

Chapter 8

Finding Meaning in Loss: A Narrative Constructivist Contribution

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As *homo-narrans* we organically seek to make meaning of our lives in storied terms [1]. That is, we continually strive to construct coherent narratives that capture and convey our sense of identity, connection, and purpose, allowing us to create a sense of continuity and predictability in a world that frequently challenges our anticipations and beliefs, and sometimes profoundly invalidates our most cherished assumptions [2–4]. The loss of a significant person represents one such transitional moment that frequently gives rise to significant levels of anxiety and a sense of discontinuity. Like pages abruptly ripped from a book, disrupting its storyline, the loss of a loved one may create a sense of disconnection, sometimes

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contradicting pivotal elements of the survivor's self-narrative [5, 6].

It is important to acknowledge, however, that the experience of loss does not necessarily disorganize survivors' self-narratives in a way that gives rise to a search for meaning in its aftermath. Indeed, survivors of most losses are able to maintain or reconnect with a previously meaningful self-narrative and find support in it—the loss, while sad, “makes sense” in the larger scheme of their lives, in a way that does not undermine the central plot structure or themes of their self-narratives [6, 7]. This is particularly true for individuals who present a normative grief reaction following the expected losses that life presents [8], such as the death of a parent or grandparent from life-limiting illness late in life. Research supports the premise that most people bereaved by the death of spouses and even children are successful at reorganizing their personal meaning systems, accommodating the event of death within a flexible and coherent self-narrative and responding adaptively despite their grief [8–11]. This underscores the reality of resilience or recovery after some months of active grieving for most bereaved persons, who return to their baseline functioning without the assistance of professional therapists [12, 13].

Other mourners, however, encounter severe obstacles as they struggle to integrate the reality of the loss and its pervasive implications into the story of their lives. Violent death including homicide, suicide or fatal accidents [14, 15] as well as premature or untimely loss, such as the death of a child or young person [10], are associated with more severe grief reactions, prompting a relentless sense of ambiguity, disbelief, and discontinuity, as the survivor agonizingly revisits the traumatic images of the death in an attempt to make sense of it [16]. Likewise, mourners who struggle with an insecure style of attachment [17] or who are highly dependent on a partner [18] are especially prone to complicated, prolonged grief reactions. With a protracted incapacity to find significance in the loss, survivors can feel that their previous assumptions (e.g., that the world is a safe space, that the universe is just, or that they are competent to protect those they love) have been cruelly contradicted [19], especially when these benign world assumptions are held uncertainly to begin with [20].

When mourners struggle to find significance in their loss, a growing body of evidence suggests they are prone to complicated grief (CG; [21]), also termed prolonged grief disorder (PGD; [22]). Despite some differences in diagnostic criteria set, we will assume that these two terms as well as persistent complex bereavement disorder introduced in the DSM-5 [23] refer to basically the same condition. CG/PGD is characterized by intense and persistent mental distress, which includes chronic separation distress, a diminished sense of self, and a persistent difficulty reengaging with life, feeling that it is unfulfilling, empty, and purposeless since the loss of the loved one. Numerous studies have linked inability to find sense or significance in the death of a loved one to such life-limiting, socially isolating, and health-threatening grief responses, while reaffirming or reconstructing a world of meaning following loss has been found associated with more favorable outcomes (see [24], for review). For example, meaning-making—or creating relevant meaning out of loss—has been found to decrease complicated grief symptoms, and to greatly mitigate traumatic distress after highly “central” death events—that would otherwise predict poor bereavement outcomes [25]. Furthermore, making sense of the death may function as nearly a complete mediator of the impact of traumatic losses through homicide, suicide, or fatal accident, as opposed to natural death [14, 26]. This growing evidence for the role of meaning-making in adaptation to loss suggests the relevance of meaning reconstruction strategies in grief therapy, a topic to which we will now turn.

Narrative and the Reconstruction of Meaning in Grief Therapy

Viewed in narrative terms, the reconstruction of personal narratives in the wake of loss involves two forms of narrative activity: processing the *event story* of the death and its implications for survivors’ ongoing lives, and accessing the *back story* of the relationship with the deceased to resolve unfinished business and restore a sense of secure attachment [27].

