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Fragmented Stories: The Narrative Integration of Violent Loss

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NARRATIVE FRAMEWORK

Storytelling is so embedded in our kind that the authors suggest we be labeled *homo narrans* and not simply *homo sapiens*. Humans establish coherence and meaning through the ordering of events into a narrative template; however, the narrative of a violent death of a loved one is so incoherent and meaningless that its retelling invalidates both the life narrative of the teller and the deceased. The authors offer a brief, scholarly review of constructivist theory as a basis for explicit narrative procedures outlined and applied in a case presentation that not only reduces symptoms and reestablishes function, but enlivens the teller through and beyond the violent death narrative. Their description and theoretical analysis of the self-destructive fixation of the dying narrative, and its reconstruction, is resonated and reworked in every subsequent chapter that includes a narrative case presentation.

For violently bereaved individuals, the inveterate human quest for significance can resemble more of a curse than a romantic ideal. These survivors not only feel the burden of grief, but many also reside in the shadows of one philosopher's claim that human beings are "condemned to meaning" (Merleau-Ponty, 1962). Healing from bereavement resulting from homicide, suicide, or a mutilating accident confronts people with the challenge

of reconstructing meaning in the face of unspeakably meaningless events. With the aid of an illustrative clinical vignette, this chapter will provide a constructivist–narrative conceptualization of the impact of traumatic loss and briefly suggest a handful of psychotherapeutic concepts for helping survivors integrate the experience and mend the narrative fabric of their lives.

MEANING AND PSYCHOTHERAPY: THE NARRATIVE TURN

The human propensity to construct stories out of life's lessons and events has been gaining increasing attention since the mid-1980s (Bruner, 1986; Howard, 1991, Mair, 1988; Neimeyer, 1999; Polkinghorne, 1988; Sarbin, 1986a). Some scholars have even called for a shift away from the predominant objectivistic paradigm in psychology by designating narrative as the "root metaphor" for the discipline (Sarbin, 1986b). The epistemological framework of constructivism provides the scaffolding for this narrative approach (Neimeyer & Mahoney, 1995; Neimeyer & Raskin, 2000; Rosen & Kuelwein, 1996). Central to this maturing relationship between constructivism and narrative is the premise that human beings are natural storytellers who possess the creativity and relationality to narrate their lives in both intra- and interpersonal spheres (Gonclaves, 1994a, 1994b; Russell, 1991). Thus, according to this perspective, human beings implement a storytelling structure as they proactively seek a sense of coherence and continuity in the inchoate flow of lived experience (Neimeyer, 1995).

So pervasive is the human penchant toward narration that some scholars have suggested that our species might appropriately be labeled not simply *homo sapiens*, emphasizing our effort to seek knowledge, but more specifically *homo narrans*, stressing our tendency to organize such knowledge in storied form (Hermans, 2002). And so basic is this predilection that it is reflected at the level of a widely distributed network of identifiable neural structures that subservise autobiographical memory and the narrative construction of accounts (Neimeyer, Herrero, & Botella, 2006; Rubin & Greenberg, 2003). Indeed, a capacity for storytelling seems to develop in tandem with children's consciousness of self and their gradually elaborating understanding of others, capacities that are already surprisingly sophisticated by the time they reach school age (Nelson, 2003). In this sense narration serves as a critical bridge not only in weaving life experiences into a coherent, self-organizing whole, but also in spanning self- and other-consciousness through the construction of social shared accounts, drawing on a repertory of culturally shaped themes, symbols, and preferred narrative conventions (Neimeyer & Levitt, 2001).

Stories, therefore, represent a primary human "way of knowing" (Bruner, 1986) or "assimilating structure" (Mancuso, 1986), with the absolute *telos* being the construction of meaning (Gonclaves, 1995). At its most fundamental level, narrative is the form by which everyday experiences are modulated and processed to construct a meaningful story of one's life, thereby

making personal identity ultimately a narrative achievement. That is to say, a cohesive sense of self becomes organized in the stories we tell to and about ourselves, the stories that relevant others tell about us, and the stories we enact in their presence (Neimeyer, 2006). For a narrative to be successful in endowing experience with meaning, however, it must project a valued endpoint building on life events that are congruent with this implicit goal (Gergen & Gergen, 1986). An integrated narrative further encompasses the dimensions of setting, characterization, plot, and theme, thereby providing an orientation to the respective *where* and *when*, *who*, *what*, and *why* of the life story (Neimeyer, 2000). A breakdown in any of these components can disturb one's psychological equilibrium and engender painful difficulties with meaning-making (Neimeyer, 2000, 2001).

