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Narrative Therapy for Bereaved Seniors: Case Study

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ABSTRACT

The Outline of the 15th Five-Year Plan proposes further implementation of the national strategy to respond to population aging actively and to strengthen the protection of elders' rights and interests. Population aging is not only a macro-level issue of demographic transition but also a micro-level reflection of countless individual life experiences. If loneliness and helplessness among bereaved older adults are not effectively addressed, they may lead to more serious psychological problems and have lasting negative effects on their quality of life. This study uses a case study approach and applies narrative therapy to provide psychological adjustment services. The service process follows four stages: listening, externalization, re-authoring, and witnessing. In the listening stage, through home visits and supportive listening, the social worker understands the older adult's emotional distress and life difficulties after spousal loss and builds a trusting relationship. In the externalization stage, the older adult is guided to turn emotional problems into concrete images, so she can see that the problem is not the same as herself, which reduces helplessness and self-labeling. In the re-authoring stage, unique outcomes and positive resources in her life course are explored to help her rebuild her life narrative, form a positive alternative story, and reconstruct meaning. In the witnessing stage, with the use of witnessing rituals and the participation of significant others, the new narrative is strengthened in its sense of reality and social support. This study expands the application of narrative therapy in grief counseling for older adults and shows that it is an effective intervention approach for psychological adjustment in later life.

Keywords: Narrative therapy; Bereaved older adults; Psychological adjustment; Casework

INTRODUCTION

Population aging is a profound and complex structural change currently facing China. According to relevant projections, the number of people aged 60 and above in China will exceed 400 million by 2035, accounting for more than 30 percent of the total population[1]. Along with this trend, family structures have changed significantly. With longer life expectancy and the continued growth of the older population, losing a spouse has become a common experience in later life[2]. Bereaved older adults not only face the age-related crisis of physical decline and social role marginalization, but also have to bear the emotional emptiness after the death of a spouse. They may encounter many challenges in mental health and social participation[3].

Therefore, it is particularly important to explore effective psychological intervention measures. The death of a spouse is not only a major loss event in the life course, but also means a full reconstruction of the individual's social roles, emotional support system, and life meaning[4]. In later life, the break of the family emotional support network can bring hard-to-heal psychological trauma to bereaved older adults. In addition, labeling and marginalization in the social environment often make their mental health worse[5–7]. Using the basic ideas and externalization techniques of narrative therapy can

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provide a relatively safe space for bereaved older adults. By reviewing their emotional experiences, they can separate the problem from themselves. In the process of rebuilding their life stories, they can reduce negative emotions, reshape a positive self-identity, and find new meaning in life, so they can live their later years with more strength[8].

From current domestic and international research, intervention studies on the psychological adjustment of bereaved older adults mostly focus on relieving negative emotions such as depression and loneliness. Foreign scholars paid attention to the grief process and psychological adaptation of bereaved older adults earlier and developed several models, including grief counseling, cognitive behavioral therapy, and supportive group intervention, which emphasize promoting adaptation through emotional expression, cognitive adjustment, and social support[9]. Domestic research has more often combined gerontological social work practice, exploring the application of casework, group work, and community psychological services among bereaved older adults, and has achieved some results[10–12].

DEFINITION OF RELEVANT CONCEPTS

Bereaved Older Adults

Bereaved older adults usually refer to people aged 60 and above whose spouse has died and who have not remarried. As a large special group in an aging society, bereaved older adults often face the dual difficulties of physical aging and psychological loneliness. They usually need to go through a complex grief adjustment process and bear long-term psychological difficulties caused by spousal loss and marginalization[13].

Narrative Therapy

As a postmodern psychological therapy approach, narrative therapy views life as a process of constructing meaning through stories. Through externalizing conversations, grief is separated from the identity of the bereaved older adult and becomes an object that can be discussed. Through narrative reconstruction, the strength and meaning behind grief are explored, which shifts the focus from removing grief as a problem to rebuilding life meaning[14–15].

CASE BACKGROUND

Basic Information of the Case

Problem Assessment and Analysis

Unfinished grief tasks

Ms. Qian lived with her husband for more than fifty years, and their emotional bond was very strong. Her husband was suddenly diagnosed with advanced cancer and died soon after. Ms. Qian did not have enough psychological preparation or time to say goodbye. She shows clear signs of prolonged grief. She cannot accept the fact of her husband's death and repeatedly immerses herself in memories of the past.

Self-identity dominated by problem-saturated narrative

In Ms. Qian's self-narrative, being a wife was her core identity. After her husband died, this identity lost the person it was connected to. Ms. Qian did not develop an alternative self-identity structure. Her sense of life meaning collapsed after her husband's death.

Increased social withdrawal

After her husband died, Ms. Qian's participation in community activities and interpersonal interaction decreased. She lacked the motivation and ability . Social isolation further worsened her depression and loneliness, creating a vicious circle between worsening emotions and social avoidance.