While the first offers the client the opportunity to reengage with the story of loss and re-narrate it from a more flexible and adaptive perspective, mastering its more traumatic or difficult details, the second typically entails the reaffirmation or reconstruction of a continuing bond with the loved one, moving from a physical to a symbolic and more representational connection. Several different narrative techniques can facilitate the adaptive integration of loss along the two pivotal forms of narrative processing. These include evidence-based practices of *narrative retelling* ([8], p. 76) that stimulate the client to relive the story of the loss until the hardest details and meanings can be held in a less distressing fashion [28]; or *journaling* about the loss in a way that promotes finding sense or existential benefit in the experience [29,30]. Complementing this processing of the event story, other techniques such as *correspondence with the deceased* [31] or the *life imprint* technique [32] address the unfinished business found to be associated with complicated grief [17] as well as intense yearning to reinforce secure attachment to the loved one [33]. Below we present a narrative-constructivist protocol we have been implementing and evaluating in both face-to-face [24] and videoconferencing [34] adaptations, in which these techniques are integrated to facilitate the client's narrative reconstruction and meaning-making about loss. We then conclude with a case study that illustrates its application with a young woman losing her husband to sudden natural death, and offer some closing thoughts on the further extension and evaluation of this protocol.

The Meaning in Loss Protocol

Drawing on a constructivist narrative rationale, the *Meaning in Loss* (MIL) protocol proposes a series of narrative techniques organized in sequential therapeutic phases. These techniques are aimed to promote the construction of new and more adaptive ways to make sense and integrate the experience of loss and to compassionately reconnect with the lost loved one, in symbolic and active ways [27]. The intervention, currently being implemented and evaluated in a face-to-face

group therapy [24] and in an online videoconferencing format [34], comprises 12–14 sessions organized around an articulated sequence of meaning reconstruction phases, as described below. Table 8.1 provides an overview of each module.

TABLE 8.1 Meaning in Loss Protocol for complicated grief: Session, phase, technique, and summary description

Session	Phase	Technique	Summary description
1, 2	Reopening the story	Introducing the loved one	Establishing group structures, and inviting client to introduce the therapist to the deceased, reviewing the character of the relationship during life and validating his or her special qualities, illustrating these with videos, photos, or any other symbolic object that conveys central aspects of the relationship
3	Processing the event story of the loss	Chapters of life Loss timeline	Plotting or writing the “Table of Contents” of one’s life story, including significant points of transition and loss, noting emotional response to each and symbolizing or naming different life “chapters”
4		Meaning reconstruction Interview	Sifting through account of the loss, using Entry, Experiencing, Explanation, and Elaboration Questions, adding narrative retelling emphasis when death was traumatic

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Session	Phase	Technique	Summary description
5		Directed journaling	Writing for at least 20 min about the sense made of the loss and unsought benefits found in it in response to prompting questions
6	Accessing the back story of the relationship	Hello again letter	Reopening the dialogue with the deceased with heartfelt letter about the relationship, prompted by questions about what client wants to share and ask
7		Letter from loved one	Writing a letter back from the loved one in response to the above correspondence, typically reaffirming love and support in moving forward with life
8		Life imprint	Exploring and sharing lasting impact of deceased on client's life and values
9	Consolidation	Virtual dream story	Writing a symbolic story about themes in one's real loss to place it in perspective and consider its implications for the future
10–12	Finalization	Ritual of finalization	Creating a symbolic ending activity or ritual (e.g., letter to the former self who started therapy) and to talk and/or write about the impact of the intervention in their lives

Phase 1: Reopening the Story

Sessions 1 and 2: Introducing the Loved one

After orienting clients to the practical issues of confidentiality and structure of the therapy protocol, the therapist honors the narrative nature of attachment [35], by encouraging them to *introduce their loved ones*, describing not only their death but also the relevant aspects of their lives. Philosophically, this invitation to flesh out and appreciate the relational story of the life of the deceased constitutes an act of resistance to the dominant cultural narrative of death as loss, expunging the existence of the person and requiring detachment or “letting go” as the only approved form of resolution of bereavement. Practically, this opening move also begins to access the broader account of a shared life as well as a synoptic story of the death, as both will provide orientation for subsequent phases of therapy. Thus, clients are invited to describe who their loved ones were as persons, as members of the family, and especially in relation to them, in a way that accentuates their unique qualities, strengths, and life experiences. Some questions that may be used to prompt this discussion include *Who was ___ to you? What did having ___ in your life mean to you? Are there particular stories that ___ would want us to know about her life?* and *What might ___ say he appreciated about you, and how you might deal with the challenges you are facing now?* Moving from surface to depth, the therapist encourages clients to share particularly meaningful words and scenarios reminiscent of the deceased to call forward relational connections that could mitigate the pain of the loss, a theme considerably developed in later therapy modules.

