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NARRATING THE SELF: AN INTERVENTION FOR NURTURING THE WHOLE PERSON

by

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A Dissertation submitted to the Faculty of the Graduate School, Marquette University, in Partial
Fulfillment of the Requirements for the Degree of Doctor of Philosophy

Milwaukee, Wisconsin

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ABSTRACT
NARRATING THE SELF: AN INTERVENTION FOR NURTURING THE WHOLE PERSON

William S. Futch III, B.A., M.S.

Marquette University, 2024

The aim of this study was to design, implement, and test a novel intervention for nurturing the whole person. The intervention and its theoretical framework were envisioned as a counterbalance to the scientific medical model that currently dominates clinical psychology. It was asserted that, to recover and nourish the holistic, subjective, and self-actualizing nature of the human person, it is critical to invoke both richer, phenomenological perspectives that appreciate the constructive character of personal identity, as well as positive psychological approaches that regard human flourishing.

The intervention itself consisted of seven content modules—Narrative Identity, Narrative Identity and Wellness, Dominant Narratives, Expressive Writing, Savoring, Forgiveness, and Gratitude—that were delivered over eleven weeks in the context of an honors first year seminar at a private, Jesuit university. At pre- and post-intervention, participants ($n = 18$) completed diverse measures of wellness, including quantitative self-report measures of narrative identity awareness, hedonic well-being, eudaimonic well-being, depression, anxiety, and stress, as well as narrative accounts of high and low points in their life stories that were later quantified for themes of agency and communion. Psychoeducational quizzes were administered at the conclusion of each content module to assess retention of intervention material. Finally, participants submitted evaluations of their experiences with the intervention.

Results suggest that, altogether, participants found the intervention to be valuable. All respondents ($n = 10$) reported they would recommend the intervention to a friend. On average, respondents reported that the intervention helped with their identity development to a great extent and that they were likely to apply intervention content in their everyday lives. Repeated samples t-tests did not support the hypothesized increases in narrative identity awareness, hedonic well-being, eudaimonic well-being, levels of narrated agency, or levels of narrated communion. The hypothesized decreases in stress and anxiety were also not supported, though there was evidence of a pre-post increase in depression. Psychoeducational quizzes were satisfactory on average, signifying acceptable levels of content retention. These results are interpreted considering the study's small sample size, recruitment strategy, and experimental limitations. Overall, the study is a big step toward understanding and nurturing the whole person.

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Narrating the Self: An Intervention for Nurturing the Whole Person

This study assessed the efficacy of a novel intervention for fostering personal growth and wellness through narrative means. The intervention took place over eleven weeks in the context of an honors first year seminar at Marquette University. This seminar was led by two primary instructors: the author and the chair of this dissertation. Participants were involved with lectures, discussions, and activities that drew from the literatures on narrative identity development and positive psychology.

This project was designed as an exploration of what might be termed “applied personology” in that its goal was to improve human lives within a holistic framework that has been established in a rich intellectual heritage and continued in contemporary research on narrative identity development (Adler et al., 2016; Alexander, 1989; Bauer, 2021; de St. Aubin et al, 2004; Dunlop, 2017; Lind, 2021; McAdams, 2013, 2018; McClelland, 1987; McLean & Syed, 2015; Murray, 2008; Pasupathi & Adler, 2021; Singer, 2005). Through this lens, this project begins to address the loss of the whole person in contemporary psychology, especially regarding the medical model of psychotherapy. Because the medical model seems to be rooted in certain philosophical assumptions, it was critical for the intervention to also be grounded on its own philosophical basis. Thus, this dissertation project encompasses not only the implemented intervention and empirical findings, but the articulation of a pressing issue in clinical psychology and of a theoretical framework that stands to restore balance.

The introduction now proceeds as follows: First, the “Background” section articulates the medical model of mental illness and critiques the scientism, or the *a priori* commitment that *only* science can deliver us to true knowledge, and methodological limitations that arise from it. Additionally, the Alternative Model of Personality Disorders (AMPD) is cited as an example of how these limitations have already been acknowledged within clinical psychology, particularly with respect to the shortcomings of the DSM-5. Furthermore, aspects of the AMPD are highlighted as ways in which personological principles have already been invoked as an answer to these shortcomings. Second, the

section titled “Narrative Identity” reviews the philosophical and psychological foundations of narrative identity such to provide a more complete understanding of why it constitutes a viable alternative to the medical model and was established as the cornerstone of the present intervention. The phenomenological basis of selfhood and identity are foregrounded, as well as perspectives on situated storytelling and dominant narratives that emphasize the inextricability of the person from their context. Third, the section on “Narrative Identity and Wellness” covers how features of narrative identity have been linked to wellness. Closer attention is paid to the narrative themes of agency and communion that are core to the present study. Last, the final section on “Positive Psychological Interventions” bridges the sciences of narrative and positive psychology and reviews four domains of positive psychological interventions that were included in the current intervention.

Background

Futch and de St. Aubin (under review) questioned the philosophical, scientific, and clinical axioms that underly the reductionistic zeitgeist of present-day psychology and argued that it is losing sight of the whole person. They argue this progressive disintegration of the person stems from a largely unacknowledged and uncontested drift toward an orthodoxy of interrelated epistemologies, research methodologies, and clinical practices that are rooted in several internalized, tacit assumptions, or “myths,” that organize the field and determine what counts as science, evidence, and bonafide clinical practice.

While this orthodoxy is a multi-headed hydra, scientism is perhaps executive among its “mythic” heads (Loughlin et al., 2013). Typically, scientism equates *science* with the methods of the *natural* sciences, which are usually positivistic (Loughlin, 2008, 2009; Loughlin et al., 2013). This commitment has profoundly impacted both the research and practice of clinical psychology, especially in the past thirty years as the controversial evidence-based medicine (EBM) movement has led to the advancement

of the medical model of mental illness (Elkins, 2009; Evidence-Based Medicine Working Group, 1992; Levant, 2004; Strong, 2017).

Sharing the scientific tendencies of EBM, the medical or disease model of mental illness propagates a hegemony of research methods and clinical practices. In terms of research, the medical model privileges the experimental protocols of the natural sciences and elevates the randomized controlled trial (RCT) to the status of “gold standard” atop an epistemic hierarchy (APA, 2006; Evidence-Based Medicine Working Group, 1992; Timmermans & Berg, 2003; Wyer & Loughlin, 2020). While there are many problems with this, one of the most glaring is that RCTs take a variable-centered or nomothetic approach that treats the studied population as homogeneous (Bergman & Andersson, 2010; Danziger, 1990; Futch & de St. Aubin, under review; Lundh, 2015). Investigators usually lump individuals into presumed-to-be-uniform diagnostic populations, ignoring other factors like personality and social identity. Contrary to this operation, much research demonstrates significant within-diagnosis heterogeneity, meaning that any two individuals with the same diagnosis may not have identical conditions, even when ignoring other essential features of human individuality (Fried, 2017; Olbert et al., 2014). Another significant issue is that RCTs are predicated on the assumption that their independent variables (i.e., “active ingredient” or “treatment”) are themselves uniform. While this case can be made for psychotropic medications and other experimental variables found in the natural sciences, it is weaker for the inherently dynamic and *ideally* responsive nature of psychotherapy (Elkin, 1999; Krause & Lutz, 2009; Stiles, 2009).

