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EASTERN KENTUCKY UNIVERSITY

Treating the Trauma:
Evaluating the Perceived Effectiveness of Narrative Therapy on Individuals who have
Experienced Trauma

Honors Thesis
Submitted
In Partial Fulfillment
of the
Requirements of HON 420
Fall 2020

By
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Faculty Mentor
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Abstract

Narrative therapy (NT) has been utilized by many clinicians and found to be effective as an intervention with clients facing a wide range of issues. Focusing on one's narrative has been given attention in many academic disciplines (e.g., social sciences, humanities and healthcare) and especially among popular written media and academic journals. Despite this attention and the various studies on its efficacy, there is a lack of research on client and non-client perceptions of this therapy. This ethnographic study's purpose was to compare the perceived effectiveness of the NT between those who had previously participated in narrative therapy and those who had not. Additionally, this study took a comparative look at those participants who had a previous trauma experience(s) and those who had not, and the impact on their perceptions of NT. It was hypothesized that given its popularity in academic circles, all participants would rate narrative therapy positively, but those who had previously participated in NT would have more favorable perceptions and see this therapy approach as more effective in treating PTSD and other trauma-related symptoms. These perceptions were measured using two alternative versions of a self-created pilot survey. Participants were also given the Life Events Checklist survey to measure whether they had experienced a traumatic event(s). Finally, it was hypothesized that those with a trauma experience(s) would rate narrative therapy more favorably. The surveys were administered to 256 ECU students enrolled in introductory psychology courses. The findings revealed that there was no significant correlation between the perception of narrative therapy and the amount of trauma experienced or the participation in narrative therapy. This study did, however, support the hypothesis that all participants would rate narrative therapy positively.

Keywords and Phrases: honors thesis, undergraduate research, narrative therapy, trauma, perceived effectiveness

Table of Contents

I.	Abstract.....	ii
II.	Acknowledgements.....	iv
III.	Introduction.....	1
IV.	Literature Review.....	8
V.	Research Methods.....	14
VI.	Results.....	16
VII.	Discussion.....	19
VIII.	Implications and Future Research.....	20
IX.	Conclusion.....	22
X.	References.....	24
XI.	Appendices	
	a. Life Events Checklist.....	30
	b. Survey for Participants who have Undergone Narrative Therapy.....	36
	Survey for Participants who have no Undergone Narrative Therapy.....	41

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Introduction

Focusing on one's narrative has been given attention not just in therapeutic circles, but also in many academic disciplines (e.g., social sciences, humanities and healthcare) and especially among popular written media and academic journals (Hevern, 1999). All these disciplines place emphasis on the value of telling one's story. In the field of psychology, the focus on one's narrative has developed into a therapy approach referred to as Narrative Therapy and utilized in the treatment of a wide range of clinical issues and concerns, one of which is trauma. There are many methods of therapy that can be used to treat individuals who are suffering from trauma. However, there are still many people who suffer from post-traumatic stress disorder (PTSD) as a result of traumatic life events. Most of the therapeutic methods that are practiced focus on the therapist assigning meaning and treatment to individuals suffering from trauma and PTSD. Narrative therapy represents a relatively new process that involves putting the patient in the main role of "expert," while the therapist acts as a coauthor and a mediator that separates the individual from their problems (Dišlers, 2018). As a therapy method, this approach involves the creation of subplots and new narratives that build up and bring about positive change in the patient that also allows the patient to take back control from the trauma. Narrative therapy focuses on giving the patients back control of their own lives and stories and can be used to treat a wide variety of issues that would cause individuals to seek therapy. In order to give control back to individuals, patients are encouraged to tell their story, either through writing, speaking, or various other techniques, and create a positive outlook on the results of their trauma. The therapist is there to break down blockage and help the patient speak about their life. They help the patient to create a positive outlook, and at times can include family

and friends in the therapy process to help remind the patient of their strength and value. This general overview of the main processes involved in narrative therapy allows the therapist to incorporate many other techniques and tailor the treatment to the patient's needs.

Since narrative therapy is a relatively new method of treatment in the world of psychology, there is still much ongoing research that is being performed in order to determine what issues and individuals would best benefit from the use of this treatment method. A portion of this research can be found throughout the literature review in this thesis, and ranges from research with preschoolers for behavioral therapy to women suffering from PTSD related to rape and domestic abuse ((Stiefel, Anson, & Hinchcliffe, 2017; Foa, Molnar, & Cashman, 1995)). The research that has been performed thus far is promising that narrative therapy is very practical, efficient, and effective in treating PTSD and depression-related symptoms (Pabst, Schauer, Bernhardt, Ruf-Leuschner, Goder, Elbert, Rosentraeger, Robjant, Aldenhoff, & Seeck-Hirschner, 2014), as well as being used in group settings, such as marriage and family counseling(Witney, 2012).

Narrative therapy was developed in the 1980's by New Zealand therapists, Michael White and David Epston, as a method for people to view their issues as separate from themselves (Clarke, 2020). The primary goal in the development of narrative therapy was that this method of therapy would be "non-blaming and non-pathological" in the nature in which the therapist communicates with the patient. The whole idea behind the development of narrative therapy is that people need to learn to not label themselves as the problem. People should not describe themselves as "broken" or "the problem," rather they need to recognize that the problems and situations they face are separate from themselves. Narrative therapy is aimed at restoring power

to those who feel powerless in their circumstances and feel as though the circumstances of their life are out of their control (Clarke, 2020).