Phase 2: Processing the Event Story of the Loss

Session 3: Chapters of life; Loss Timeline

As a way of scaffolding the clients’ overall life trajectories and tracing their personal loss histories, the therapist coaches them to construct a *loss timeline* [36] that includes significant

turning points and life episodes, noting their emotional and practical response to each, and segmenting these into *chapters of their lives* with distinct titles [37]. Acknowledging previous losses that punctuate the clients' life stories and placing them in chronological order allow therapist and client to recognize their role in giving shape to the latter's self-narrative, revealing previous means of coping and biographical and relational sources of resilience. Significantly, this often prompts greater awareness of the role of ambiguous losses that are unnamed and unmourned, such as miscarriages, relational breakups, job loss, and illness, all of which can otherwise be disenfranchised and unsupported [38]. Combing through the timeline helps both members of the therapeutic dyad—therapist and client—to recognize recurrent themes (e.g., of challenge and survival, abandonment or the resurgence of hope) and to connect the clients' experiences across time to relevant family, cultural, or spiritual beliefs and resources. When clients are preoccupied with the event story of the death (especially when it was sudden or violent, as in cases of suicide or fatal accident), the therapist may implement special procedures for retelling the narrative of the death to promote greater emotion regulation and sense-making in the face of a traumatic experience [16]. Drawing on protocols developed by Rynearson and his colleagues, these involve slow-motion exposure to the most difficult details of the dying narrative, as the therapist supports the client in achieving greater mastery over the experience without relying on avoidance coping [39].

Session 4: Meaning Reconstruction Interview

Having sketched the landscape of loss(es) in the clients' lives in the previous session, the therapist is now in a position to delve into the story of the death more fully, drawing on the general structure of the meaning reconstruction interview [40]. This flexible framework suggests a sequence of *Entry*, *Experiencing*, *Explanation*, and *Elaboration* questions, with several examples of each that the therapist can adapt to the

client's needs. For example, the therapist might enter the story by encouraging clients to recall details of the loss and how they responded at that time, and how this feeling has evolved since (Entry), deepen into visualization of critical scenes and their associated embodied emotions (Exploration), progress to inquiries into the sense they made about the loss when it occurred and any philosophic or spiritual beliefs that helped them do so (Explanation), and conclude with questions about the longer-term import or lessons the loss carried for their lives or sense of self (Elaboration). Experiencing and Explanation questions are prioritized when the event story of the death is particularly preoccupying or traumatic, in keeping with a restorative retelling approach. The session concludes with directed journaling homework, which encourages further reflective writing around specific prompts to help the client consolidate sense-making and benefit finding regarding the experience [30].

Phase 3: Exploring Sources of Meaning

Session 5: Models of Grief

Having drawn forth a significant amount of emotionally significant material in the previous two sessions and the journaling that followed, this fifth session provides an opportunity for therapists and clients to sift through the memories, emotions, and themes that have emerged, and to gain further perspective on them considering various contemporary models of grief. To facilitate this, the therapist briefly describes the *Dual Process Model* of coping with its depiction of oscillating attention to the loss and restored living [41], the *Two-Track Model* of bereavement with its emphasis on both biopsychosocial symptoms of grief and the pre- and postmortem relationship with the deceased [42], and the *Shattered Assumptions* model with its description of the fracturing of implicit beliefs in justice, predictability, and control resulting from a tragic loss [43]. In each case, the therapist joins with the client in considering the applicability of the concepts to their own experience of

loss to give them greater intelligibility, and to consider what most requires therapeutic attention: mindful regulation of turbulent emotion, reflective processing the implications of the death for their belief system, active engagement with avoided experiences, reaching out to relevant others, etc. The session concludes with assigning the task of writing a “*Hello Again Letter*,” as discussed below, taking care to collaborate with the client to ensure conditions of safety and usually privacy in engaging this emotionally evocative assignment.