The medical model’s scientific ideals have also shaped clinical practice, especially with respect to the ostensible superiority of name-brand “evidence-based treatments” (EBTs; APA, 2006; Elkins, 2009; Levant, 2004). Recreating the logic of RCTs, EBTs are often manualized interventions, taken as independent variables, and designed to treat specific diagnoses. In the academy and affiliated training sites, these EBTs have largely supplanted clinical orientations that interface more deeply with the

humanities, such as humanistic-existential and psychodynamic traditions (Elkins, 2009; Heatherington et al., 2012; Levy & Anderson, 2013). This is, again, a direct consequence of scientism. If the field assumes that *only* the methods of natural science can lead to truth, then it is consistent for it to become prematurely wedded to a reductionistic understanding of human beings.

Notably, the medical model has not only been critiqued from outside clinical psychology, but from within it as well. These internal criticisms are especially manifest in the widespread dissatisfaction with the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (DSM-5)—the poster child of the medical model (APA, 2013; Karter & Kamens, 2019; Robbins et al., 2017; Thyer, 2015). Although the DSM-5 is fraught with many generic issues such as failures to account for the comorbidity and heterogeneity of mental disorders, it has been especially problematic for the intersection of *personality* and clinical psychology (Clark et al., 2020; Hopwood, 2018a; Hopwood et al., 2018; Mulay et al., 2018; Sharp et al., 2015; Watson & Clark, 2020; Zinbarg et al., 2008). The attendant complications in this area of scholarship likely arise from the artificial separation between the person and their psychological struggles. The current intervention aimed at nurturing the whole person poses an alternative to this separation.

Throughout the hybrid personality-clinical literature, there are at least three recurrent criticisms of the DSM-5 and, by proxy, the medical model. These include its failure to address the overlapping empirical structure of personality and mental disorders (Hopwood et al., 2018; Krueger & Eaton, 2010); its lack of clinical utility, largely attributed to the fact that categorical diagnoses cannot characterize human individuality (Bach et al., 2015; Clark et al., 2015; Hopwood et al., 2018); and its theoretically barren (i.e., “atheoretical”) symptom checklists that fail to explain, or even actively obscure, the nature of mental disorders (Kirschner, 2013; McWilliams, 2021). These shortcomings of the DSM-5—which are also limitations of the medical model— have been so vexing for the research and treatment of

personality disorders that a coalition of authors proposed the DSM-5 Section III Alternative Model for Personality Disorders (AMPD; APA, 2013; Hopwood, 2018a; Mulay et al., 2018; Waugh et al., 2017).

Rather than the strictly categorical conceptualization of personality disorder featured in Section II of the DSM-5, the AMPD features a highly supported, dimensional understanding of personality disorder that simultaneously generates both a psychiatric diagnosis and a psychometric profile (Hopwood et al., 2018; Mulay et al., 2018; Waugh et al., 2017). It resolves the aforementioned drawbacks of the DSM-5 in several ways. First, it is scaffolded around the robust empirical literature on the structure of both adaptive and maladaptive personality traits. In fact, criterion B of the AMPD explicitly operationalizes personality disorders as a function of five, highly evidenced domains of maladaptive personality traits that break down into 25 facets (APA, 2013; Waugh et al., 2017). In this way, it acknowledges the overlap between the person and psychopathology. Second, the AMPD's generation of an individualized psychometric profile, which specifies degrees of psychosocial functioning and maladaptive traits, greatly enhances clinical utility and is arguably a more humanizing approach to diagnosis and treatment (Bach et al., 2015; Clark et al., 2015; Hopwood et al., 2018). Finally, the AMPD is theoretically rich, as it recruits at least five distinct paradigms of personality research and assessment, including psychodynamic, personological, interpersonal, multivariate, and empirical traditions (Mulay et al., 2018; Waugh et al., 2017; Wiggins, 2003).

While the AMPD clearly improves the DSM-5, its innovative criterion A is especially antithetical to the medical model because it underscores *functioning*, the *self*, and *identity*—all of which are central features of the current intervention (APA, 2013; Bender et al., 2011; Hopwood et al., 2018; Mulay et al., 2018; Waugh et al., 2017). The emphasis on functioning challenges the medical model because, unlike “symptoms” or “pathology” which are located inside the person, functioning begs context. Symptoms are something a person *has*, whereas functioning is something they *do somewhere*. Thus, a functional frame provides a less essentializing and more socioculturally sensitive conceptualization of the problems

of living (Hopwood, 2018b; Hopwood & Good, 2019). Relatedly, the notions of *self* and *identity* are deeply embedded in culture and meaning-making, wrapped up in human nature and subjectivity, and thus do not conform to a reductionistic medical model.

By virtue of these advancements, the AMPD does not only improve the research and treatment of personality disorders, but it may also serve as an exemplar of how personological principles can move the field of clinical psychology beyond the medical model. The notion of this movement ultimately reflects an expansion of clinical psychology: it heralds the transformation of a clinical psychology that exalts standardization and universality into one that also holds sacred the individual; it signifies the transfiguration of a clinical psychology that views the person as an object of physical, biomedical scrutiny into one that venerates the agency and rich subjectivity of human life. The above-specified advantages of the AMPD can and should be read in this light.

For instance, the overlapping structure of personality and psychopathology suggests that who a person is cannot be separated from the challenges they face. Indeed, the junction of personality and clinical psychology fundamentally concerns the boundaries between persons and their struggles, as well as how knowledge in this area may facilitate psychological healing. Furthermore, the categorical diagnostic model in the DSM-5 is limited in its ability to capture individual variation and wider aspects of functioning and personality. As such, categorical models seem to be contrived and stereotypical, and they obscure the whole person. Finally, psychopathology and personality are philosophically laden, and there is hardly an atheoretical or singular way to understand them. Therefore, it is important to have integrative theories of personality and psychopathology that resource a plurality of traditions in attempting to know and nurture the whole person (Futch & de St. Aubin, under review; Singer, 2005).

The intervention tested by this study was inspired by one such integrative model of personality: McAdams' (2013) account of the person as actor, agent, and author. This model was elaborated as a core part of the provided psychoeducation on the whole person (see Table 1, sessions 3 and 4, for an

outline of the narrative identity module). Several activities were designed to engage participants in an exploration of how their personalities manifest as actors, agents, and authors (see Appendix C for descriptions of these activities). Being that the aim of these earlier modules was to impart a particular understanding of the whole person, participants were informed that most of the intervention would focus on the self-as-author.