The "narrative turn" has also influenced the theory and practice of psychotherapy. Contemporary theorists and clinicians from a diversity of orientations have advocated for conceptualizing the therapeutic process in narrative terms (Gonclaves, 1994a, 1994b; Russell, 1991; Smith & Nylund, 1997; Terrell & Lyddon, 1996; White & Epston, 1990). Nonetheless, psychotherapists have long employed the concept of story to comprehend their efforts with clients. For example, Schafer (1980), a psychodynamic theorist, has likened the process of making interpretations to "narrating" or "retelling" the client's story in the safety of the therapeutic relationship. Additionally, Spence (1982) has argued that the aim of any form of psychotherapy is not the uncovering of "historical truth" but the creation of "narrative truth," being the construction of a personal account that makes sense and allows the client to live a meaningful life. Other key tenets of the narrative approach include "reauthoring" of the life story, identifying themes, deconstructing meanings, and viewing the therapist as simultaneously the audience, coconstructor, and editor of the client's story (McLeod, 1996; White & Epston, 1990). As we now narrow our focus, we propose that a central goal of psychotherapy with survivors of violent loss is to help them integrate these fragmenting experiences more adequately and to promote the ongoing revision and expansion of their life narratives over time.

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THE CASE OF TAMICKA: WHEN WORDS ARE NOT ENOUGH

During what surely felt like a routine walk home from school, 9-year-old Tamicka and her two older siblings' customary chatter quieted as they noticed smoke billowing on the not-so-far-off horizon. Their pace quickened to a steady run as they reached their block, caught up in the excitement and rising anxiety from the crowd converging on their street. Rounding the corner in horror, the three children saw that the burning house was their own, though it was growing scarcely recognizable as a burned-out shell. Tamicka began screaming and attempted to run to the still-flaming ruins to ensure the safety of her remaining family members, only to be barred from entering by one of the firemen present at the scene. Tamicka and her siblings were

then forced to watch in silent helplessness as the fire completely eradicated the house, and in so doing, drastically altered their lives forever.

The fire resulted from their mother's poor decision to leave the two youngest brothers unattended earlier that morning when she went to the store to buy liquor. Tragically, Tamicka's two brothers were not able to escape and they perished in the flames. Moreover, as the months slowly passed, Tamicka and her two older siblings needed to accommodate another painful revision in the storyline of their lives: their mother was becoming more and more "sick" from relying on alcohol and would not regain custody and care for them again. During this time, Tamicka's outward demeanor changed to reflect the smoldering ashes of her prior identity, as she increasingly withdrew in sullen silence. Unlike the grief of her older siblings, Tamicka's distress did not abate with time, nor did her school performance return to its previous level. Ultimately she was referred for therapy at a mental health clinic serving inner city families.

Following a couple of largely unsuccessful months of attempting to help Tamicka in therapy, I (JMC) was both perplexed and pleased when she assertively picked up a box of Legos at the start of one of our sessions. To this point, Tamicka had remained vigilantly guarded with her thoughts and feelings, expressing nothing about the deaths of her siblings or the abandonment by her mother, which were now nearly two years in the past. Instead, without any visible display of emotion or eye contact, she would enter the room compliantly and sit nervously in the same chair each week. She had given tentative indications of enjoying cards and drawing, though she often grew too unfocused to finish these activities. Based on her uncustomary display of excitement this day in holding up the box overfilled with Legos, I validated for her that many children find them to be more helpful than simply talking and encouraged her to try building something.

Considering the earlier scene of incineration and death, I experienced hope and concern when Tamicka expressed in a shaky voice, "Maybe ... I'll build a house." With ever increasing focus and deliberation, she used the next three sessions to complete her project. It was then that Tamicka first located two Lego figurines, which she affectionately named "Sally" and "Bill," and eagerly distributed one of the characters to each of us. For starters, Tamicka claimed exclusive ownership of the house as Sally, but reassured me that she still hoped that Bill would come to visit with her each week. Over subsequent sessions, the characters' friendship deepened, mostly through collaborating on further renovations and additions to the house. However, a promising dialogue also emerged between the characters around such previously disavowed subjects as Sally's painful losses, problems in school, scary dreams, lack of friends, and an unremitting feeling of hopelessness and fears about the future.