There are many different methods that narrative therapy invokes in order to provide therapeutic responses for their patients, but all of these methods are centered around three central components. These components are respect, non-blaming nature of therapy, and the client is the expert of their life (Clarke, 2020). The components listed above are unique to narrative therapy because rather than having the therapist be the expert and pointing to the patient as being the reason for their problems, the therapist is merely a listener and viewer of the patients life and simply guides the patient through therapeutic responses to their life events. Narrative therapy's main components are to give meaning to personal experiences and influence how people see themselves, others, and the world around them. The therapist is not concerned about passing judgement, rather their focus is to listen to the patient's story and observe the ways that their experiences can influence a person's thought, behaviors, and decisions that they make about themselves and others (Clarke, 2020).

As narrative therapy is a relatively new method of therapy, there are still some limitations and disadvantages that many individuals feel make this form of therapy ineffective. What the narrative therapist's see as effective and productive about narrative therapy, others see as unstructured and complicated. Since narrative therapy makes the patient the expert of their own life, some people believe that this expresses the incompetence of narrative therapists. Also, many people seek therapy in order to be guided and "told what to do" and narrative therapy does not allow the patient to sit back and be told what to do which makes some people uncomfortable with the amount of control they have in their therapy (Staff, 2015). Some patients prefer a more guided and structured approach and feel uncomfortable initiating the conversations and their own

therapy. Also, due to the relatively new release of this method of therapy some people feel that narrative therapy does not have adequate research and development to truly support its methods (Staff, 2015). There is also a disadvantage with narrative therapy when working with patients who are unable to adequately communicate. Communication is one of the keys to narrative therapy processes (this will be discussed later in the introduction) and when the patient is unable to adequately express themselves or coherently state what they are feeling and why there can be major issues when using the narrative therapy processes. However, despite these concerns narrative therapy still is increasing in popularity and is still seen as an overall effective method of therapy.

The principles of narrative therapy guide therapists to prescribe this method and patients to seek of this therapy. Principles of narrative therapy must be accepted by both the patients and the therapists in order for this method of therapy to be effective. The first principle is that reality is socially constructed (Clarke, 2020). In order for a patient to be able to “change their perception of reality” the first thing they must recognize is that reality is something that they have made in their mind, but it can be changed. In order for the person to change their reality they need to change their mindset and then their attitude will follow. The second principle is that reality is both influenced and communicated through language (Clarke, 2020). The words that a person uses to describe themselves is a key indicator to the therapist about the mental health and life perspective of the patient. If a person describes themselves as a broken, sad, and depressed person, then they will likely describe the world as the same. The therapist can take these life perspectives and self-descriptions and use them to determine the causes and root of their negative life views. The third principle is that the very presence of having a narrative can help to maintain and organize a person’s reality (Clarke, 2020). While everyone has a “life story,” many people

don't have an organized and well-thought out narrative. By having an organized timeline and thinking through the events of a person's life, the patient can think through their life and begin to pinpoint when certain key events happened in their life and how those events have positively or negatively affected them. This organization and formation of a person's narrative helps to form their reality and allows for further exploration into the beliefs and outlooks that a person has formed due to their perception of reality. The fourth and final principle of narrative therapy is that there is no "objective reality" (Clarke, 2020). This principle is present in every part of narrative therapy and can be considered the most important principle of narrative therapy. The idea that there is no one correct perception of reality is what allows a person to change their reality and allows the therapist to suggest various alterations to a person's beliefs about themselves and the world. The lack of objectivity for reality is what allows narrative therapy to be an effective method in treating a person's trauma and allows a person to be the expert of their own life. This principle holds the key to the entire philosophy behind the methodology to narrative therapy.

While there are several different methods and exercises that therapists can use to facilitate narrative therapy, there are only four main techniques that are present throughout all methods of narrative therapy. These four techniques are development of the narrative, externalization, deconstruction, and outcomes (Anderson, 2019). These techniques all relate back to the key concepts and principles that were discussed previously. The process of compiling a narrative involves the therapist helping the patient identify repetitive patterns and allowing the patient to find their voice and express their story (Anderson, 2019). This is the start of the narrative therapy process and helps lay the foundation of the rest of the therapeutic process. The next technique used in the therapeutic process is externalization. A general overview of

externalization is removing oneself from their problems. It is recognizing that the issues a person is facing does not define them and therefore is not something that creates their identity. The goal of this process is to create as much space between a person and their problems as possible in order to allow a more objective view of the issues that are being addressed and to be able to see that healing and changing is possible, as this issue does not make up the patient's identity (Anderson, 2019). Once an issue has been separated from an individual the focus of therapy moves to the deconstruction phase. This part of therapy is more unique to narrative therapy because it does not focus on the entire issue at one time. Deconstruction is about allowing the patient to address the issues at their own pace in order to prevent them from being overwhelmed by the large nature of complex problems. During this phase of therapy, the patient addresses the issues as they are comfortable and begins to break them down in order to show the patient that change is possible. As the patient becomes more comfortable addressing the smaller issues, the patient can begin to move to more serious issues until they have deconstructed all of their issues. Finally, narrative therapy concludes with the outcomes that the therapist helped the patient form (Anderson, 2019). Once the patient has identified and addressed their issues, they can begin to rewrite their narrative with a more positive outcome. With the help of the therapist, the patient can begin to see that the negative events in their lives can have positive outcomes. This is the final stage of therapy and is when the patient can truly begin making a new reality and a new narrative. Once it becomes clear to the patient that the negative events in their life do not define them and they are strong enough to overcome the reality that they have created for themselves, the patient is able to create a more positive reality that allows them to regain control of their life and their circumstances while not living in denial of the events that have occurred. Narrative therapy gives a person the ability to take control of their life and see how both the positive and

negative events can come together and still create a positive outlook on life and an overall positive life.