While McAdams' (2013) model proposes three interrelated levels of the self as constituted by traits (actor), characteristic adaptations (agent), and narrative identity (author), the examined intervention puts narrative identity front and center. There are several reasons for this. First and foremost, in departing from the medical model, a comprehensive effort to understand and nurture whole persons should include an examination of their historical and sociocultural contexts, as well as their dispositions and values (Futch & de St. Aubin, under review). Narrative identity uniquely acts as an integrative glue that binds together otherwise disparate aspects of the self, including traits and characteristic adaptations, and it provides life with coherence and purpose (McAdams, 2013). Furthermore, since scientism—the keystone “myth” of the medical model—insists upon the supremacy of the natural sciences, it is important to counter this assumption with pluralistic, mixed-methods approaches that appreciate the humanities. In this manner, the study of narrative identity is consistent with the historical “interpretative” (1960-1970; White, 2004) and “narrative” (circa 1990-2000; Angus & McLeod, 2004) turns in psychology, and with the more recent advancement of the “psychological humanities” (Sugarman & Martin, 2020). Both of these movements elevate the uniquely human (i.e., “noological”) dimension of existence and recover from scientism several indispensable aspects of personhood like perspective, experience, and identity (Frankl, 1984). In sum, to explore possible ways to nurture whole persons outside of the medical model, this study will test an intervention that revolves around perhaps the most distinctive feature of human life: how selfhood, meaning, and identity are created through narrative.

Having articulated the intellectual currents surrounding the proposed study, the proceeding sections cover 1) narrative identity, 2) narrative identity and wellness, and 3) positive psychological interventions. The section on narrative identity outlines a narrative conceptualization of the whole person in context and explains why narrative identity was selected as the crux of the present intervention. Namely, narrative identity is a holistic, integrative construct that honors the richness and agency of human subjectivity. From there, the section on narrative identity and wellness discusses how human flourishing can be approached through narrative constructs and methods. Finally, the select positive psychological interventions that were incorporated in the current intervention are reviewed with an eye for how they may gel with narrative processes and be adapted for a narrative format.

Narrative Identity

Narrative identity may be understood as a person's evolving, internalized life story that integrates their reconstructed past, perceived present, and anticipated future (McAdams, 2001, 2018). As a subject of intellectual inquiry, it has both a robust, interdisciplinary history and a thriving contemporary literature. Historically, the notion of narrative identity is rooted in the writings of Husserl (1970) and Ricoeur (1991), as well as the philosophical and theoretical contributions of psychologists like Bruner (1986), Polkinghorne (1988), and Sarbin (1986). While these authors have distinct visions of narrative and the role it plays in self-formation, they share a prevailing commitment that the narrative structure of personhood (i.e., experience, identity) is not merely a romantic veneer imposed on material reality. Instead, human life and narrative are inextricably linked. We have fleeting experiences, fashion them into narratives that infuse our lives with continuity and purpose, and then we live into these narratives. For most narrative theorists, the dialectic between life and narrative constitutes the heart of human existence.

Ricoeur (1991) goes so far as to argue that the chronological structure of pre-reflective experience naturally resembles—or even quests for—narrative. This stance is helpfully illustrated by the

striking parallels between certain notions of the self and what we expect from a compelling protagonist or plot. Bruner (2002) provides such an illustration with remarkable clarity (see Table 2). To summarize, he notes that the self: acts toward some ends (i.e., it is teleological and agentic); is sensitive to and is, for better or worse, affected by challenges; grounds itself in salient memories; is embedded in a sociocultural context, inhabited by significant others who function as reference points for failure and success; and—of critical importance for this study—despite its changing moods or values, the self seeks continuity and coherence. So too, Bruner (2002) observes, does the archetypal protagonist, whose story evolves through dynamic interaction with colorful others while striving toward some telos (e.g., glory, love, peace). The way in which the protagonist responds to their core conflicts and ultimately embodies their ideals shapes the genre of their narrative reality—whether they live out an epic, a comedy, or a tragedy. In this sense, the amounting philosophical and psychological literature on the self concurs with “folk psychological” (White, 2004) notions of the self, or how we as persons have long organized our world through the *narrative mode* of cognition (Bruner, 1986).

McAdams (2013, 2018) had a similar intuition driving him to frame narrative identity in terms of James’ (1963 [originally published in 1892]) account of the self as constituted by a *reflexive relation* between the “process-I” and the “product-Me”. This *reflexive relation* should be made plain, as it is key to this study’s understanding of the whole person. For James and many other thinkers of phenomenological persuasion, part of what makes us human is the ability to step back and reflect upon the scramble of immediate experience. In this act of reflection, we become *self-conscious* creatures. We become *objects of examination* (the “Me”) while at the same time remaining *subjective examiners* (the “I”) of that self-made-object. This is the paradox of the self: it is both a unity and duality. We cannot escape *looking from* the vantage of the self, even when it is the self we are *looking at*. The self is thus a fluid process, created through a perpetual dialectic between pre-reflective, embodied action at the level of life and reflection at the level of narrative. We cannot dispense with immediate, pre-reflective

experience, for then there would be no raw materials for constructing the Me. Nor can we act without a sense of who we are—that is, without being emplotted in the circumstances and ideals of our life projects. Extending this to narrative identity, the “process-I” articulated by James can be understood as an author who creates and recreates the life story. The life story, then, becomes the “product-Me” penned by the authorial-I.

These phenomenological perspectives on how the self is created and upheld through narrative are concretized in the two key functions of narrative identity—the provision of purpose and unity (Adler, 2012a; Adler et al., 2016; McAdams, 1985, 2001, 2018; McLean et al., 2020). With respect to purpose, stories do not simply regurgitate a series of happenings; they organize and frame them to advance a central ethic or point of view (MacIntyre, 1981). Thus, as a life story, narrative identity tells us not only *who* we are but *why* we are. Given how this instantiation of purpose is repeatedly cited as a core function of narrative identity, it is surprising that the psychological literature is not forthcoming with respect to 1) how exactly narrative identity confers purpose and 2) which facets of narrative identity are most indicative of purpose. In the absence of formal clarification, I offer the tentative suggestion that purpose emerges from the confluence of a person’s motivations, goals, and talents as they meet the needs and values of society. As a “preference or readiness for a particular quality of experience,” motivation alone seems insufficient (McClelland, 1987). In practice, this internal readiness must be channeled toward some end and realized in the particulars of everyday life. The life story, then, provides a venue for combining these various forces into one or multiple life projects. Accordingly, the proposed intervention aimed to help students clarify their motivations and goals by ironing out their life stories.

Regarding unity, narrative identity consolidates the person across time (i.e., diachronically) and across context (i.e., synchronically). One of the most foundational accounts of human ephemerality comes from what is widely considered to be the first introspective autobiographical text: Saint Augustine’s *Confessions* (1997 [Original work published 400 AD]). In the *Confessions*, Augustine struggles

with his inability to conceive of and relate to God. As he questions his finitude, he is forced to acknowledge that his Being swiftly succumbs to the “vanishing point” of the present moment (p. 297). This realization leads him to conclude that the past and future do not exist. Instead, he resolves there is “...the present of past things, the present of present things, and the present of future things...for the present of past things is *memory*, the present of present things is *attention*, and the present of future things is *expectation*” (p.300). Augustine’s yearning for God epitomizes how, as immediately as we vanish into the present moment, so too do we reach for the eternal; we cling to preservation; we seek refuge from the ravages of time. As a perpetual rough draft that is constantly under construction, narrative identity provides an imperfect solution to the transience of human existence. It binds together a series of moments, palliating time’s relentless bite, and preventing the “evaporation” of individual experience into nothingness (Freeman, 2010).