Phase 4: Accessing the Back Story of the Relationship with the Deceased

Session 6: Hello Again Letter

Phase 4 marks a shift from focusing predominantly on the event story of the death to concentrating on the back story of the relationship to the deceased, not only in life, but also beyond the loved one’s death. In keeping with a contemporary continuing bonds model of bereavement [44], the goal of this phase is to provide resources for helping the bereaved reconstruct, rather than relinquish their attachment to the deceased, in a form that is sustainable in the person’s physical absence. Session 6 builds on the preliminary work in session 2 involving introducing the loved one, by reviewing clients’ writing of an unsent letter to the bereaved whose goal is to say “*hello again*” rather than to say a final “*goodbye*” [45].

Many clients need no further encouragement than to write as if to the deceased to speak to the heart of their relationship, how it is for them now, and what they hope or plan for going forward, sometimes spontaneously addressing lingering concerns or regrets as well as affirming love. However, when they are uncertain how to begin, the therapist can offer any of several “conversation starters” in the form of incomplete sentences, such as *My most treasured memory of you is...*, *The one question I have wanted to ask you is...*, or *I want to keep you in my life by...* [31]. Having completed this letter between sessions 5 and 6, clients can choose to email the

letter to the therapist or simply share all or part of it in session. In either case, clients read the letter aloud in session (unless they request that their therapist, or in the case of group therapy, another trusted group member do so), to witness, validate, and explore the passionate feelings and meanings it conveys. After discussing both the content and process of this writing, the therapist suggests that clients write letters back to themselves on behalf of the loved ones, in a way that addresses the feelings, questions, and needs that their own letters implicitly or explicitly contain.

Session 7: Letter from the Loved One

Having drafted a letter as if from the loved one as a between-session assignment, clients speak about the usually vividly emotional experience of doing so, and read the letter to their therapist in session 7. Alternatively, or additionally, the therapist may also read the letter to the client with expressiveness, which can deepen the sense of the letter speaking to them with a voice outside the self. For many clients, this restoration of a symbolic dialogue with the deceased introduces further correspondence to and from their significant persons, helping install their voices as a kind of “*portable secure base*” that remains accessible despite their physical absence. To further consolidate this experience, clients are assigned the life imprint exercise as homework prior to the next session.

Session 8: The Life Imprint

In keeping with a postmodern conception of self, the meaning reconstruction approach presumes that our personalities are constructed as a *pastiche* or residue of innumerable relationships with others, and especially those who play intimate roles in our lives. Accordingly, the life imprint encourages bereaved clients to trace the impact of the deceased on their personal identities, at levels ranging from their gestures and mannerisms, through their choice of vocations and avocations, to their most abiding characteristics and values [32].

Reviewing these multiple imprints with their therapists, who encourage elaboration on the embodied or enacted legacies in the form of memories and stories, conveys the deep sense in which the deceased have a continued existence in and through the clients' own lives. Although this is typically deeply affirming of cherished bonds, occasionally imprints are ambivalent or even negative, in which case therapists collaborate with the client in discovering ways to relinquish or release them. The session can end with a plan to perform an activity that honors the imprint of the loved one, often by engaging in meaningful actions (visiting a special, but previously avoided, location), or performing a dedicated act of kindness that extends the loved one's concerns [46].

Session 9: Further connections

In this session, clients report back on their self-observations following the work on the back story of their relationship to the deceased over the last few weeks. The therapist engages clients in discussion of additional possible expressions of connection to their loved ones, as in dreams, experiences of their tangible or intangible presence in clients' daily lives, and for many of the bereaved, a sense of spiritual connection that implies the prospect of reconnection in an afterlife. Leading from one step behind, the therapist follows clients' cues in such discussions, taking care to respect their personal and cultural beliefs and practices. This session also serves as a kind of "expansion joint," permitting further attention to the correspondence with the deceased or life imprint methods for clients who choose to explore them further.