The purpose of this research is to determine how effective narrative therapy is perceived to be by people who have both participated and not participated in narrative therapy, as well as see if the amount of trauma relates to the perception of narrative therapy. While it is undoubtedly important that those who have undergone narrative therapy, rate its methods as effective, it is also very important that people who have not participated in narrative therapy see that it is can be effective. Non-participants can offer support and recommendations to participants, and often can be asked to participate and support those undergoing therapy by bringing in their own images and perspectives about the patient and their identity (Madigan, 2019). Thus far, no research comparing the perceptions of the effectiveness of narrative therapy between these two populations has been performed or released. The results of this research provided implications about the public's perception on the need to adapt and adjust the methods of narrative therapy should participants rate its perceived effectiveness as ineffective and examined the perceived effectiveness of narrative therapy by individuals. This study looked at how those who have and have not participated in narrative therapy perceive its effectiveness and provided insights as to how the amounts of trauma effective how individuals perceive narrative therapy.

This study is relevant to therapists who are helping patients undergoing narrative therapy and to those who are educating and informing the public about what narrative therapy involves. The results could imply the need for more education and the need for therapists to be open to exploring ways that narrative therapy can continue to be developed to treat a larger population of individuals. It also can serve the purpose of providing insights on how the public perceives

narrative therapy and how the current methods of narrative therapy may be improved upon in order to allow this treatment method to be as effective as possible.

While this study does offer the ability to compare how individuals who have and have not undergone narrative therapy perceive its efficacy, it is insufficient in analyzing many other aspects of narrative therapy. Follow-up studies need to be completed in order to provide an in-depth analysis about the various aspects of narrative therapy, such as the principles and techniques, and how effective they are and are perceived to be. Follow-up studies would also need to be completed in order to look more specifically at demographics such as age, gender, and race. One interesting follow-up research that this study begins to explore is how the type and amount of trauma a person experiences influences their opinion of narrative therapy. There are several factors of narrative therapy that can impact both the perceived and actual effectiveness of this method of therapy, and while this research did begin to explore two different populations views on the perceived therapy, there is much more research that can be conducted in order to further improve and explore the full range and power that narrative therapy holds.

Literature Review

Methods and Creation of a Narrative

The traditional idea of therapy typically involves a trained therapist listening to a patient who is suffering from some sort of mental problem, typically while laying back on a couch. Once the patient has finished talking about their issues, the therapist will diagnose them with some sort of ailment and give them methods and answers to solve their issues. This idea of therapy involves the therapist being the expert on the life of the patient, while the patient just receives information about why they are the way they are and what they need to do in order to change.

This method of therapy can be effective, but it also denies the patient the ability to be the “expert” about their life. Narrative therapy, however, represents a new method of therapy that allows the patient to be the expert rather than the bystander in their therapy (Dišlers, 2018).

Narrative therapy is focused on the deconstruction of negative narratives and the reconstruction of the patient’s life story in a more positive manner. The creation of this new narrative is often referred to an “alternate version” of their story (Johnson, Holyoak, & Cravens Pickens, 2019). A common method that narrative therapists use involves creating a “lifeline” with a string and stones and flowers. The flowers represent high or “positive” life events and stones represent low points or “adverse or traumatic events” throughout their life” (Robjant, Aldenhoff, & Seeck-Hirschner, 2014). The most important aspect of narrative therapy is the reassigning and creation of meaning of the traumatic event(s) that occurred (Tuval-Mashiach, Freedman, Bargai, Boker, Hadar, & Shalev, 2004). The patient is not trying to forget or escape the trauma, rather they are giving the trauma a new meaning that allows the patient to take control back from their trauma. They are rewriting their story to create a more positive and productive ending, rather than letting their trauma and pain define who they are. The therapist’s role is to prevent the patient from worsening their condition and help direct them in a positive direction. They can help the patient remember who they were before the trauma and who they still are. The therapist’s perspective on the patient and their life allows for an outsider to have a look into a life and provide a new and fresh perspective on the issues at hand. This outlook and overview allows the therapist to create a method of therapy that is unique to this patient and can be adapted throughout the therapy session as the patient expresses what they believe they need and how they believe they can move in, thus still allowing the patient to be the “expert” of their life and their therapy.

The purpose of narrative therapy is to create a new narrative. The main role of the therapist is to assist the patient in the recreation of their life story. The role of the therapist is referred to as “coauthoring” (Johnson, Holyoak, & Cravens Pickens, 2019). The therapist’s role is not to recreate and retell the patient’s life, rather work with the patient to remake their life story with a more positive and constructive ending. In order to create a new narrative, the patient must retell the story of their trauma. The narrative that the patient accepts as reality is formed during “the immediate period following a traumatic event” (Tuval-Mashiach, Freedman, Bargai, Boker, Hadar, & Shalev, 2004). The therapist helps to externalize the problem facing the individual. Often the patient will identify themselves as part of the problem, but it’s vital for the problem to be seen as its own entity so that the problem can be attacked rather than the patient’s sense of self (Dišlers, 2018).