Physical illness and psychological distress

Ms. Qian suffers from several chronic diseases, which limit her willingness to go out and her physical activity. This also increases her psychological burden. Illness also affects her judgment of her own value. In her self-narrative, pain becomes another important material that strengthens her sense of worthlessness.

INTERVENTION PROCESS OF NARRATIVE THERAPY

Needs Analysis of the Service User

Need for emotional support

Losing her partner is a major event in Ms. Qian's life and causes persistent low mood and emotional loneliness[16]. In conversations with the social worker, she often recalls the good times she spent with her husband, but . Two years after her husband's death, she still has not completed grief adjustment. She cries repeatedly, has insomnia at night, and cannot let go of her longing for her husband. These are typical features of complicated grief. Although Ms. Qian had three caring sons, she was still trapped in a negative narrative. This suggests that external family support alone cannot guarantee psychological well-being. When such support is not transformed into an internal sense of self-worth, the psychological benefits of well-being factors may be blocked[17]. This is especially true when the client attaches all meaning of life to the deceased spouse. The value of narrative therapy lies in removing this blockage and helping the client rediscover a self-narrative of being worthy of love, beyond the objective fact of being loved.

Need for self-identity

Ms. Qian has formed a rigid negative view of herself.

She repeatedly says things such as "I am useless" and "I am a burden to others." Her sense of self-worth is seriously damaged, and she finds it hard to see meaning and direction in life. Her core need is to rebuild a positive self-identity and help her realize that even in difficult times, she can still embrace new identities and roles.

Need for social interaction

After losing her husband, Ms. Qian's social circle shrank greatly, and her social skills declined. By understanding her daily life, the social worker found that she wants social activities but also denies herself. She lacks opportunities to take part in social activities and lacks ways .

Specific Service Process

. This provides a clear direction for narrative therapy intervention. Based on the problem assessment, the social worker decided to use a four-stage model of narrative therapy: listening, externalization, re-authoring, and witnessing.

Listening stage: building a safe narrative space

Although these narratives were mainly sad, they contained many positive that had not been fully explored.

Externalization stage: separating the problem from the self

Re-authoring stage: exploring alternative stories and rebuilding life meaning

On the basis of externalization, the social worker guided Ms. Qian to explore alternative stories that were hidden by the dominant sad story. By enriching these alternative stories, the social worker helped her build an alternative self-identity. This process focused on two directions. One was her past life achievements and abilities, and the other was the positive behaviors she still maintained at present.

Regarding her past experiences, the social worker guided Ms. Qian to recall several periods of work when she was young, including delivering milk, working as a seamstress in a clothing factory, and raising livestock. These alternative stories became important narrative resources. On this basis, the social worker connected these scattered life fragments into a coherent alternative narrative through a timeline and theme summary. This allowed Ms. Qian to re-examine her life course from a new perspective. Through this stage of intervention, Ms. Qian's identity as an independent, strong, and resilient person was reactivated. In addition to being a wife, multiple positive identities appeared in her self-identity. Although the grief of losing her husband did not completely disappear, it no longer occupied the central and dominant position in her narrative.

Next, the social worker helped Ms. Qian rebuild her life story. The core of this reconstruction was to help her move from a narrative of loss to a narrative of continuity. The goal was not to make her forget the past, but to help her find a way for the spirit of the deceased to remain in her present life in a new form. Under guidance, Ms. Qian began to think about what the most precious thing her husband left her was, and how her husband would want her to spend the rest of her life. This process changed her self-positioning from being a pitiful person who was abandoned to being a person who continues to live with her husband's love.

Witnessing stage: strengthening the new story and social connection

The results of the re-authoring stage need to be strengthened through witnessing. In the follow-up services, the social worker helped Ms. Qian put the new story into action and gain confirmation in practice.

In terms of social participation, the social worker encouraged and accompanied Ms. Qian to the village activity room for older adults. At first, she just sat in the corner and remained silent. Gradually, she began to talk with people around her, and finally she established initial contact with other older adults. This gradual process showed her change from not daring to go, to daring to go, and then to being willing to go. In terms of family communication, the social worker talked with Ms. Qian's sons and suggested that they encourage their mother to tell stories about the past instead of avoiding the topic. Family interaction shifted toward recalling together. In terms of ritual reconstruction, during special occasions, Ms. Qian no longer only cried. Instead, she cooked a table of dishes that her husband liked and told her grandchildren stories about their grandfather. This ritual kept the meaning of remembrance and also gave it new value for family inheritance. Emotional support and daily care from adult children can help buffer the psychological impact of spousal loss, reduce loneliness and depression, and improve subjective well-being among bereaved older adults[18].

EVALUATION OF INTERVENTION EFFECTS

Changes at the emotional level

Ms. Qian's emotional state changed significantly before and after the intervention. In the early stage, she had serious sleep problems, persistent low mood, cried many times in almost every session, and repeatedly said that life was meaningless. In the later stage, her crying decreased clearly. She still had emotional ups and downs but could calm down more quickly, and her sleep improved. She began to express a positive attitude of wanting to live well. This change shows that her emotional

state shifted from persistent sadness to manageable grief. She was able to live with grief and actively notice the improvement in her emotions.