Phase 5: Consolidation

Session 10: Virtual Dream Stories

To promote integration of the work of therapy by fostering an imaginative, self-distancing perspective [47], session 10 engages clients in writing a brief "*make believe*" story about themes of loss for 8 min during the session, as the therapist circulates

through the room in the case of group therapy, or steps out of the room in individual therapy, or away from the camera in online videoconferencing to give clients privacy without distraction. Termed a *virtual dream story* because of its draw toward a fairy tale or magical realist fictional style, the method involves priming clients with two elements each of *setting* (e.g., a traumatic loss, an empty house), *figures with voice* (e.g., a crying child, a talking animal), and potentially *symbolic objects* or features (e.g., a mountain, a sunrise), which they are encouraged to include in any form they like into the narrative [48]. The short time available for the writing tends to circumvent the interruption of a self-critical or editorial voice, and the resulting story is typically emotionally powerful, and at this point in therapy, hopeful, whether the plot of the story literally or figuratively recapitulates the plots or themes of clients' personal loss stories. After reading aloud and discussing the resulting narrative, client and therapist can use any of several additional techniques to extend the method in healing directions (e.g., facilitating imaginal dialogues between pairs of elements, or retelling the story from the perspective of one of the elements to decenter the narration and discover in it new possible meanings). Other alternatives prompt clients to consider what the story reveals about themselves, about what they need, so that they can plan practical steps to meet these needs in the coming week [49].

Session 11: Ritual Planning

As therapy moves toward termination, the therapist coaches clients to plan a *ritual of remembrance* that honors their loved ones, or a *ritual of renewal* that symbolizes the new possibilities they wish to embrace in the future [38]. For example, clients may pursue a legacy project such as launching or contributing to a charitable cause that reflects the core values of the deceased, or plan a holiday ceremony as a family that acknowledges the deceased but also recommits the family members as a unit to their shared future in their new form. Some symbolic steps in these directions can be taken immediately, whereas others inherently represent longer-term projects to be nurtured over time.

Session 12: Ritual Reporting and Termination

In what may be the final session of the planned series, clients report on their success and next steps with their rituals of remembrance and renewal, and review turning points in their therapeutic journey toward greater hope and meaning. In individual therapy, the therapist might give the client a small symbolic gift (e.g., a stone engraved with the word “*peace*” or “*remembrance*”) that captures an important theme of the therapy, whereas in group therapy the group itself might practice a ritual to recognize their joint efforts across the past few months, as through writing a collaborative poem to which each group member contributes a single line [50]. In both cases, the action serves as a simple but memorable means of recognizing the solemnity of the life transition, commemorating the work of therapy, and anchoring shared hopes for a fulfilling future.

Additional Sessions

As many cases seen in both individual and group settings involve intervention for complicated grief for quite tragic losses such as the death of a child, early widowhood or sudden, violent death, allowance is made on an as-needed basis for an additional two sessions to provide further support and consolidation of therapeutic gains. Of course, when used as a flexible framework for therapy outside the protocol of a controlled evaluation such as that which is currently underway [34], therapists can adopt further modifications to the flow or focus of modules to tailor them to the specific needs of a client or group. For example, incorporation of more trauma-informed methods for engaging the event story of the death could be valuable with clients bereaved by suicide or homicide, whereas additional attachment-informed work could be appropriate in exploring and extending the back story of the relationship in the case of the death of a child. In all such modifications, however, many opportunities are reserved for not merely

mitigating the overt symptoms of grief or promoting a generic form of behavioral activation, but also for engaging the multiple meanings of loss and its significance in the client's ongoing life.

The Case of Paula

To illustrate the application of the Meaning in Loss approach with an actual client, we will close with a description of its use with Paula (pseudonym), a 33-year-old woman who lost her 30-year-old husband, Antonio (pseudonym), 2 years earlier. At the start of therapy, she met diagnostic criteria for complicated grief according to the criteria proposed for the Prolonged Grief Disorder (PG-13; [51], adapted by [52]), and for major depressive disorder [23], as well as presented with general social withdrawal from her previously active friendship networks.

As months turned into years, Paula had remained preoccupied with the circumstances of Antonio's sudden death in his sleep. Despite all the family's efforts to understand why such a young and seemingly healthy man had lost his life unexpectedly, the autopsy report was inconclusive (*probably something congenital*, Paula told the therapist). Paula and Antonio had been married for 2 years and were in a relationship for almost seven, but had no children. Paula had struggled to carry on with her work in a retail business in the wake of this loss, but felt she had made little headway in overcoming the pervasive sadness and emptiness that had eroded her sense of hope and the quality of her relationships with others. She also struggled with a painful sense of unfairness and survivor guilt in being able to continue her life while Antonio, at such an early age, had been deprived of that right, missing all the life chapters they would have co-constructed in the many years they imagined they would have ahead of them. Chief among these dreams were the children they planned to have after Antonio returned from working in another country for the past year.