One important principle of narrative therapy is that the stories that we tell ourselves are “actively constructed” and do not “just happen” (Gilling, 2016). Accepting that we construct narratives about ourselves and our lives allows for a person to change those narratives. Through processes of reauthoring, deconstructing, and reconstructing a person can reach a more positive outlook and perception of their life and the events that led to them seeking therapy (Beaudoin, 2005). Narrative therapy is not focused on avoiding trauma or forgetting one’s past, rather it is a method that allows individuals to take events that have happened to them and turn them into a catalyst for their future and for acceptance rather than distress.

Effective Populations

As narrative therapy is still undergoing research, there are many studies being conducted to determine what populations would benefit most from this method of therapy. Completed studies thus far have indicated that narrative therapy is helpful in a variety of situations. While it

at first seemed that these methods would be best used in dealing with trauma, there is significant evidence that narrative therapy has the ability to extend beyond individual therapy to be beneficially in group settings, such as family and couples counseling.

Narrative therapy has been found to be most effective in individuals suffering from PTSD and depression (Manesh, Mar'ashi, Doroudi, Saberi, Modjtahedi, Kolivand, & Arani, 2018). In studies where groups of people all undergo narrative therapy and rate their symptoms, the PTSD-related symptoms experienced the most decline in prevalence when compared to other symptoms, such as depression, after therapy (Manesh, Mar'ashi, Doroudi, Saberi, Modjtahedi, Kolivand, & Arani, 2018). Narrative therapy has been the most tested and been rated the most positively by older adults (Manesh, Mar'ashi, Doroudi, Saberi, Modjtahedi, Kolivand, & Arani, 2018). Research shows that older adults who have experienced trauma earlier in life and are still suffering from those events react positively to narrative therapy processes (Mørkved & Thorp, 2018).

One group that narrative therapy addresses in a unique way are couples seeking therapy. As discussed earlier, narrative therapy is largely focused on externalizing the problem and separating it from the individual (Dišlers, 2018). This method is utilized in narrative therapy for couples. It is important in couple's therapy to not place blame on individuals, rather to single out the behaviors that are causing problems in their relationship (Johnson, Holyoak, & Cravens Pickens, 2019). Narrative therapy is also used for couples that are suffering from domestic abuse. The tools of externalization are unique for domestic abuse cases because rather than blaming the abuser, narrative therapy calls out their behavior, rather than defining the individual by their abuse (Augusta-Scott & Dankwort, 2002). Narrative therapy allows for both the abused and the abuser to seek counseling and reconciliation that allows the couple to heal together.

Another unique population that narrative therapy can be used is young people, such as preschoolers. In this case, narrative therapy is not used to treat traumatic event, rather it is used for behavior modification (Stiefel, Anson & Hinchcliffe, 2017). In the study “Narrative Therapy with Preschoolers- Unfolding the Story,” narrative therapy is used to help a four-year old boy, Alex, learn to control his tantrums. This method involved the entire family and was overall successful in helping Alex to control his behaviors and act appropriately for his age. This form of therapy involved not only the child, but the entire family in order to help the child feel supported and to allow the family to work together in order to create a more well-functioning environment. Similarly, narrative therapy has been found to be very successful for family therapy, especially families of diverse and minority individuals (Suddeath, Kerwin & Dugger, 2017). Studies performed have found that narrative therapy is an effective method of treatment with “blended families, couples facing infidelity, adoption issues, families with children who come out as lesbian, gay, or bisexual, reducing parent-child conflicts, and supporting homeless families” (Suddeath, Kerwin & Dugger, 2017).

Narrative therapy has also been found to be affective with minority populations, particularly refugees (Lely, Smid, Jongedijk, Knipscheer & Kleber, 2019). In areas where there have been disasters and many people are affected by PTSD and other trauma-related symptoms, narrative therapy can be taught to therapist more easily and quickly than other forms of therapy, thus making it a better choice to help people suffering in those areas (Crombach & Siehl, 2018). Not only is narrative therapy a choice method to treat people of diverse backgrounds, but it can also help people with a variety of issues. For example, one study found that narrative therapy is not only effective with diverse people, but it also helps people in situations of mass gatherings (Manesh, Mar’ashi, Doroudi, Saberi, Modjtahedi, Kolivand & Arani, A. M., 2018). People who

experience trauma in large groups can experience PTSD symptoms when they are in situations where there are mass gatherings. These individuals require therapy that will expose them in a way that allows them to interact with society in a more functional way. Narrative therapy has been found to help with these trauma-related symptoms and decreases PTSD in relation to these mass gathering traumas (Manesh, Mar'ashi, Doroudi, Saberi, Modjtahedi, Kolivand & Arani, 2018).