One aim of the proposed study was to facilitate precisely this sort of temporal coherence in its participants. As will be elaborated in the proceeding section, research suggests that narrative coherence is significantly associated with improvements across a variety of wellness-related metrics (Adler et al., 2016). In some ways, this notion of narrative coherence echoes Erikson’s (1950, 1968, 1980) depiction of the seminal “identity crisis” that is triggered by the radical physiological changes of puberty. He considered how adolescents may feel at the mercy of these changes, encountering their increasingly unfamiliar bodies as “other,” and concluding something along the lines of, “I do not know what I am, but I am not what I was before.” As college freshmen, it is likely many participants in this study will be leaving home for the first time, grappling with heightened levels of independence, freedom, and exploration, as well as responsibility and uncertainty. While this shift is not one of dramatic pubertal proportions, it is quite arguably a Rubicon of psychosocial development that pressures the needs for crafting identity and adjusting to the adult world (Arnett, 2007; Tanner & Arnett, 2016). The current

intervention was thus poised for helping incoming university first years successfully integrate “who they are becoming” with “who they were before”.

To be unified persons, we must not only cohere from moment to moment, but from context to context. *Where* I “find myself”—amidst different cultures, social norms, or relationships—contours how I define and express who I am. What *role* I show up as—friend, son, father, professor—shapes my sense of self as well. Erikson (1950, 1968, 1980) wrote extensively about these ideas, articulating identity as a socioecological niche carved out through the self-society connection and paving the way for decades of research (Baumeister & Muraven, 1996; Schwartz, 2001).

These contextual and role-based aspects of individual social coherence may be rooted in the evolutionary functions of storytelling (Boyd, 2018; McAdams, 2019). Indeed, stories are inherently social in that they exist to be told and necessarily depict interactions between humanlike agents (McAdams, 2019). While the emergence of storytelling is highly complex, some theorists implicate the explosions of language and human sociality that were propelled by the mastery of fire (Boyd, 2018; McAdams, 2019; Henrich, 2015; Wrangham, 2009). Theory suggests that, as our ancestors gathered around fires to cook their food, they had more opportunities to play, gossip, and jockey for social status. In this context, storytelling took upon key sociocultural functions like the mental simulation of social interaction (Mar & Oatley, 2008) and the co-creation of widescale conceptions of the world (Dor, 2015; Harari, 2015). Individuals who were more gifted in these abilities could attain higher status and reproductive success by more deftly walking the tightrope of group relations: balancing cooperation (“getting along”) and competition (“getting ahead”; Hogan, 1982). In sum, through a positive feedback loop of an evolving social context, language acquisition, and reproductive fitness, storytelling became a critical social function. Current thinking on narrative identity suggests we may wield similar evolutionary machinery in understanding ourselves (McAdams, 1985, 2001, 2018, 2019).

Within the contemporary psychological literature, research examining *situated storytelling* advances Eriksonian and evolutionary accounts of storytelling by addressing how immediate microsocial factors influence storytelling and consequently the construction of the self (McLean et al., 2007; Pasupathi & Billitteri, 2015). For example, there is substantial evidence suggesting that, across the lifespan, storytelling is shaped by qualities and behaviors of the audience (Pasupathi & Adler, 2021; Pasupathi & Billitteri, 2015). Starting in childhood, parents socialize their children in different styles of reminiscence (Fivush, 2001). Children inculcated in more elaborative emotional processing tend to have more sophisticated autobiographical reasoning, earlier self-recognition, and higher self-esteem (McLean et al., 2007). These processing styles affect the form, content, and selection of memories that are integrated into the self, and they predispose the encoding and evaluation of future experiences (McLean et al., 2007). Possibly as a continuation of these formative developments, similar effects hold for adults (Pasupathi & Billitteri, 2015). Research suggests that interpersonally attuned and warm listeners encourage more elaborate and detailed narratives, whereas inattentive listeners elicit truncated stories that are subsequently taken to be less self-typical or uninteresting (Pasupathi & Rich, 2005; Pasupathi & Hoyt, 2009). Furthermore, listeners may scaffold content by asking questions or even posing friendly challenges (Pasupathi & Billitteri, 2015). The emerging picture is one of reciprocity between situated stories and the self: our audiences, real or imagined, influence how we tell stories; our stories shape who we are; and who we are determines both how and to whom we tell our stories (McLean et al., 2007; Pasupathi & Adler, 2021). Overall, the situated storytelling paradigm complements a structural approach to narrative identity (Adler et al., 2016; McLean et al., 2020) by elucidating the processes that give rise to the life story in context (McLean et al., 2007; Pasupathi & Adler, 2021).

The present study assumed that these microsocial processes (e.g., coalitions, reputations), continued to operate in the classroom. Since the intervention took place through an honors class at Marquette, students may have been motivated to “get ahead” in terms of intellectual performance or

popularity (Hogan, 1982). The largely participation-based grading system was put in place to mitigate these concerns. No matter, it was still a challenge to encourage vulnerable reflection and discussion in a group context where factors like social desirability were at play (Perinelli & Gremigni, 2016). For this reason, it was critical to maintain an open and compassionate environment where students felt secure in discussing their identities and worldviews. The facilitators of the intervention were careful to model a mindful and respectful style of listening that celebrated individual differences. In this way, the intervention embodied a Rogerian attitude that aspired to offer students the required nutrients for present-moment-experiencing and identity exploration, absent the fear of judgment or reprisal (Rogers, 1951, 1961).

Whereas research on situated storytelling investigates the *microsocial* factors that contour narrative identity, the *macrosocial* embeddedness of narrative identity is epitomized by scholarship investigating how individuals negotiate their narrative identities through engagement with sociocultural “dominant narratives” (cf. “master narratives”). Dominant narratives may be understood as normative templates for what constitutes a good and compelling life story. In general, they have been characterized by several attributes—ubiquity, utility, invisibility, rigidity, and compulsoriness (Hammack, 2008; McLean & Syed, 2015; McLean et al., 2017). Moreover, dominant narratives come in several forms: they can be *episodic* when they pose an expected interpretation of a particular event; they can be *structural* when they reinforce a particular narrative arc (e.g., redemption); and they can be *biographical* insofar as they tell us how an individual life should unfold (McLean & Syed, 2015). Finally, dominant narratives may be specific to certain levels or niches of society where they are counterposed by “alternative narratives” that provide discursive resources for freedom and resistance (McLean & Syed, 2015; McLean et al., 2017). By casting both personal and social constructs in common narrative terms, scholars have been able to examine the interplay between personal and dominant narratives

(McLean & Syed, 2015). In so doing, they have illuminated the inextricability of the person from their social context. Embodiment in time, space, and culture is part of what makes a person whole.