Paula entered therapy in response to media announcements about the availability of the Meaning In Loss therapy delivered via weekly, individualized teleconferencing with a specially trained therapist as part of a randomized controlled trial. In her therapy request Paula said, *I've tried to rebuild my life since then. It was difficult in the beginning but I'm trying to organize my routines step by step. I still find it difficult to accept what happened and to get emotionally connected with other people.* She started therapy describing herself as a person who *feared the future, who feared dreaming about what life might bring her* (which, according to her, was a clear departure from her previously optimistic self). Now, in contrast, she avoided thinking about moving into an unknown future that could bring more uncertainty and loss. As therapy moved from session 1 to session 2 and she felt she had a safe space to speak about her life and to reopen the story of her loss, she continued elaborating on how Antonio's death interrupted core life plans they built. As she explained, *"It is not just about getting married or having kids. It was about getting married and having kids with him that mattered."* She played part of their wedding video to session 2, giving the therapist a genuine sense of what she had and what she missed, reviewing the video, while tearful, also introduced the therapist to a defining moment in their relationship, describing who she was at that point, the hopes and dreams she and her husband shared, and who Antonio was "in life," not only as a dead person.

The reflection on this self-narrative discontinuity opened the door for the *chapters of life* technique in the next session, in which Paula segued from initial chapters entitled *Love* and *Life*—the names she chose to describe a period when she *learned how to love and to be loved*. As she elaborated *I cannot remember ever being so happy. I dreamed that this love would never end*. Cruelly, however, it did, as captured by a more recent and tragic chapter called *Death*, which in her view condemned her current life to being merely a *second choice*, one that would never be the life she chose and wanted in the first place. The day she learned Antonio was dead

began with a fateful telephone call only 2 days after he had gone to visit his parents in his hometown, where Paula would have planned to meet him that day. As she listened with disbelief, a friend's strained voice told her *something was not right* even before it spoke the words.

The external narrative that began with the call, her accompanying internal narrative of emotion, and the story of her struggle to make sense of what it all meant was deeply explored throughout the session, offering the opportunity for a slow-motion review of the most painful details of that day. Ultimately, the anguishing retelling promoted a fuller sense of coherence and emotion regulation than her previous attempts at avoidance had, as did the equally painful review of photos of Antonio and of the two of them together, as the therapist offered compassionate support and witnessing. Reflecting on the experience, Paula said "*my pain is a testimony of my love*," and found affirmation in the evocative lyrics by Brazilian singer Mariza Monte: *Se eu não tenho o meu amor, eu tenho a minha dor* ("If I don't have my love, I have my pain"), whose concert she bravely attended early in her therapy. These themes, of pain and love, wove through the performance, and seemed to presage two intertwined elements of Paula's life from Antonio's death on.

As different opportunities for reopening Paula's story of loss (sessions 1 and 2) and for scaffolding significant life episodes (session 3) had been explored, the therapist was now able to further engage Paula's story of the death using the meaning reconstruction interview (sessions 4 and 5). As she was encouraged to deepen into visualization of her loss, its associated embodied emotions and its impact in her life, Paula spontaneously described her journey as confronting a *dark and isolated corridor of a hotel with just an artificial yellow light*. In this metaphor, she was feeling immobilized, standing at the end of that corridor, basically wondering what—if any—movement was still possible.

This same sense of "*stuckness*" characterized Paula's initial attempt to communicate with Antonio through the letter work she and the therapist underwent in sessions 6

through eight. As she tried to write her husband a letter, she described feeling blocked, not knowing what to say, which she found strange as so much could have been said in the years since his death. More than the content of the letter itself (centered on how she missed him), it was this process of not knowing what to write that triggered a sense of guilt in her, as she now feared the possibility of “*forgetting him*,” as their communication was so abruptly interrupted 2 years before. The emergence of guilt and fear were then addressed in the response letter she wrote from the perspective of Antonio, which offered a compassionate response to Paula’s struggle with the first letter, as Antonio attempted to soothe and reassure her by saying *We will never forget “us.”* The same letter expressed support for her struggle to rebuild her life, because, as it movingly emphasized, he loved her and would always want to see her happy.