Lack of Research

Narrative therapy has been found to help people across all kinds of backgrounds with a variety of issues. However, much of the research that has been performed thus far in relation to the success and methods of narrative therapy is preliminary. Many of the articles written conclude with stating the need for further investigation of this form of therapy. The need for further research involving the evaluation of varying client populations and their perceptions about the efficacy of the methods used in narrative therapy is much needed, although there is already significant evidence that its methods are successful in treating some of the most common issues, such as PTSD, data is limited on client perceptions. The research summarized in the above sections represents some of the evidence that supports the success of narrative therapy as a treatment approach with a wide range of client populations. The current study was focused on a conducting an ethnographic pilot study involving narrative therapy that took a comparative look at the perceptions of those who had or had not undergone narrative therapy. Many other articles have been written from the perception of therapists and other experts, but not clients. This pilot study will hopefully lead to additional follow-up studies involving more in-depth analyses of what clients perceive to be the most effective and long-lasting narrative therapy methods and techniques. In addition to analyzing the specific methods and techniques of narrative therapy and

looking at the long term effects, other studies should be conducted in order to analyze the specific demographics of the participants and how factors such as race, gender, socioeconomic status (and many other psychosocial factors) may impact the perceived or actual effectiveness of narrative therapy and its methods.

Research Methods

Purpose and Hypotheses

This ethnographic study's purpose was to examine perceptions of narrative therapy in the treatment of PTSD and other trauma-related symptoms. It compared the perceived effectiveness of the narrative therapy between those who had previously participated in narrative therapy and those who had not. Additionally, this study took a comparative look at those participants who had a previous trauma experience(s) and those who had not, and the impact on their perceptions of narrative therapy.

It was hypothesized that given the popularity of the “narrative approach and popularity of story-telling” across various disciplines (Hevern, 1999), all participants would have favorable perceptions of narrative therapy and see this therapy approach as more effective in treating trauma. Secondly, those who had participated in narrative therapy would rate the therapy as even more favorable than those who had not participated in this type of therapy. Finally, it was hypothesized that those who had experienced trauma would rate narrative therapy more favorably than those who had no trauma experiences.

Participants

Participants included 256 male and female undergraduate students over the age of 18 years old who were enrolled in introductory psychology courses at Eastern Kentucky University.

Each participant received outside activity credit for their psychology course. Participants were recruited through the ECU SONA system.

Materials

Life Events Checklist

The Life Events Checklist is a standard premade survey that is used to determine the amount of trauma that an individual has been exposed to throughout their life. The survey used in this research had a series of 17 questions with five responses that allowed the participant to rate their exposure to the traumatic event ranging from it happening to them to having no knowledge or exposure to the event (see Appendix A). This survey set a baseline for the rest of the research to allow for an analysis of how the amount of exposure to trauma correlated with the participant's perception of narrative therapy's effectiveness.

Survey for Participants who have Undergone Narrative Therapy

This survey was specifically created for participants who had undergone narrative therapy. It was composed of 18 questions that allowed the participants to give information evaluating their mental health before and after narrative therapy, giving their perceptions on how helpful narrative therapy was overall and specifically for their issues, and how long they had been out of therapy. This survey was composed of several Likert scale questions and multiple-choice questions about the participant's experiences with narrative therapy and how effective they believed the processes of narrative therapy were for them and could be for others suffering from trauma (Appendix B).

Survey for Participants who have not Undergone Narrative Therapy

The final survey involved in this research was for participants who had not received any form of narrative therapy. This survey consisted of 10 questions that were a combination of multiple-choice questions and Likert scale questions (Appendix C). This survey was the briefest of the three as it was anticipated that the participants who completed this survey would have the least exposure to narrative therapy. This survey allowed participants to express if they had heard of narrative therapy prior to participating in this research, as well as letting these participants rate their perceived effectiveness of narrative therapy based on the knowledge they had, rather than their experiences.

Procedures

Participants were administered the Life Events self-report checklist to gauge the number of traumatic experiences that they had experienced over the course of their lifetime. Based on prior history of participation or no participation in narrative therapy, participants then completed one of two respective surveys assessing their perceptions of narrative therapy. Comparisons were also made between those who had experienced a traumatic event(s) and those who had not and the impact these experiences had on perceptions of narrative therapy was also examined.

Results

The purpose of this study was to determine the perceived effectiveness of narrative therapy by comparing the perceptions of those who had participated in narrative therapy and those who had not. Given the attention given to the “narrative, story-telling approach” across academic disciplines and its popularity as a focus of research (Hevern, 1999), it was expected that all participants would perceive narrative therapy methods as a favorable form of treatment. Additionally, it was hypothesized that those who had previously participated in narrative therapy would rate the therapy even more favorably than those who had not. Finally, it was expected that

participants who had experienced a trauma experience(s) would rate narrative therapy as more effective than participants who had not experienced trauma.

The Life Events Survey was the first survey completed, and the only survey completed by all participants. This survey allowed the participants to self-identify if they had experienced certain types of trauma(s) over the course of their lifetimes. The Life Events Checklist responses were coded using a 5- point Likert scale and were scaled as follows: 1= experienced trauma, 2= witnessed trauma, 3= learned about it, 4= “not sure” and 5= “doesn’t apply”. Lower scores on the Life Event Survey indicated higher numbers of trauma experiences. The results from this survey were examined to test the hypothesis that participants who had experienced trauma would rate narrative therapy as more effective than participants who had not experienced trauma. The results of this survey provided an average score of 4.9 with a standard deviation of 2.6. The findings revealed that most all participants reported having experienced a trauma experience(s). Hence the findings were such that the numbers of participants that fit the “no trauma” comparison group criteria were so low that no comparison could be made between the two groups. Therefore, the study was inconclusive on the hypothesis that there would be a more favorable perceptions of narrative therapy among those who had prior trauma experience(s). Finally, correlational analyses comparing the scores on the Life Event Checklist and the ratings on the two perceptions of narrative therapy surveys, there were no significant correlations found.