Despite Tamicka's increasing sense of authorship in the narrative with Sally and Bill, she still chose periodically to demolish and reconstruct the house. Notably, these instances always followed a break in our weekly routine, such as after a holiday or time of illness. Through this recurrent pattern,

Tamicka communicated without words that this house not only represented the ongoing consolidation of her fragmented story, but it also served as a tangible symbol of our relationship. For this reason, I was honored when Sally trusted Bill to move into the house. The characters then made renovations that safely modified the house into something resembling a duplex. However, following several sessions with this living arrangement, Sally grew dissatisfied with its awkwardness and voiced a desire to again reconstruct the house so that she and Bill did not have to live on opposite sides of the wall that still separated them.

Soon after reconstruction was completed, Tamicka spontaneously brought her own voice into the play narrative. Specifically, she expressed with strong conviction the wish for us to now build a time machine in which the characters could return to the past to save her parents from drinking and using drugs at the hands of the “evil dealers.” Over the ensuing months, the characters traveled back and forth in time to wage gruesome and victorious battles against the forces of evil that plagued her parents. Through the repetition of these time voyages, Tamicka also added further layers to the story in using the characters to not only save her own parents, but also to rescue the parents of other children from villains and possible disasters. In so doing, Tamicka gradually integrated a newer and more satisfying self-narrative as courageous, strong, and the triumphant protector of other children’s stories, rather than her previous identification as a passive and helpless bystander to her younger brothers’ deaths and mother’s abandonment.

Tamicka’s increased cohesiveness and resilience generalized to other important areas of functioning as well. For example, she came to radiate a sense of pleasure and strength that led to more participation in the foster family and the formation of meaningful friendships with neighborhood girls. She also voiced no longer having “scary dreams,” and her academic performance improved to the point that she was able to stay at grade level, something that earlier seemed to be an impossibility. Tamicka additionally began to assume a leadership role among her peers and younger family members. During our termination process, she reflected aloud with excitement and slight puzzlement that she was not only having much more fun in her life, but also was surprised that many of her new friends were coming to her with their own problems to draw upon her newfound wisdom and compassion for others.

EXPERIENCING VIOLENT LOSS — NARRATIVELY SPEAKING

As the above vignette demonstrates, few experiences present a more complex synergism of anguish and grief than losing a loved one to violent death. Factors that give rise to this sense of distress include intense emotions (e.g., shock and horror), extreme stress, the grotesqueness of the dying experience, the untimeliness of the death, and the surrounding social context. Also, violent losses occur without warning, thus destroying survivors’ anticipations of future selves and plaguing them with posttraumatic imagery (Rynearson,

2001), regardless of whether they were present at the death scene. From a constructivist–narrative perspective, these events become traumatic for survivors insofar as they defy attempts at narrative processing. The occurrence of violent loss particularly carries the risk of fragmenting at least two of the central features entailed in constructing a meaningful sense of self: (1) the plot, and (2) the thematic structure of one’s existence. Put differently, experiencing violent loss disrupts the narrative processes relevant to organizing historical events, as well as destroying the fundamental assumptions that endowed the life story with significance. Therefore, we use the terms *emplotment* and *thematic deconstruction* to describe the devastation that violent loss can have on the life narratives of the bereaved.

Emplotment

In narrative terms, the specific process of integrating historical events into a completed and comprehensible account is captured in the term *emplotment* (Neimeyer & Levitt, 2001). Briefly defined, emplotment is the overarching activity of a narrative that enables “sense making” and the capacity to organize sometimes random life events (Davis, Nolen-Hoeksema, & Larson, 1998; Neimeyer & Anderson, 2002). The experience of trauma arises when circumstances elude the capacity for emplotment (Stewart & Neimeyer, 2001; Widgren, 1994). Used in this way, “plot” then refers to the intelligible whole that governs the succession of events in our lives, thus underscoring its function in integrating disparate events with the overall story (Ricoeur, 1980). Violent death resists integration into life’s implicit plot structure, as reflected in the yearning and meaninglessness that is commonly expressed by survivors (Davis, Wortman, Lehman, & Cohen Silver, 2000). For example, Tamicka had no way to make sense of the loss or envision her own fate as the enormity of devastation associated with the fire was literally incomprehensible in terms of her life narrative to that point. Moreover, Tamicka’s earlier positive developmental trajectory was interrupted by this failure of emplotment and she grew more and more confused as time moved forward.

