief that is letting the physical manifestation go away. What do you think it is? What makes a useful difference for you there?
- C: Maybe it is dealing with it, as opposed to before [when] I kind of did shut down. I did spend a lot of time in my room crying. My mom kept telling me, "You need to stop because it is going to start manifesting itself in another way . . ." And I think she was right, because once I did start back to work and the prospect of going back to school was there, they subsided. I have been talking to you, I have been talking to my sister, the exercises you had me doing . . . And it has been, I have been finding more creative ways to let it out other than just sitting in my room crying.
- T: That is a very nice phrasing. "I have been finding more creative ways," Right? Creative ways . . . What do you think you are creating with these ways?
- C: A way to release the stress without breaking down. A way to not just crawl in my bed and be upset all day. Just getting back to life. At that point [at the beginning of therapy] I was home with no work, no school, no prospect of either. And I have five classes to finish and was worried that I was not going to be able to do that. Not working . . . So I think that was a big problem, the whole work, school and sitting at home every day . . . I went right back to smoking cigarettes, so I think that I was causing myself physical problems, by the way I was grieving.
- T: So there was a time when you kind of turned inward, and even relied upon some ways of coping that were not working for you, they were working against you. And then it seems like maybe by degrees, or in some particularly difficult moments, you decided to turn a corner and go a different direction.

C: Well, I had to get my life back in order. I looked for a job and it seems like I just could not find anything compatible with going to school. [Now] I've started somewhere else that took me away from home all day.

In the last session of therapy, despite the decrease of re-conceptualization IMs, Cara continued to narrate the way she gave meaning to the self changes occurring through the therapeutic process in the form of IMs featuring reflection and performance of change.

PERFORMING CHANGE IMs

Performing change IMs emerged at Session 5 (with a low salience, 3.4%) and built progressively in Session 6. In this final phase of therapy, Cara and her therapist engaged in an intense exploration around her new personal meanings and the way they permitted a new experience of the mourning process. The specific moment when Cara was holding Samaya (Jasmine's baby), for the first time, and looking forward to rocking her in the chair that she had bought to rock Spirit, was a remarkable example of a new way of performing her new story. As the therapist noted, it symbolized vividly how she had room enough in her heart for both babies, as well as for Jasmine as she sought to help her become "the great young lady" she could be:

T: Can you imagine some of the ways in which you will be able to do something with them [Jasmine and Samaya] on the weekend?

C: She needs to get a little bit bigger but I can probably hold her . . . I have been dying to rock her for some reason. . .

T: And to be able to do that in a chair that really was purchased for Spirit. You will be rocking both of these children in the same moment.

C: So, yeah, I've been dying to do that. I think I will when she comes over.

In addition, the elaboration of Cara's investment in new projects as a result of the self-reconstruction process facilitated, through the interplay between performance and reflection, engagement with new self experiences and life projects. In fact, by the end of therapy, Cara was considering a new career option in human services:

T: And you are finding a clearer image of what it is you love to do, what has purpose and meaning for you?

- C: Making an impact in helping people, in whatever way that I can help. Anything that I have ever wanted to do in life always had something to do with helping other people.

In passages like these, Cara underscored her capacity for performing change and embarking on future projects that are coherent with her pre-loss sense of self.

Discussion

The study of Cara's case with the IMCS reveals that the pattern of IMs in constructivist grief therapy shows similarities with those found in previous studies of good outcome cases conducted from such theoretical standpoints as narrative therapy (Matos et al., 2009), emotion-focused therapy (Gonçalves, Mendes et al., 2010; Mendes et al., 2010), client-centered therapy (Gonçalves, Mendes et al., 2012), or constructivist therapy focused on implicative dilemmas (Ribeiro et al., 2009). As in other successful therapies studied, reflection IMs have a significant salience throughout the entire process and seem to support the elaboration of other novel developments, given their centrality. The usual emergence of re-conceptualization at the middle stage of therapy is also found, showing an increasing salience during Session 5, decreasing in the last session. Performing change IMs emerge in the final phase of therapy, after re-conceptualization, increasing in prominence until therapy is completed. Action IMs also emerge in this case but with a reduced salience. However, this low salience is also typical of other good outcome cases, in which action IMs prompt other IMs, more centered on meaning making (e.g., reflection, protest), which usually invite more extensive elaboration (Santos et al., 2009). As in constructivist therapy generally, vividly experiential work (e.g., through engagement in action) is followed by meaning-oriented consolidation, perhaps securing and anchoring preliminary behavioral changes that might otherwise be fleeting (Neimeyer, 2009). Thus, Cara's change process is globally congruent with the narrative model of change presented earlier in this paper. Cara is actively seeking and implementing a new orientation in a life that has been disrupted by her tragic loss and is beginning to discern a larger meaning in her suffering. This encourages the emergence of new strategies to deal with the experience of mourning.