The Narrative Therapy Survey and the Non-Narrative Therapy Survey were both used to assess overall perceptions of the favorability of narrative therapy as a treatment approach for PTSD and other trauma-related symptoms. Analyses using t- tests and Pearson correlations tests were performed in order to compare the results on the two alternative survey administered respectively to those who had participated in prior therapy and those who had not. The

hypothesis that narrative therapy would be rated favorably by both groups was supported by the results from this study. The Narrative Therapy Survey showed a rating of 7.71 out of 8 and the Non-Narrative Therapy Survey had a rating of 7.53 out of 8. Both of these results indicate that overall narrative therapy was perceived favorably and viewed as effective.

In reference to the hypothesis, that narrative therapy would be perceived as more effective by those who had participated in narrative therapy than those who had not. While the scores show that there was a slightly more favorable rating among those with previous narrative therapy experience, the difference in ratings between that group and those who had not participated in therapy was not statistically significant. A possible reason for these insignificant results is the ceiling effect that occurred with the data. The ceiling effect, as it relates to this study was evident in the fact that both groups rated narrative therapy so highly that there were no significant detectable differences between the ratings of the two groups, hence there was stronger support for college students' general perceptions of narrative therapy as a treatment for PTSD and other trauma related symptoms. This finding is consistent with earlier data noting the popularity of the narrative approach across various academic disciplines and academic settings (Hevern, 1999).

Although not hypothesized, there was one additional finding worth noting and in need of further follow-up. Those participants who reported having received prior narrative therapy were found to have more positive perceptions about their current level of mental health functioning. They rated their mental health functioning as higher following narrative therapy than before having participated in narrative therapy. The correlation coefficient was $r = .574$ with $p < .001$, making this a significant finding.

Discussion

Only one of the hypotheses proposed in this study were supported. It was the hypothesis that narrative therapy would be perceived as effective by all participants. This finding concurs with the previous research that has been conducted in support of the popularity and efficacy of narrative therapy (Hevern, 1999). As noted above, although not hypothesized, there was one additional finding worth noting as significant and in need of further follow-up. It was the finding that participants who reported having received prior narrative therapy were found to have more positive perceptions about their current level of mental health functioning. They rated their mental health functioning as higher following narrative therapy than before having participated in narrative therapy. No data was collected on the actual amount of time that had passed since the completion of participant's narrative therapy, but in a follow-up study, this would be an important question to ask. The current findings do seem to suggest that participants who received narrative therapy rated narrative therapy as successful, no matter how long it had been since the termination of their participation in narrative therapy. Indeed, it seems that narrative therapy played some role in the reported improvements in mental health before and after narrative therapy, but more research is needed address this question. Since narrative therapy was overall rated effective by all participants, it adds further support to the finding that there was a correlation a perception that mental health functioning was improved after having undergone narrative therapy.

There are several possible factors that could have contributed to the insignificant results for the other hypotheses that this research aimed to answer. In reference to the hypothesis those who had received prior narrative therapy would perceive it as more favorable than those who had not, the findings may have been skewed because of a bias in participant selection. As previously stated, this research was conducted through the ECU Sona System and was only available to

entry level psychology students. These students could have had a bias in favor of therapy being effective due to their positive perception of therapy in general, given that they are in a course that introduces them to numerous studies supporting therapy in general. Also, the hypothesis that those who had prior trauma experience(s) may have been impacted by this same type of participant selection bias. Perhaps these participants sought to take the psychology course to gain more information about the impact on trauma in their own lives. This could have contributed to the ceiling effect that was noted earlier, in which almost all of the participants reported having experienced trauma.

An additional issue is often an inherent issue that comes with piloting new self-created surveys. The two surveys developed to assess participant perceptions about narrative therapy were untested and therefore presented with issues related to their reliability and validity or accuracy in measure such perceptions. Perhaps the content of the items on the survey were not precise enough to pick up discernible differences in perceptions among those who had previously participated in narrative therapy and those who had not. Hence, identify surveys that may have proven reliability and validity should be researched. As this was a pilot study, it leaves room for several follow-up studies and lays the groundwork for more research to be conducted to correct for the limitations noted.

Implications and Future Research

The implications of this study are that narrative therapy is overall perceived as an effective method to treat people suffering from trauma. This study also implies that as a

treatment, narrative therapy can play a positive role in improving the mental health functioning of individuals who have undergone this type of therapy, and that this positive effect may last over time. There are several different kinds of follow-up studies that should be conducted in order to further explore the questions that were raised in this study. One of which is to examine the timeline between start, duration, and completion of this type of therapy, in relation to client perceptions about its long-term efficacy in treating trauma and other mental health issues and concerns. Future studies should also examine possible correlations between stages of therapy, specific therapy techniques employed and perceived effectiveness.

Follow-up studies could also employ more well-tested surveys and administer them to diverse populations. These two changes would allow for a more holistic view of how various populations rate narrative therapy and perhaps avoid any ceiling effects. Assessing more diverse populations would also allow for exploration as to whether there is a correlation between perceived effectiveness and level of education, socioeconomic status, race, age, and many other psychosocial factors. Such studies would hopefully eliminate the potential selection bias that might have occurred from including only entry level psychology students in the current study.