As these observations suggest, experiencing violent loss highlights the reciprocal and sometimes fragile relationship between narrative and time (Ricoeur, 1980; Spence, 1982). If the traumatically bereaved person is to be successful in integrating the loss event into his or her personal history, then the loss experience must become more than an isolated, singular happening; it must be woven into the larger narrative fabric of the survivor’s life. Consequently, emplotment involves ordering events, giving them a beginning and an end, and connecting them to other life experiences, thereby engendering a sense of self-continuity in time. Sadly, violent loss can destroy this “unifying thread of temporality” (Stolorow, 2003). In other words, these types of events have a unique place in memory in that they resist narrative integration within the neocortex (Siegal, 1995), while still pervading the survivor’s consciousness with troubling and fragmented aspects of the initial experience (Sewell & Williams, 2001).

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Thematic Deconstruction

Beyond these obstacles to emplotment, experiencing violent loss can also devastate the fundamental themes or beliefs that give significance to one's existence. Whereas the work of emplotment relates to sorting out *what* actually happened, the themes of a narrative refer to its *why* or the explanatory underpinnings that thread the historical events through with deeper meaning. However, it is the essence of traumatic experience that it radically shakes a survivor's "absolutisms" (Stolorow, 1999), "assumptive world" (Janoff-Bulman, 1992; Kauffman, 2002; Parkes, 1971), or "organizing life themes" (Stewart & Neimeyer, 2001). Experiencing violent bereavement similarly can lead to thematic deconstruction of the survivor's meaning system, decimating such taken-for-granted themes as security, predictability, and trust, perhaps permanently perturbing a survivor's previous sense of "being-in-the-world" (Stolorow, 1999).

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Unfortunately, this process of thematic deconstruction also exposes the survivor to an unsettling alternative thread of themes for organizing his or her personal identity. Some of these new constructs are that the universe is random and unpredictable and that no safety can be guaranteed in life. Additionally, as in Tamicka's case, when the tragedy is the result of the intention or neglect of other people, one's sense of trust in others can be radically undermined, even as one is forced to confront one's ultimate powerlessness. This dismantling of previous assumptions of continuity and safety further disrupts the coherence of one's life narrative over time, as the survivor now has learned that self-continuity can dissolve at any moment (Neimeyer, 2000; Stolorow, 1999). Based on his work with survivors of the Hiroshima disaster, Lifton (1964) aptly portrays this deconstruction process:

One might say that [the Hiroshima] survivors have imbibed and incorporated the entire destruction of their city, and in fact the full atomic bomb experience. But they have found no adequate ideological interpretation — no spiritual explanation — that might release them from this identification, and have instead felt permanently bound by it. (p. 201)

Coupled with the struggle to emplot a singular act of violence that the world had then not thought possible, Lifton highlighted the reverberations from the invalidation of the Hiroshima survivors' taken-for-granted beliefs about themselves and their larger psychosocial worlds.

Our own research with recently bereaved individuals has corroborated these observations (Currier, Holland, Coleman, & Neimeyer, 2006). When compared to over 1,200 natural death survivors, we discovered that the nearly 500 survivors of homicidal, suicidal, and accidental deaths we studied indicated poorer adjustment on all but one of nine completed measures. The most robust finding pertained to obvious difficulties with "sense-making" (Davis et al., 1998; Neimeyer & Anderson, 2002), the ability to formulate an explanation or comprehensible narrative of the loss experience, among the

violently bereaved subset. As with Lifton's study of the people of Hiroshima, these survivors were still reporting to have made "very little sense" of their loss an average of 12 months postloss. Notably, a failure in sense-making persisted as the strongest distinguishing feature between the naturally and violently bereaved groups, even when compared to such other important factors as complicated grief symptomatology (Prigerson & Jacobs, 2001), which was also elevated.

FORMS OF NARRATIVE DISRUPTION

Narratively speaking, violent loss outpaces emplotment and invalidates thematic assumptions, breaching both the *what* and the *why* of the survivor's life narrative. From a narrative standpoint, these breakdowns transpire most strikingly at the level of the *self-narrative*: "an all-encompassing cognitive-affective-behavioral structure that organizes the 'micro-narratives' of everyday life experiences 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, 2006, p. 70). Violent loss compels survivors to revise their self-narratives as a means of both integrating the enormity of the loss experience and adapting to the changed circumstances of their lives. In this section, we outline three possible avenues along which the self-narrative becomes profoundly disrupted, and by implication how the arduous passage toward reconstruction might proceed.