Changes in self-identity

In terms of self-perception, Ms. Qian's self-narrative was highly and negative in the early stage. Through the exploration of alternative stories in narrative therapy, Ms. Qian gradually moved from the negative self-label of "I am a useless person" to recognizing her own value. She began to talk about her efforts in her younger years and her recognition of her own abilities. This reconstruction of self-identity changed her from an object defined by sadness to a subject who can define the meaning of her own life. She began to define herself through her own experiences, efforts, and abilities, rather than depending on the existence of others to confirm her value.

Changes in behavior

In terms of behavior, Ms. Qian changed from avoiding and refusing social contact to trying to participate. In the early stage, Ms. Qian almost never went out. Apart from buying food, she rarely left home and spent most of her time watching TV or sitting blankly. In the later stage, Ms. Qian began to show more active behavior. At the social level, she began to take part in community activities for older adults and established initial contact with several older adults. When she stopped restricting herself and began to try to leave home, it showed that her ability to connect with society was recovering.

Changes in family relationships

Family interaction also showed positive changes before and after the intervention. Her sons regularly called her, paid support fees, and visited her with their families during holidays, but because of the intergenerational belief of not wanting to burden her children, Ms. Qian hid her true psychological state from her sons. In the later stage, according to Ms. Qian's own account and her sons' feedback, she communicated more with her sons, and their phone calls became longer. She actively asked about her grandchildren's studies, work, and life. During family gatherings, Ms. Qian even took the initiative to tell stories from her youth. The content of family communication gradually shifted from avoiding grief and emotional isolation to recalling together and natural interaction. The emotional quality of the parent-child relationship improved clearly.

Overall evaluation

Combining the changes in the above four dimensions, the intervention effects in this case initially support the applicability and effectiveness of narrative therapy in the psychological adjustment of bereaved older adults. Through problem externalization, Ms. Qian separated herself from grief and no longer saw herself as a useless person. Through the exploration and enrichment of alternative stories, she rediscovered multiple life roles and positive qualities that had been hidden by the problem narrative, and completed a reconstruction from a single negative self-identity to multiple positive self-identities. Through the establishment of an alternative narrative, she not only reconstructed meaning at the cognitive and emotional levels, but also showed initial behavioral changes by moving out of isolation and trying to reconnect. This process shows that narrative therapy can effectively help bereaved older adults improve negative emotions, rebuild self-identity, and restore social connections. It should be noted that Ms. Qian's grief did not completely disappear. The goal of narrative therapy is never to remove grief, but to expand the space of the life narrative, so that grief moves from the dominant narrative at the center to one chapter among many life stories[19]. In this way, bereaved older adults can acknowledge the loss and maintain emotional connection with the deceased, while also rediscovering and confirming their own independent value and life meaning[20].

CONCLUSION AND DISCUSSION

Research conclusions

First, narrative therapy has clear effects on the psychological adjustment of bereaved older adults. Through problem externalization, it helps older adults separate the sad narrative from themselves and reduce self-blame and self-deprecation. Through the exploration of alternative stories, it awakens hidden life strengths. Through the reconstruction of life stories, it supports a shift from a narrative of loss to a narrative of continuity. This theoretical framework fits well with the psychological needs of bereaved older adults and can effectively respond to their core difficulties.

Second, the four-stage model of listening, externalization, re-authoring, and witnessing is suitable for bereaved older adults. Among these stages, listening is the foundation and provides a safe space for older adults to speak. Externalization is the key and helps older adults reposition their relationship with the problem. Re-authoring is the core and helps older adults build a new self-identity. Witnessing is the consolidation and confirms the value of the new story through others. The four stages move forward step by step and support one another, forming a complete intervention logic.

By mobilizing the emotional participation of family members and connecting with community neighbors and social work agencies, it can provide continuous external nourishment for the client's reconstructed social support narrative[21]. This integrated approach that combines individual narrative reconstruction with social ecological repair helps extend the results of case interven-

tion from the counseling setting to the client's daily life world, and enhances the sustainability and ecological validity of the intervention.

Theoretical contributions and practical implications

At the theoretical level, this study enriches the localized application of narrative therapy in gerontological social work. The study supports the applicability of the core techniques of narrative therapy among bereaved older adults and identifies an operational path suitable for the local cultural context.

DECLARATION

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Conflict of interest

This study has no actual or potential conflict of interest or competing interests with any institution or organization.

Author contributions

Implementation of casework: Zhou Jiahui

Data collection: Zhou Jiahui

Manuscript writing: Zhou Jiahui

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Manuscript review and revision: Song Yinglu

Ethics approval and consent to participate

Informed consent was obtained from all participants before the data were collected.

Availability of data

All data and materials used in this study are derived from the official data cited in the manuscript. No additional dataset was generated.

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