At this point, feeling released from the guilt, Paula shared that, for the first time in months, she could spend the weekend doing things *for* herself and *with* herself (e.g., going out, spending some time with friends, planning to invest in hobbies that she had enjoyed in the past), feeling relaxed and happy while engaged in each of these self-nurturing and self-enhancing activities. Simultaneously, she began planning to write a book to give voice to their story, capturing important memories and experiences she and Antonio shared. She noted how important it would be to share that book with her little nieces in the future, who had not had the opportunity to know Antonio, despite his being such an important person in their family. In these innovative moments of change, Paula testified to the relevance of the narrative resources from our daily life (e.g., to share our feelings with others, to write about our feelings and life experiences) to create more adaptive and coherent self-narratives.

This reopening of Paula’s sense of communication with Antonio and the subsequent telling of their story proved to be pivotal moments in the therapeutic process. This was further consolidated by the life imprint technique (session 9), highlighting the profound impact that Antonio had had on

her life, leaving tangible imprints on her sense of self that extended beyond his death. Linked with this reflection, Paula soon began to formulate new plans for embracing this future, such as taking at least one trip every year, spending more time with her family (especially her parents), enjoying the little moments in life, and being more present to others by, for example, doing volunteer work with homeless persons. These new resolutions connected the previous session (*life imprint*) that focused on Antonio's legacy to the present one that focuses on herself, thus bridging that legacy and the meaningful goals that now shape her life project.

As mentioned above, another pivotal theme in Paula's therapeutic process was the fear of the future, the fear of dreaming about what life could bring to her, in the face of further potential loss and disappointment. This theme reemerged in her *virtual dream story* (session 10). Paula set the story on a desert island, where she ended up after her boat capsized. While she was stranded on the beach, a little rabbit crossed her path, desperate to find his friend, the hedgehog. Paula agreed to help him find his friend, recapitulating metaphorically her own loss and search for a missing loved one. On that journey, Paula and the rabbit found a mysterious stranger who gave her a torn picture, and when she tried to put the pieces of that picture together she saw a younger version of herself with the little rabbit—perhaps she was the friend the rabbit was searching for, now having another form. At the end of the story, the sun rose again, and she was able to find her boat to return home. As she explored the imagery, plot, and themes of this story with the therapist, Paula reflected on how she enjoyed writing it and felt the desire to continue it, concluding, for example, that she and the rabbit already had known each other in the past. But most significantly, she appreciated the sense of finding herself again in the child portrayed in the picture, implying that that child was still there and still lived in her, creating a bridge of continuity between her past (a child that dreams) and present (an adult that fears to dream but that was once a hopeful child). Flexibly adapting the protocol, sessions 11 and 12 were

mainly centered on the preparation of rituals to perform on Antonio's birthday and at Christmas (which both occurred in the same week), as Paula expected these to be particularly challenging moments. Planning and completing several of these rituals, such as visiting Antonio's parents and exploring with them a box of significant mementos related to him, Paula found some sense of comfort and strength, as she thought, *if his parents are doing well, I can be well too*. Importantly, these rituals of reengagement were congruent with what she had formulated as a central goal, namely to spend more time with her family.

In session 13, the first session of the New Year, Paula told the therapist that she had written a letter to her husband on the last day of December, symbolically on the last page of her agenda, thereby creating a symbolic moment of transformation. She wrote him that he would live forever in her life but that she needed to open a new chapter now. By saying this, she acknowledged *a new desire to live the future*, her future. The metaphor of the corridor was revisited at this point, as Paula started sensing *some movement*, associated with an adrenaline rush as she confronted the anxiety of stepping toward the unknown. By reinterpreting and broadening the meaning of the corridor, she told the therapist that the corridor was a better option than having successive doors blocking her movement and preventing her from seeing what was in front of her. Now, in contrast, Paula and the therapist developed the corridor metaphor in new directions, reflecting on the meaning of the solid ground provided by the floor before her, and the sense of comfort and security afforded by the walls surrounding her, as she resumed her movement toward an unknown future.