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Narrative Disorganization

It is widely accepted that memories encoded under conditions of traumatic distress are underorganized and qualitatively different from typical memories (Siegal, 1995; van der Kolk & van der Hart, 1991). From a physiological perspective, immersion in such horrific experiences as Tamicka's witnessing the burning of her home floods the brain with neurotransmitters, thus engraving vivid sensory memories of the event that can be fused with troubling emotions of terror, despair, or helplessness (Siegal, 1995; van der Kolk & van der Hart, 1991). Contrary to the more linear "cortical" recollections of events, traumatic memories are held at the level of the amygdala in the form of fragmented and disturbing images, sensations, and emotions that reside "beneath" the level at which conscious narrative processing takes place. Instead, when later events occur that bear some resemblance to the cues associated with the loss experience (e.g., the smell of smoke, the sight of flames, the sound of sirens), rapid appraisal processes associated with this part of the limbic system trigger hyperarousal and increased vulnerability to intrusive memories alternating with avoidance behaviors (Horowitz, 1997). In keeping with this conceptualization, investigators have demonstrated long-term reexperiencing symptoms among groups of violent loss survivors

(Green et al., 2001; Kaltman & Bonanno, 2000; Murphy, Braun et al., 1999; Murphy, Johnson, Chung, & Beaton, 2003).

Construing this physiological disorganization in narrative terms, these memories are viewed as being “prenarrative” (Neimeyer, 2002) in that the recollections fall outside the domain of autobiographical and other conscious memory processes (Siegal, 1995). As a result, violent bereavement can leave the survivor with a recurrent and disorganized stream of images — witnessed or imagined — that are radically at odds with the implicit plot structure of his or her prior life story (Stewart & Neimeyer, 2001). Unlike events that are more easily plotted, however, traumatic loss resists integration into life’s “master narrative” (Neimeyer, 2002). As a result, the experience remains as an isolated and unprocessed collection of fragmented memories that also can negatively shape the anticipation and elaboration of future events (Sewell & Williams, 2001, 2002). Conversely, when memory reaches an ideal narrative form, these self-regulatory problems do not occur because the affect is connected to and contained in a specific episode or sequence (Widgren, 1994), thus enabling the maintenance of coherence and continuity in the self-narrative (Neimeyer & Levitt, 2001).

Narrative Dominance

This second category of disruption focuses on the pathogenic role of socially, politically, or culturally enforced accounts of an individual or group’s identity (White & Epston, 1990). In brief, these dominant narratives “colonize” an individual’s sense of self, limiting identity possibilities strictly to those that are externally governed or “problem-saturated” (White & Epston, 1990). This form of narrative disruption characteristically marginalizes more fragile, preferred accounts of self, while simultaneously stealing “authorship” for the individual’s life story. In contrast to disorganized narratives, which result in “fragmented construing” (Sewell, 1996) and an incoherent sense of self and world, dominant narratives can be viewed as being far *too* cohesive in that they organize an individual’s self-narrative under a single, all-consuming label or description. “Disenfranchisement” (Doka, 2002) of survivors can further add to the “assignment” of dominant narratives at a cultural level. For example, Tamicka’s struggle to accommodate the previously foreign and often stigmatized designation of “foster child,” following the dissolution of her biological family, can be seen in these terms, as she no longer could perceive herself as her mother’s “little princess” or “just like all the other kids.” Fortunately for Tamicka, the additional prospect of being branded a “problem child” or “emotionally disordered” was ultimately avoided by her successful experience in therapy.

In the aftermath of violent loss, narrative dominance can occur at intrapersonal as well as interpersonal levels, when a survivor’s sense of identity becomes dominated by the nucleus of a “traumatic self” (Stewart & Neimeyer, 2001). Instead of allowing for the integration of newer, more positive emotional experiences, the “traumatic self” elaborates subsequent

life experiences that are congruent with its darker themes, functioning as a kind of mental magnet for “attracting” and “holding onto” later experiences that confirm the unfairness of life, the dangerousness of the world, and the brokenness of the self. Furthermore, the dominance of a posttraumatic identity can be generalized to other personal and social experiences, sometimes causing the repetition or reenactment of the traumatic theme with friends and loved ones. Such enactments might include unconsciously identifying oneself as a “victim” in intimate relationships or guiltily sabotaging attempts at personal growth or contentment after the loss experience. Although Tamicka initially was at risk for internalizing a dominant narrative of powerlessness in the wake of the loss of her home and her brothers, she ultimately was able to recover her “voice” and sense of competence in both play therapy and in her broader social world.