While research on dominant narratives is relatively new, it was integral to the current intervention in several ways. First and foremost, it heavily informed two of the current intervention modules (see Table 1, sessions 7 and 8, for an overview of module content). This included writing prompts on deviation narratives, racial/ethnic identity, sex/gender, and sexual identity that were taken directly from prior studies (see Appendix C for exact writing prompts). Second, it helped to conceptualize how social identity operated in the current intervention. Both participants and instructors were taken to be perpetually engaged in positioning their narrative identities with respect to dominant and alternative narratives (McLean & Syed, 2015). This dynamic was assumed to be unique for each individual, as there is no prescription for navigating the complexities of intersectional identity (Thorne, 2004). Third, the dominant narratives literature apprised the facilitators of the possible benefits and challenges of the corresponding modules. For instance, McLean and colleagues (2017) found that individuals who detailed an empowering alternative narrative were more likely to actively engage in identity processes. Given that the current intervention engaged participants in active identity work, it might have helped them develop more empowering alternative narratives.

Another important consideration is that dominant narratives seem to function differently based on the extent to which an individual occupies a structurally marginalized position (McLean et al., 2017). For all individuals, it appears true that: a) rigid narratives may force the individual to deny or invalidate some part of themselves (e.g., foreclosure; Kroger & Marcia, 2011), and b) dominant narratives pose tradeoffs, even for the individuals they empower (e.g., hegemonic masculinity and homophobia limiting intimacy between heterosexual men, Hammarén & Johansson, 2014; toxic masculinity, Parent et al., 2019). In addition to these general dilemmas, evidence suggests that marginalized individuals are inequitably aware of and taxed by the negotiation between dominant and personal narratives (McLean

& Syed, 2015; Meyer, 2003). That is, on top of the baseline challenges of identity development faced by all individuals—including those with greater systemic privilege—socially marginalized individuals cannot naively trust the “invisible hand” directing the currents of power to historical beneficiaries of the American Dream (i.e., white men; McLean & Syed, 2015). This defining “meta-myth” of American culture has for too long been dangled in front of marginalized communities as a “colorblind” ideal while dismissing systemic inequalities (Ryan et al., 2007; McAdams, 2006).

Summary: Narrative Identity

This study tested an intervention that explored how we may nurture whole persons outside the medical model of mental illness. In response to both outsider (e.g., philosophy, critical psychology) and insider (e.g., AMPD) critiques of reductionism in clinical psychology, the intervention is framed not in the language of treatments, diagnoses, or symptoms, but in terms of self, identity, and wellness. The aim was to revitalize essential aspects of personhood (e.g., agency, first-person experience, coherence across time) that have been receding under the scientific and pathologizing view of the human person as an object afflicted with disease. Instead, narrative identity was elevated as the optimal entry point for the current intervention because it is a holistic, integrative concept that honors how the individual actively constructs their sense of self in a social context. Importantly, authors examining the processes of narrative formation have repeatedly noted the translational value of this literature, but the call is yet unheeded (McLean et al., 2007; Pasupathi & Adler, 2021). The current intervention answered this call by explicitly mobilizing the science of narrative identity development to facilitate personal growth and wellness.

Narrative Identity and Wellness

The core *functions* of narrative identity—imbuing the person with unity and purpose—implicate it in a broader consideration of human welfare. Indeed, what makes for a *good* life story is not just prose or imagery but how it enables adaptive human life (Adler, 2012a; Adler et al., 2016). In fact, in the vast

and booming literature on narrative identity, indices of wellness are the most commonly studied covariates of narrative variables (Adler et al., 2016). For example, researchers have been interested in how self-defining narratives are related to wisdom (Bluck & Glück, 2004; Webster et al., 2018), personal growth (Bauer et al., 2005; Bauer & McAdams, 2004a, 2004b, 2010; Lilgendahl & McAdams, 2011), maturity (King, 2001; King et al., 2000; Pals, 2006), meaning-making (Fivush et al., 2017; Graci & Fivush, 2017; McLean & Pratt, 2006; Singer, 2004), and well-being (see Adler et al., 2016 for a review). Applying a similar logic in the space of clinical interventions, Adler and colleagues have connected retrospective narratives *about* psychotherapy to optimal development and therapy outcomes (Adler, 2012a; Adler, 2012b; Adler et al., 2007; Adler et al., 2008; Adler & McAdams, 2007). Finally, from the perspective of psychopathology, some authors have examined how select disturbances in narrative identity are related to features of various mental disorders (Adler & Clark, 2019; Cowan et al., 2021; Lind, 2021; Lind et al., 2020a; McAdams, 2020).

To consolidate much of this research, Adler and colleagues (2016) conducted a systematic review that classified the narrative variables from 30 studies into four categories. Studies were included if they had: 1) a coded narrative variable, 2) an individual difference or situational variable, and 3) an index of wellness. From these 30 studies, a group of 10 expert raters—3 of which were the authors of the review—independently categorized the featured narrative variables. Although some raters had an additional “other” bucket for more peculiar narrative variables, four main categories emerged: motivational themes, affective themes, themes of integrative meaning, and structural elements.

To provide a general sense of how narrative identity has been connected to wellness, the proceeding section uses Adler and colleagues’ (2016) taxonomy to scaffold key concepts, findings, and methods that are germane to the current project. While the motivational themes of agency and communion were the only two narrative variables operationalized in the present study, the affective themes of redemption and contamination, as well as aspects of integrative meaning, were part of the

intervention. See Table 1, sessions 5 and 6, for an outline of the Narrative Identity and Wellness modules. Exact instructions for the corresponding writing activities are displayed in Appendix C.

In the forthcoming overview of narrative constructs, research involving college students or emerging adults is foregrounded where possible, as this was the population served by the present intervention. Next, research paradigms on 1) narratives *about* psychotherapy and 2) narrative identity and psychopathology are discussed. These areas of research convey important findings regarding agency and communion, and they inform how the current project is a novel contribution to the psychological literature. Importantly, because some indices of wellness formally contain “well-being” in their titles (e.g., subjective well-being, psychological well-being) and others do not (e.g., ego development, satisfaction with life, depression), the term “wellness” is henceforth used when referring to overall human flourishing. To prevent confusion, forthcoming references to “well-being” will be used only when it is necessary to collapse multiple indices of well-being (e.g., hedonic and eudaimonic measures; Ryan & Deci, 2001). Otherwise, the proper names of constructs will be used.

Motivational Themes

Motivational themes in self-defining narratives speak to what drives the author. They tell us why the narrator lives in a particular way and what they hope to glean from life. In this way, motivational themes are most closely tied with the *purpose*-imbuing function of narrative identity.

In a study that pioneered the use of motivational themes, McAdams and colleagues (1996) cross-examined narrative operationalizations of personality with several different measures of motivations like achievement, power, and intimacy. They concluded that the needs for *agency* and *communion* were superordinate themes across these diverse paradigms of motivational research, echoing Bakan’s (1966) thesis that these two forces constitute a fundamental duality in human existence. Since then, the coding schemes for agency and communion have evolved and they have become more commonly examined in an expanding range of research (Adler, 2012a; McAdams, 2002).