Similarly, a follow-up study could be performed in order to compare the perceived effectiveness of narrative therapy in relation to other kinds of therapy approaches. This research would supplement prior studies that have been conducted and allow the researcher to see what methods for treating trauma are preferred by differing client populations, as well as revealing how well-perceived narrative therapy is in relation to other kinds of therapy.

Further, a study that attends to the specific type of trauma experience(s) that the participant has experienced and looks at this in connections to perceptions about the efficacy of narrative therapy and other therapy approaches would also be helpful. Unlike the current study,

such a study would allow the researcher to explore the correlation between the types and number of traumas experienced and the impact on perception of narrative therapy and other therapy approaches. As previously mentioned, narrative therapy is most popularly used as a method to treat sexual traumas. This research would indicate other types of trauma that narrative therapy could be used and been seen as effective in treating. Assessment tools, such as the Clinician Administered PTSD Scale –DSM V (CAPS) which the gold standard for assessing PTSD and trauma related symptoms, already exist and would allow participants who are administered it to provide more details about their trauma experience(s). Follow-up research substituting the CAPS for the Life Events Checklist to explore any correlations that may exist with narrative therapy and specific trauma groups could be very valuable to clinicians.

There are numerous other kinds of research that could be used as follow-up studies in response to this research. The ones listed above are the central ideas of this research that are seen as the most important and have the most need for further research. These studies, as well as the research in this paper, have profound implications for narrative therapy and could lead to a larger expansion of narrative therapy as well as a further inclusion of other methods in narrative therapy to help treat various types of trauma.

Conclusion

The purpose of this study was to examine the perceived effectiveness of narrative therapy by comparing the perceptions of those who have participated in narrative therapy and those who have not. The findings revealed that narrative therapy was perceived as effective by all participants in the study, however the hypotheses that those who had undergone prior narrative therapy would have more favorable perceptions of narrative therapy was not supported. The

hypothesis that those with a trauma experience(s) would have more favorable perceptions of narrative therapy could not be assessed because all the participants reported having experienced trauma. Hence, no “non-trauma experience” comparison group could be established. It was also revealed that there was a positive relationship between having undergone narrative therapy and having higher ratings on mental health functioning following the therapy, when compared to the same person’s rating of mental health functioning prior to narrative therapy.

As discussed previously, this research is preliminary in nature and allows for various follow-up studies to continue expanding upon the results from this study. Narrative therapy is still emerging as an empirically supported therapy approach and thus there is still much research to be completed in order to determine the specific aspects that are seen as effective and the populations that narrative therapy can reach most effectively. With all that is unknown, there is one factor that remains constant throughout all the research: narrative therapy is an effective method to treat trauma.

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Appendix A

Life Events Checklist

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it *happened to you* personally, (b) you *witnessed it* happen to someone else, (c) you *learned about it* happening to someone close to you, (d) you're *not sure* if it fits, or (e) it *doesn't apply* to you.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

1. Natural disaster (for example, flood, hurricane, tornado, earthquake)
 - a. Happened to me
 - b. Witnessed it
 - c. Learned about it
 - d. Not sure
 - e. Doesn't apply

2. Fire or explosion
 - a. Happened to me
 - b. Witnessed it
 - c. Learned about it
 - d. Not sure
 - e. Doesn't apply

3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)
 - a. Happened to me
 - b. Witnessed it
 - c. Learned about it
 - d. Not sure
 - e. Doesn't apply
4. Serious accident at work, home, or during recreational activity
 - a. Happened to me
 - b. Witnessed it
 - c. Learned about it
 - d. Not sure
 - e. Doesn't apply
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)
 - a. Happened to me
 - b. Witnessed it
 - c. Learned about it
 - d. Not sure
 - e. Doesn't apply
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)
 - a. Happened to me
 - b. Witnessed it
 - c. Learned about it

- d. Not sure
 - e. Doesn't apply
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)
- a. Happened to me
 - b. Witnessed it
 - c. Learned about it
 - d. Not sure
 - e. Doesn't apply
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)
- a. Happened to me
 - b. Witnessed it
 - c. Learned about it
 - d. Not sure
 - e. Doesn't apply
9. Other unwanted or uncomfortable sexual experience
- a. Happened to me
 - b. Witnessed it
 - c. Learned about it
 - d. Not sure
 - e. Doesn't apply
10. Combat or exposure to a war-zone (in the military or as a civilian)

- a. Happened to me
 - b. Witnessed it
 - c. Learned about it
 - d. Not sure
 - e. Doesn't apply
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)
- a. Happened to me
 - b. Witnessed it
 - c. Learned about it
 - d. Not sure
 - e. Doesn't apply
12. Life-threatening illness or injury
- a. Happened to me
 - b. Witnessed it
 - c. Learned about it
 - d. Not sure
 - e. Doesn't apply
13. Severe human suffering
- a. Happened to me
 - b. Witnessed it
 - c. Learned about it
 - d. Not sure
 - e. Doesn't apply

14. Sudden, violent death (for example, homicide, suicide)

- a. Happened to me
- b. Witnessed it
- c. Learned about it
- d. Not sure
- e. Doesn't apply

15. Sudden, unexpected death of someone close to you

- a. Happened to me
- b. Witnessed it
- c. Learned about it
- d. Not sure
- e. Doesn't apply

16. Serious injury, harm, or death that you cause to someone else

- a. Happened to me
- b. Witnessed it
- c. Learned about it
- d. Not sure
- e. Doesn't apply

17. Any other very stressful event or experience

- a. Happened to me
- b. Witnessed it
- c. Learned about it
- d. Not sure

e. Doesn't apply

Appendix B

Survey for Participants who have Undergone Narrative Therapy

This survey is intended for individuals who have received narrative therapy at one or more times during their life. Narrative therapy is described as a form of therapy that aims to separate the individual from the problem, with the hopes of allowing the individual to externalize the problem rather than internalize them and blame themselves. This form of therapy mostly involves reassigning meaning and purpose to a traumatic event in an individual's life.