Finally, in the last session of therapy (session 14), Paula described how she understood her process of transformation and her grief now, feeling that she no longer had to force herself to find a *cure* or to accept the *unacceptable* (which marked a clear contrast with what she had written on her initial clinical request, which referred to her pathological inability to *accept what happened*). Summarizing her sense of

change across therapy, she noted that the therapeutic process helped her to *understand that [she could] embrace suffering but continue to live [her] life... and to reconstruct a new life story*. To illustrate the magnitude of this meaning reconstruction, she shared with the therapist that she had started a new romantic relationship. Moreover, she felt that Antonio would be proud of her ability to rebuild a life of love and happiness. In a remarkable ending ritual, she read a letter that Antonio would have written to her at that moment:

Since the day I met you, I wished to make you happy. I will never leave you, I will always live inside of you, through you! Today, as always, I want to see you happy, I want you to live, to overcome all challenges, to "take" the future... Life is an unknown, things don't always happen the way we want, as we know... but it's always worth a try.

Finally, she read a Buddhist inspired quote that depicted her continuing bond with her husband, as if Antonio were speaking these very words to her:

I will always be here, in the wind, in the ocean. And if you love me, if you trust me, you will feel me in 1001 ways... In your moments of silence you will suddenly feel my presence. As I'm not a body anymore, my conscience is universal. So you don't need to try to find me. Wherever I am, your thirst, your love will find me in your heart, in the beating of your heart.

At the completion of therapy, Paula no longer met criteria for a diagnosis of CG or major depression. This reduction of both sets of symptoms was maintained 3 and 6 months after therapy termination.

Concluding Thoughts

In this chapter, we have argued that grieving, when viewed through a narrative constructivist lens, can usefully be seen as a process of reaffirming or reconstructing a world of meaning that has been challenged by loss [40]. We then reviewed some of the growing body of empirical studies suggesting the central role of meaning-making in adapting to bereavement, and

conceptualized the narrative challenge posed by the death of a loved one as encompassing a need to process both the *event story* of the death itself and the *back story* of the relationship to the deceased. When these facets of meaning reconstruction are successful—as they commonly are without the need for professional intervention—survivors are able to integrate the experience of loss and re-access the relationship in a way that provides some measure of attachment security as they move forward with a changed life that nonetheless has meaning and purpose.

However, we also recognize that for a significant minority of the bereaved, the challenges posed by the death will prove complicating and impairing across a prolonged period, at great cost to their physical, psychological, social and perhaps spiritual well-being. In such cases, we have contended that professional intervention can help people find a way forward in the landscape of a life story made alien by loss, and that narrative techniques like those that comprise the Meaning In Loss protocol can make a contribution to this effort. As a flexible framework for addressing the major ruptures in the client's world of meaning occasioned by the death, the Meaning In Loss protocol structure can be readily adapted to different populations of mourners, as our collaborative research in the USA, the UK, Canada, and Portugal demonstrates.¹

Likewise, we are encouraged by the adaptability of the protocol to different formats of therapy as evidenced by its successful implementation in both face-to-face and videoconference therapies. Indeed, we have found each of these formats to offer distinct advantages, as well as corresponding limitations. On the one hand, face-to-face groups augment the individual efforts of clients and therapists by underscoring the universality of grief, the vicarious learning from

¹ In particular, we would like to acknowledge Evgenia (Jane) Milman of McGill University in Montreal, Edith Stefan of Roehampton University in London, Inês Mendes of the University of Minho, and the growing network of capable colleagues and trainees who have served alongside us as therapists in adapting the Meaning In Loss protocol to the needs of their grieving clients.

others, and the contagion of hope that is characteristic of most process-oriented group therapies [53]. Beyond these general advantages, the Meaning In Loss group also utilizes frequent dyadic and triadic pairing of clients throughout the therapy to facilitate their sharing their reflective writing, processing between-session assignments, and bridging from the intimate support of one other person to the construction of a secure base with the entire group. However, even with the extension of therapy from the single hour typical of individual work to the 2 h that might be spent in a weekly group, the presence of 8–10 clients, each with his or her own unique stories of loss, necessarily reduces the amount of time a therapist or co-therapist team can spend with any one of them. We have therefore found that pre-screening interviews with potential referrals to the group are of great value in assessing prospective clients' unique losses and corresponding needs and their ability to work well with others, while also building a germinal sense of trust with the therapist. When bereaved individuals are clearly in crisis, struggle with potentially lethal suicide ideation, or are unable to step beyond their own pain to validate that of another, referral to individual therapy may be the better option.

In conclusion, we have found a meaning reconstruction model to provide an increasingly well-researched and robust approach to the potential complications of bereavement, and hope that readers might find in it some creative, empirically informed procedures that could enrich their efforts to help bereaved clients.

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