In short, agency reflects an individual's needs for autonomy, achievement, power, success, or mastery (Bandura, 2006; McAdams et al., 1996). It encapsulates the individualist notion that the person aspires to go out into the world and "make something of themselves". Communion, on the other hand, indicates an individuals' desire for intimacy, harmony, or interconnectedness (McAdams et al., 1996). If "it takes a village" to overcome certain challenges or enjoy the fruits of a loving community, then communion is the need to belong to that "village". Another prominent motivational theme, generativity, has been conceptualized as a synthesis of agentic and communal motives because it captures how an individual's personal sense of achievement or success is tied to the prosperity of a wider, intergenerational community (de St. Aubin et al., 2004; Frimer et al., 2011). Some evidence suggests this synthesis is a marker of moral development, as it is a common narrative theme for individuals who have been acknowledged for exceptional humanitarian feats (Frimer et al., 2011). To illustrate these themes, imagine doctoral students in clinical psychology narrate their experiences of graduate school. One student could write of an attempt to ascend the academic totem pole (i.e., agency), another could recount a search for likeminded individuals (i.e., communion), and a third may express a calling to master clinical skills that empower them to help the community (i.e., generativity). These motivational themes do not only tell us something about these students' identities, but they also serve vital roles in maintaining quality of life.

For example, Bauer and McAdams (2010) conducted a longitudinal study examining how college students' narratives of personal growth predicted their wellness. As first years, students narrated their growth goals in response to the following prompt: "You may have many goals, but please choose the two that seem the most important to you right now and describe each to us below. Please write a paragraph for each goal that explains what the goal is and how you are trying to or plan to achieve it." (pg. 764). The produced narratives were then scored for intellectual (i.e., agentic) and socio-emotional (i.e., communal) themes. They also completed measures of subjective well-being (e.g., satisfaction with

life, positive and negative affect), psychological maturity (e.g., ego development), and personality traits (e.g., the Big Five Inventory). As fourth years, students again completed the same measures of subjective well-being and psychological maturity. The results suggested that, overall, students who articulated more agentic growth goals in their first year became more psychologically mature, whereas students who expressed more communal growth goals became more satisfied with life and enjoyed more positive and less negative affect. These effects held even when controlling for personality traits.

In the present study, participants' life stories were coded for the motivational themes of agency and communion. Given the findings of McAdams et al. (1996), it appears that agency and communion unify a variety of motivational constructs (e.g., power, autonomy, competence; intimacy, interconnectedness) under two parsimonious coding schemes.

Affective Themes

Affective themes in narrative identity capture the emotional tone or tonal shifts in narratives. The overall tone of a particular scene may be coded with a range of specificity from overall valence (McAdams et al., 2001) to specific emotions (Adler & Hershfield, 2012). While it may seem intuitively obvious that more negative emotions would be related to lower wellness, it is critical to understand that, when it comes to narratives, the observed tone is not a straightforward or objective indicator of good or bad times in a person's life. Instead, it reflects the constructive nature of autobiographical memory and thus indicates affective tendencies in self-representation (Singer et al., 2013). For instance, a Pollyannaish narrator may happily recall a life chapter that a more cynical narrator would, all things held equal, recount as miserable. This reconstructive aspect of stories becomes even more pronounced when moving beyond the net emotional valence of a particular episode to examining tonal shifts in narrative arcs, which are products of how the narrator circumscribes and sequences the chaos of life.

The two predominate affective themes in the study of wellness, *redemption* and *contamination*, are precisely the kind of emotional sequences that underscore the reconstructive nature of narrative

identity. Redemption narratives are those that begin badly and end well (McAdams, 2006; McAdams et al., 2001). They are the narratives of “rags to riches” or liberation that populate the American mythos (McAdams, 2006). In contrast, contamination narratives begin positively and end badly (McAdams et al., 2001). An archetypal example is the story of a promising athlete who “flies too close to the sun,” sustains a crippling injury, and spends the rest of their life pining for the “glory days”. Importantly, an injury (or any life event) does not constitute *contamination* in and of itself. The same injury could have been narrated as a “blessing in disguise” that led to personal growth. It is these individual differences in the affective framing of life events that have implications for wellness (McAdams et al., 2001).

For instance, Lodi-Smith et al. (2009) conducted a longitudinal study examining changes in 170 college students’ personalities over the course of their undergraduate education. In their first semester, students completed a series of self-report measures that tapped the Big Five personality traits and emotional health. In their final semester, students again filled out these self-report measures. They also rated how each of their personality traits changed between entering and exiting university and wrote free responses to the following prompts: “How have you changed since you entered college? How has your personality changed?” These narratives were then coded for *affective processing* (e.g., positive/negative valence, redemption/contamination themes) and *exploratory processing* (e.g., coherence, causal connections). The results suggested that students who told more positively valenced and exploratory stories demonstrated improvements in emotional health, even after controlling for changes in personality traits.

In a cross-sectional study, McLean and Lilgendahl (2008) tried to understand the relation between narrative themes in select autobiographical memories, the function served by these memories, and well-being in emerging and older adults. To do this, they collected high-point and low-point autobiographical narratives, a self-report inventory measuring the functions of these memories, and a self-report measure typically considered to capture eudaimonic well-being (e.g. Psychological Well-

Being; Ryff, 1989, 1995). High-point and low-point narratives were coded for redemption. Their findings suggested that emerging adults with redemptive low points were more likely than emerging adults without redemptive low points to utilize these memories for self-understanding. This effect did not hold for older adults. Furthermore, redemptive low points were associated with higher well-being and personal growth for emerging but not older adults. Taken together, these results suggest that the affective theme of redemption may serve important identity related functions and bolster eudaimonic well-being in emerging adults, such as the students in the present study.

Themes of Integrative Meaning

Themes of integrative meaning reflect autobiographical reasoning in that they concern how the person connects their life events with their sense of self. When we make meaning from our experiences, we move beyond the simple observation *that* something happened, and we begin to weave it into a wider philosophy of life or sense of who we are (Habermas & Köber, 2015; King, 2001; Singer, 2004). Some research has operationalized meaning-making by coding narratives according to a spectrum of sophistication, from relatively concrete lessons (e.g., “I didn’t like selling Porches anymore, so I quit and started selling yachts.”) to deeper personal insights (e.g., “After so much time selling luxuries to rich people, the cognitive dissonance became overwhelming—it urged me toward a career where I can truly make a difference.”; McLean & Pratt, 2006; McLean & Thorne, 2001). The findings from these studies suggest that more sophisticated forms of integrative meaning are related to psychological maturity (McLean & Pratt, 2006; McLean & Thorne, 2001).