Narrative Dissociation

The third form of narrative disruption entails the dissociation of the traumatic memory, which blocks aspects of it from both conscious awareness and narration in the social context. This detachment involves “silent stories” (Neimeyer, 2006) that resist acknowledgment in the public sphere, and often even the private world of their primary protagonist. Used in this way, “dissociation” implies both a breach of sociality and a rupture in the interpersonal sphere of meaning-making, as well as a dissociative blocking or compartmentalizing of awareness in a classical psychodynamic sense. In most instances of narrative dissociation, each implies the other, as the attempt to prevent a traumatic or painfully incongruent private event or story from finding expression in critical relationships requires and reinforces a hyper-vigilant form of self-monitoring and segregation of threatening private memories, and vice versa. In these instances, the “silent story” also ensures that any spontaneous offer of support will eventuate in “empathic failure,” as the most relevant aspects of the plot structure of the traumatic narrative will remain hidden, unintegrated, and without social validation (Neimeyer & Jordan, 2002). However, as Tamicka’s story will shortly underscore, if the potentially supportive persons can remain patient as the survivor of violent bereavement gradually risks disclosure of the dissociated narrative, the result can be a piecemeal movement toward genuine openness, congruence, and emotional responsiveness both at the level of the self-narrative and between the self and others.

Despite the heartfelt concern of foster parents, extended family, school staff, and case managers, Tamicka largely cleaved to subjective safety at all costs through the silencing of her traumatic story. She initially compromised the capacity for narrative integration by briefly feigning a hollowly upbeat attitude of “everything is great!” When this façade soon collapsed, Tamicka began to “space out” and grew more vigilant in isolating herself, through such “solutions” as constantly sleeping and always staying by herself. Not surprisingly, these behaviors eventually came to engender more

than concern in the interpersonal sphere; her caregivers and other parental figures became angered by Tamicka's worsening condition and concurrent refusal to receive their best attempts at helping. Thus, the storm resounded all the louder and her increasing distress betrayed Tamicka's staunch efforts at denial and disavowal. However, through an alternative passage to reconstruction in therapy, Tamicka used the play narrative and therapeutic relationship to "rebuild" a sense of coherence and continuity, and in the process she integrated several positive possibilities for her personal and social identity.

HOW THEN SHALL WE HELP? CLINICAL IMPLICATIONS

The foregoing constructivist–narrative conceptualization carries several important implications for treatment of survivors of violent loss. First, it assigns a central role to the survivor's selfhood and how fundamental narrative processes can be disrupted or shattered by the violence of the loss experience. This underscores the importance of not limiting attention to familiar psychiatric symptoms such as depression or anxiety, instead giving equal attention to the underlying narrative significance of the survivor's distress. For example, in an effort to account for Tamicka's difficulties, a child psychiatrist assigned the diagnoses of major depressive disorder and attention-deficit/hyperactivity disorder. Although these categories did function to "legitimize" Tamicka's suffering so that helpful medication could be secured, they did not speak to the changed reality of her life following her tragic losses. As an increasing evidence base builds for a diagnosis of complicated grief in cases like Tamicka's (Prigerson & Maciejewski, 2006, there is hope that psychiatric diagnosis following violent death might become somewhat more relevant to the themes of disrupted trust, loss of purpose and direction, decimation of meaning, and the struggle to move forward in life that are criteria for this disorder (Neimeyer, 2006b). Still, a purely psychiatric approach is unlikely to provide the subtle and individualized conceptualization of distress necessary to guide treatment in a particular case. Narrative methods such as the *loss characterization*, in which survivors write an unstructured essay from a third person standpoint about who they are "in light of their loss," can be useful in suggesting particular narrative gaps and themes that can then become the focus of therapy (Neimeyer, Keesee & Fortner, 2000).