The great majority of Cara's IMs are situated in the field of meaning, in the form of reflection and re-conceptualization IMs. In keeping with a meaning reconstruction approach to grief therapy (Neimeyer & Sands, 2011), all of these innovative meanings reflect Cara's active search for significance following this adverse experience. Perhaps these results are potentiated by the specific change strategies featured in constructivist grief therapy, which promotes a focus on meaning making activity as a basis for the empowerment of a meta-reflexive self (Neimeyer et al., 2010).

One important difference in this case, relative to other good outcome therapies, concerns the virtual nonexistence of protest IMs throughout the entire therapeutic work—something not observed in other therapies studied to date. Perhaps this difference is attributable to the therapy's focus on new ways of perceiving the loss, helping Cara create a symbolic connection with Spirit. Thus, change takes place by promoting new understandings of the problem and its effects, and through new strategies to cope with her mourning that enable new self-positions, rather than through a cathartic emphasis on the expression of anger about the traumatic loss. In this sense, contrary to the presence of protest IMs observed in other cases (e.g., depression, women victims of partner violence) where the client engaged in a position of criticism toward the problem's demands, criticism directed toward the loss could be a problematic position as the reality of death may be so incontrovertible that protest, *per se*, is futile. However, traditional grief theories posit that anger and protest are a common "stage" in grief work (Kübler-Ross, 1969), though one that is less commonly observed by contemporary researchers (Holland & Neimeyer, 2010). At other times, protest IMs can involve the assertion of personal needs and rights when clients assert their interpersonal boundaries and stand up for themselves. In the case of problematic grief, setting boundaries does not seem to be a relevant therapeutic aim. In fact, in Cara's therapy, the only two times protest appeared, it addressed not the loss itself, but her family expectations to support her pregnant stepdaughter. We thus suggest that, in keeping with a constructivist view of complicated grief, the main therapeutic goals consist in the acceptance and integration of the loss of the loved one, and in this sense both forms of protest IMs (criticism toward the problem and self-assertion) may lose much of their relevance. Furthermore, this absence of protest is compatible with a

constructivist view that although adaptation to bereavement involves acceptance of the reality of loss, healing arises from the effort to make sense of one's changed life as a survivor.

Whether the low salience of protest is a unique feature of a meaning reconstruction approach, whether it typifies successful grief therapy more generally, or whether it reflects the somewhat stoic and practical approach of Cara herself can only be determined by the study of other relevant therapies for bereavement. This acknowledgement underscores the limitations of the present study. As a qualitative approach to the study of psychotherapy process, the IMCS has the advantage of yielding quantitative features in the unfolding of therapy that appear linked to positive outcomes (Gonçalves, Mendes et al., 2012; Matos et al., 2009; Mendes et al., 2010). However, as an intensive analytic procedure that yields a fine-grained portrayal of the change process, it is difficult to apply to large numbers of cases in a single study, and by its nature it cannot give a causal account of therapy outcome. Likewise, it is an empirical question whether the patterns observed in this particular case study would generalize to other cases treated by the same therapist, or by others using a similar approach to grief therapy with other adult clients. Even with these acknowledged constraints, however, we are hopeful that the reliable detection of innovative moments of change in the course of meaning reconstruction provides further demonstration of the relevance of the IMCS to the study of diverse therapies, greater evidence for the potential role of meaning reconstruction in grief therapy, and additional inspiration for future researchers to link these measurable moments of change to particular therapist and client activities that give rise to them. Ultimately, we believe that the close inspection of the course of therapy as actually practiced by skilled therapists will contribute to ongoing efforts to bridge the gap between science and practice in the field of grief therapy (Neimeyer, Harris, Winokeur, & Thornton, 2011), and in the field of psychotherapy in general.

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