Other work analyzing self-defining narratives has repeatedly mapped two themes of integrative meaning onto two distinct pathways of optimal development (Bauer & McAdams, 2004a; Bauer & McAdams, 2004b; Bauer et al., 2005b; King, 2000, 2001; Pals, 2006). One developmental path leads to social-emotional well-being, or positive feelings about life (Maslow, 1968; Rogers, 1961). Here, well-being is typically defined in accordance with either hedonic or eudaimonic interpretations (Ryan & Deci,

2001). Hedonic traditions argue that being well involves the maximization of pleasure and the minimization of pain (Freud, 1953; Ryan & Deci, 2001). Eudaimonic traditions, while acknowledging the role of pleasure and pain, invoke a broader understanding of well-being that includes values, personal growth, and purpose (Bauer et al., 2008; Bauer & McAdams, 2010). Due to the theoretical and empirical overlap between hedonic and eudaimonic well-being, researchers often opt to create composite measures of subjective well-being that represent both definitions (Bauer et al., 2005). The present study implemented one measure of hedonic well-being (e.g., Satisfaction with Life Scale; Diener et al., 1985) and one measure of eudaimonic well-being (e.g., Psychological Well-Being Scale; Ryff, 1989).

The second path to optimal development leads not to subjective well-being but to social-cognitive maturity, as defined by a more complex or nuanced way of understanding the world (Bauer & McAdams, 2004b; Piaget, 1970; Vygotsky, 1978). More psychologically mature individuals tend to have admirable qualities like interpersonal integrity (Helson & Roberts, 1994), but they do not necessarily enjoy a sense of self-ease (Westenburg & Block, 1993). In other words, while they may be more responsible and psychologically minded, they are no more or no less happy (Bauer & McAdams, 2004a; Bauer & McAdams, 2004b; Westenberg & Block, 1993). This does not mean that a person's maturity is somehow divorced from their affect, but rather that cognitive maturity may act as a double-edged sword: it may enhance well-being for some and burden others. Indeed, confronting the paradoxes and dualities of life—accepting its trials and absurdities alongside its triumphs and splendors—can be maddening and paralyzing just as easily as it can be uplifting and empowering.

The themes of integrative meaning that correspond to these two developmental pathways—one to social-emotional well-being and one to social-cognitive maturity—also seem to correspond with autobiographical reasoning that is assimilative or accommodative in nature (Adler et al., 2016; Block, 1982). As cognitive processes, assimilation and accommodation are thought to “kick in” when the environment fails to conform to the person's expectations—they are ways of resolving the psychic

conflicts that arise from discontinuities in lived experience (King et al., 2000; Loevinger, 1976). When faced with such an informational conflict, assimilative processing dismisses or reframes the discordant information so that it fits within a person's pre-existing worldview. Thus, in the context of narrative identity, assimilative processing may function to affirm a person's pre-existing self-concept, thereby contributing to stability or positive affect in the self. Conversely, accommodative processing resolves an informational discrepancy by adjusting one's worldview instead of dismissing or reframing the environment. Therefore, applied to narrative identity, accommodative processing may function to calibrate one's worldview to the nuances of reality and thereby facilitate psychological maturity. In storied form, assimilation and accommodation manifest as themes of integrative meaning that emphasize, respectively, reaffirmation of who one is or exploration of who one may become.

For example, in a longitudinal study aiming to illuminate how individuals use narratives to negotiate with catastrophes in their lives, King and colleagues (2000) asked parents of children with Down Syndrome to write about the moment they discovered their child's diagnosis. Qualitative analysis yielded two overarching factors: *closure* and *accommodation*. Individuals who scored higher in *closure* tended to write stories with higher levels of positive affect, resolution, and denial, as well as lower levels of trauma, negative affect, and sudden change. Individuals who scored higher in *accommodation* tended to write stories that featured a paradigmatic shift in their worldview, exploration or struggle with their child's diagnosis, and an active processing style. The results suggested that *closure* predicted subjective well-being (i.e., a composite score tapping both hedonic and eudaimonic qualities) but not psychological maturity (i.e., ego development; Hy & Loevinger, 1996) at both time points. Conversely, *accommodation* was positively related to psychological maturity at Time 1.

Expanding this research, Pals (2006) studied how women's narratives of self-identified life challenges related to their personality attributes (i.e., ego-resiliency & coping openness), maturity, life satisfaction, and physical health. Reminiscent of *closure* and *accommodation* in King et al. (2000), the

women's narratives yielded the dual factors of *coherent positive resolution* and *exploratory narrative processing*. Stories with higher scores on *coherent positive resolution* typically had positive, coherent endings that led to emotional resolution. Stories with higher level of *exploratory narrative processing* were more rich/complex and featured open-exploratory coping style (i.e., introspection, self-analysis, questioning). The results suggested that autobiographical memories shaped by *coherent positive resolution* supported greater ego-resiliency (i.e., the ability to maintain a positive outlook), which then led to greater life satisfaction. On the other hand, dispositional coping openness (i.e., tolerance of ambiguity) afforded a mode of *exploratory narrative processing* that, in turn, led to psychological maturity.

Finally, a similar pattern of findings has held for college students (Bauer et al., 2005; Bauer & McAdams, 2004a). In a cross-sectional study, Bauer and colleagues (2004a) examined how prospective life goals and everyday personal strivings related to psychological maturity (i.e., ego development) and well-being (i.e., one measure per hedonic and eudaimonic traditions). They primed undergraduates to think about their lifespan goals and then provided the same instruction as in Bauer & McAdams (2010). The students' goals were then coded as *intrinsic* and *exploratory*. Accounts of *intrinsic* goals (adapted from the intrinsic vs. extrinsic distinction in self-determination theory; Deci & Ryan, 2000), involved the authors' desires for personal growth, meaningful relationships, or social contributions, as contrasted with more extrinsic, materialistic goals like money or status. Striving toward *intrinsic goals* was viewed as a mechanism of subjective well-being. *Exploratory* goals, conversely, were required to explicitly mention intellectual or conceptual expansion. The results suggested that intrinsic goals predicted both indices of well-being but not maturity, whereas exploratory goals predicted maturity but neither index of well-being. Furthermore, students who expressed an alignment in their long-term and short-term goals were especially likely to have higher maturity or well-being, depending on the type of long-term goal they articulated. The same results emerged from applying similar coding schemes to college

students' stories of high points, low points, and turning points in their lives, even when controlling for their personality traits (Bauer et al., 2005).

Overall, these studies consistently demonstrate how two predominant themes of integrative meaning correspond with divergent paths to optimal development. One of these paths leads to subjective well-being (i.e., a combination of hedonic and eudaimonic definitions) and the other to psychological maturity. Critically, though, several authors have envisioned a more ideal “middle path” to the “good life” that incorporates both happiness and maturity (King, 2001). For instance, Bauer and McAdams (2010) defined *eudaimonic growth*—the incorporation of subjective well-being and psychological maturity—as “...a matter of balancing the intellectual with the socioemotional—the examined life with pleasure, wisdom with compassion, the head with the heart” (as cited from Bauer, 2008). They observed that happy, mature people “focused on what they learned about personally meaningful concerns—not just on anything they learned and not just on the experience of something personally meaningful” (pg.594; Bauer & McAdams, 2004b). This notion is further illustrated by Bauer and colleagues (2005), who profiled the happy, mature person through prototypical narratives of a high point, low point, and turning point. They suggest the happy, mature person typically narrates a high point featuring a personally meaningful insight instead of a moment of heightened pleasure; a low point that transforms pain into insights; and a turning point that conveys personal transformation instead of mere change. Similarly, King (2000, 2001) describes the “hard road to the good life,” or an ultimately satisfying life that has been deepened by tribulation.