A second clinical implication is that treatment of violent loss survivors does not simply involve identifying the ways in which their personal narratives of the traumatic events are incomplete. Although fleshing out and mastering the story of the loss might well be a critical part of treatment, genuine integration of the loss further implies the survivor's ability to place the "micronarrative" of the loss experience in the broader "macronarrative" of his or her life (Neimeyer, 2006a). In other words, psychotherapy should ultimately help bridge the survivor's pre- and postloss selves. One approach

to assessing the need for such work is the *time line interview*, which contextualizes the loss experience in the flow of the survivor's overall self-narrative, and charts the degree of meaningful elaboration of past, present, and future events (Neimeyer et al., 2000).

A third clinical heuristic arising from this framework is to promote subjective mastery of the event through explicit narrative procedures. For example, therapeutic opportunities for *retelling* stories of violent death can play an important role in the integration of loss, whether in professional therapy or in specially constructed community support programs (Rynearson, 2001). Likewise, the use of *journaling* to express and explore the trauma narrative as a means to achieve healing insights and perspectives has proven helpful in reducing physical and psychological symptoms of maladjustment, even when these narratives are never shared with others (Neimeyer & Anderson, 2002; Pennebaker, 1997; see Neimeyer, 1999, for several variations on journaling methods specific to bereavement). The utility of this approach is also compatible with the report by Shear and her colleagues (Shear, Frank, Houck, & Reynolds, 2005) of a randomized controlled trial for complicated grief therapy, the focus of which involved an evocative relating, recording, and review of the narrative of the loss, in the context of reorganization of future life goals. However, it is worth emphasizing that not all "retelling" needs to take place in words alone, as such nonverbal or supplemental methods as *movement*, *music*, the *visual arts* (Bertman, 1999), *sand-trays* (Dale & Lyddon, 2000), and other forms of play therapy can help children in particular express and enact narratives of violent loss in ways that words cannot do. Tamicka's elaborate use of block play in the context of professional psychotherapy illustrates this point.

All the same, we maintain that narrative repair does not necessarily require formal psychotherapeutic interventions. Indeed, one of the hallmarks of constructivist approaches in general is their nonpathologizing and strength-oriented approach to helping clients (Neimeyer & Bridges, 2003). The growing literature on resilience among the bereaved argues against the overzealous assumption that all survivors of violent loss will require professional psychotherapy to achieve the work of narrative integration (Bonnano, Wortman, & Nesse, 2004). In fact, if controlled studies of grief therapy are to be believed, offering clinical services to bereaved persons who are coping adaptively could be ineffective (Jordan & Neimeyer, 2003).

Data from our own large-scale study of violent bereavement bear on the general question of the type of support needed in such cases. We found that nearly 90% of 1,032 bereaved students reported having someone in their family or social environment to whom they could talk about the loss, whereas only 10% sought the help of a psychotherapist (Currier et al., 2006). Furthermore, the violently and naturally bereaved did not differ with respect to perceptions of being supported. In keeping with a "resilient systems approach" (Neimeyer, 2005), our conceptualization stresses the benefits of utilizing the collective healing forces in survivors' cultural institutions (e.g., church

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and faith communities, neighborhoods, schools). However, the existing research on the effectiveness of grief therapy does suggest that professional interventions can be specifically helpful for bereaved individuals at risk for complication, which would include those suffering traumatic loss (Jordan & Neimeyer, 2003). Thus, a community-based model that would provide narrative support to those who seek it, while also screening vulnerable individuals over a period of several months for possible professional referral, is likely the most sensible course of action (Neimeyer, 2002).

SUMMARY

Whatever the context of narrative work, a meaning reconstruction approach grounded in constructivist principles is particularly well suited to addressing these needs over the duration of the restoration process (Neimeyer, 2001). The aims of such an approach encompass not only *ameliorative* goals (e.g., symptom reduction) and *restorative* goals (e.g., resumption of preloss functioning), but also *elaborative* goals (e.g., developing beyond the time at which the event took place; Harter & Neimeyer, 1995). Because we believe that the healing of the survivors entails adapting to their changed postloss reality, some of these elaborative goals in therapy include the construction of new selves, reorganization of social ties, and rebuilding of one's "assumptive worldviews" (Janoff-Bulman, 1992; Parkes, 1971). As Tamicka's case illustrates, such changes can help survivors of violent loss move from posttraumatic stress to posttraumatic growth (Calhoun & Tedeschi, 2006), "rewriting" accounts of loss in a way that not only the stories, but also their authors, become more whole.

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