1. Do you believe that narrative therapy helped you address the issue that led you to seek counseling?
 - a. Yes
 - b. No
2. Have the changes that have occurred as a result of narrative therapy been positive?
 - a. Yes
 - b. No
3. Based on your experience(s) with therapy, would you recommend narrative therapy to others?
 - a. Yes
 - b. No
4. Overall, do you believe that narrative therapy was helpful?
 - a. Yes
 - b. No
5. Through narrative therapy, did you learn new ways to deal with your trauma?

- a. Yes
 - b. No
6. Are you satisfied with the accomplishments that you have made using narrative therapy?
- a. Yes
 - b. No
7. Have you experienced an increase in self-esteem, as a result of having participated in narrative therapy?
- a. Yes
 - b. No
8. Through narrative therapy, have you learned at least one strategy to solve or cope with problems?
- a. Yes
 - b. No
9. Would you say that the narrative therapy techniques that were used were helpful to you?
- a. Yes
 - b. No
10. Have the concerns that lead you to seek counseling improved as a result of narrative therapy?
- a. Yes
 - b. No
11. During the 3 weeks prior to beginning narrative therapy treatment, how would you rate the state of your overall mental health?
- a. 1- Very good

- b. 2- Good
 - c. 3- Okay
 - d. 4- Bad
 - e. 5- Very bad
12. During the 3 weeks prior to beginning narrative therapy treatment, how would you rate the state of the specific mental health issue that brought you here?
- a. 2- Good
 - b. 3- Okay
 - c. 4- Bad
 - d. 5- Very bad
13. During the 5 weeks after your narrative therapy treatment, how would you rate the state of your overall mental health?
- a. 1- Very good
 - b. 2- Good
 - c. 3- Okay
 - d. 4- Bad
 - e. 5- Very bad
14. During the 5 weeks after your narrative therapy treatment, how would you rate the state of the specific mental health issue that brought you here?
- a. 1- Very good
 - b. 2- Good
 - c. 3- Okay
 - d. 4- Bad

- e. 5- Very bad
15. At termination of your narrative therapy treatment, how would you rate the state of your overall mental health (if applicable)?
- a. 1- Very good
 - b. 2- Good
 - c. 3- Okay
 - d. 4- Bad
 - e. 5- Very bad
16. How long has it been since the termination of your narrative therapy treatment?
- a. Less than 1 year
 - b. 1 year
 - c. Between 1 and 5 years
 - d. 5 years or more
17. How would you rate the state of your overall mental health now?
- a. 1- Very good
 - b. 2- Good
 - c. 3- Okay
 - d. 4- Bad
 - e. 5- Very bad
18. Rate the helpfulness of narrative therapy
- a. 1- Very helpful
 - b. 2- Helpful
 - c. 3- No affect

- d. 4- Unhelpful
- e. 5- Very unhelpful

Appendix C

Survey for Participants who have not Undergone Narrative Therapy

This survey is intended for individuals who have not received narrative therapy but are evaluating how effective they think this therapy will be in treating trauma related psychological distress. Narrative therapy is described as a form of therapy that aims to separate the individual from the problem, with the hopes of allowing the individual to externalize the problem rather than internalize them and blame themselves. This form of therapy mostly involves reassigning meaning and purpose to a traumatic event in an individual's life

1. Do you believe that narrative therapy will be helpful in addressing traumatic experiences that may have led an individual to seek counseling?
 - a. Yes
 - b. No
2. Do you think that positive changes can occur as a result of narrative therapy?
 - a. Yes
 - b. No
3. Based on the information provided and your opinion of narrative therapy, would you recommend narrative therapy to others that are suffering from psychological distress related to trauma?
 - a. Yes
 - b. No

4. Overall, do you believe that narrative therapy is helpful to those suffering from past traumas?
 - a. Yes
 - b. No
5. Do you think that narrative therapy will allow patients to learn new ways to deal with their trauma?
 - a. Yes
 - b. No
6. Do you think that recipients of narrative therapy will experience an increase in self-esteem as a result of narrative therapy?
 - a. Yes
 - b. No
7. Do you believe that narrative therapy will encourage individuals to learn at least one strategy to solve or cope with their problems?
 - a. Yes
 - b. No
8. Would you say that narrative therapy techniques can be effective in the treatment of trauma related psychological distress?
 - a. Yes
 - b. No
9. Is this the first time that you have heard of Narrative Therapy?
 - a. Yes
 - b. No

10. Rate your overall beliefs about the effectiveness of narrative therapy in helping those suffering from trauma

- a. 1- Very helpful
- b. 2- Mildly helpful
- c. 3- No effect
- d. 4- Mildly unhelpful
- e. 5- Very unhelpful