Although the current study did not utilize narrative measures of integrative meaning, the included items from the Awareness of Narrative Identity Questionnaire (ANIQ; Hallford & Mellor, 2015a) arguably tap into something similar. The strongest example items include: “My memories are like stories that *help me understand* my identity,” which suggests a sense-making process consistent with self-event connections; “I use my stories about my life *to work out* the kind of person I am,” which alludes to active

efforts to craft identity; and “My sense of *self is embedded in memories of my life*,” which suggests that the person must distill their sense of self from a menagerie of autobiographical episodes. While narrative operationalizations retain distinct value from self-report measures, the ANIQ does seem to cover similar conceptual space as autobiographical reasoning.

Structural Elements

In many ways, the structure of a narrative provides the backbone that upholds its thematic content, whether motivational, affective, or integrative (Adler et al., 2016, Adler et al., 2018). Indeed, the assertion that identity is configured as an internalized narrative is precisely a claim about its structure—that it does not take the form of an equation, a poem, or a word salad, but a story. Without a clear setting, chronology, and causal flow—attributes constituting what has been termed “story grammar”—narratives become unintelligible (McAdams, 2001). For these reasons, narrative coherence has been deemed the “fundamental story criterion” (Adler et al., 2007; pg. 1193).

While several structural variables have been studied with respect to wellness (i.e., foreshadowing; King et al., 2000), coherence has by far garnered the most attention. So far, several studies have supported the association between narrative coherence and multiple indices of wellness, including physical and psychological health, closer family relationships, depressive symptoms, and psychological maturity (Adler et al., 2007; Baerger & McAdams, 1999; Reese et al., 2011). Yet, in comparison to the widely used coding systems for narrative variables like agency, communion, redemption, and contamination, there is much less consensus about what exactly coherence should entail conceptually and empirically (Adler et al., 2018).

Looking at the three most prevalent coding systems (e.g., Baerger & McAdams, 1999; Lysaker et al., 2002; Reese et al., 2011), this discordance seems to extend from differences between the psychological subdisciplines that produced them (Adler et al., 2018). For the purposes of life story research in personality psychology, Baerger and McAdams (1999) developed a coding scheme

specifically designed to assess unity in narrative identity (Adler et al., 2018). They came up with four dimensions: *orientation* (i.e., sufficient background), *structure* (i.e., temporal and causal flow), *affect* (i.e., emotional evaluations), and *integration* (i.e., linking the story with broader meaning). In comparison, Reese and colleagues (2011) invented a coding system designed to track cognitive-developmental changes over the lifespan (Adler et al., 2018). Thus, their system has three dimensions—*context* (i.e., orienting information), *chronology* (i.e., sequentiality), and *theme* (i.e., topic focus, causal connections)—that are independently informative of what changes may be taking place. Finally, Lysaker and colleagues (2002) created a coding system that was intended to tap the subjective experience of cognitive deficits in persons with schizophrenia (Adler et al., 2018). Their system accordingly includes the three dimensions of *logical connections* (i.e., temporal & causal coherence), *richness of detail* (i.e., specificity), and *plausibility* (i.e., believability). To empirically test these systems, Adler and colleagues (2018) conducted a principal components analysis that yielded a three-component solution. They labelled these components *temporal detail* (i.e., chronological & causal flow), *psychological context* (i.e., orientation to setting and the protagonist’s affect), and *meaning/interpretation* (i.e., linking the story with broader meaning).

Narratives About Psychotherapy

Whereas the previous section provided an overview of narrative constructs that have been connected to wellness, it is also important to situate the proposed study with respect to Adler and colleagues’ (Adler, 2012a; Adler, 2012b; Adler et al., 2007; Adler et al., 2008; Adler & McAdams, 2007) work that has investigated the link between retrospective narratives *about* psychotherapy and wellness. This literature is to be distinguished from research examining the use of narratives *in* therapy (e.g., Angus & McLeod, 2004) and from research examining how disturbances in narrative identity are related to psychopathology (e.g., Lind, 2021). Building on the preceding work confirming two facets of the “good life” (King, 2001), Adler’s research defined optimal development as the combination of high levels

of subjective well-being and psychological maturity (Adler, 2012a; Adler, 2012b; Adler et al., 2007; Adler et al., 2008; Adler & McAdams, 2007). For the most part, the studies were cross-sectional and sampled individuals who had been in therapy for at least eight sessions (e.g., Adler et al., 2007; Adler et al., 2008; Adler & McAdams, 2007). To prioritize ecological validity, participants were not screened by diagnosis or treatment type—a decision that was validated by null findings regarding the relationships between diagnosis, treatment type, well-being, and psychological maturity (Adler & McAdams, 2007). The primary measures included writing prompts asking participants to narrate five key therapy scenes, composite scores of well-being, and a measure of ego development (Hy & Loevinger, 1996). The collected narratives were coded for variables like agency and coherence, which were thought to reflect narrative identity's dual functions of providing purpose and unity for the self (Adler, 2012b).

Adler's work offers a consistent pattern of findings: clients living the "good life" tend to demonstrate higher levels of both agency and coherence in their narratives about psychotherapy (Adler et al., 2007; Adler et al., 2008; Adler & McAdams, 2007). More granularly, subjective well-being was positively related to agency, and psychological maturity was positively correlated with coherence (Adler et al., 2007; Adler et al., 2008). These findings remained significant even when controlling for confounds like demographic factors, current mood, and personality traits (Adler et al., 2007, 2008).

Adler has also conducted several longitudinal studies that bolster these cross-sectional findings. Adler (2012a) collected pre-post data on a similar array of constructs, as well as measures of mental health and psychotherapy narratives after every session of ongoing psychotherapy. The findings suggested that narrative themes of agency increased over the course of treatment, and that these changes temporally preceded the observed clinical improvements (Adler, 2012a). Similarly, Adler et al. (2013) reported that increases in coherence appeared to directly precede sudden gains in mental health. Finally, in another longitudinal study with a similar method, Adler and Hershfield (2012) periodically assessed psychotherapy clients for subjective well-being (i.e., both hedonic and eudaimonic

dimensions), personality traits, and their emotional experience of psychotherapy as coded from weekly narratives about psychotherapy. They again found that changes in narrative variables—this time the mixed emotional experience of both sadness and happiness—preceded improvements in psychological well-being. Although these studies cannot assert causal claims about the relation between narrative identity and wellness, they do provide reason to believe that narrative identity is a viable entry point for intervention and that the theme of agency is crucially related to wellness.

Narrative Identity and Psychopathology

Taking a more clinical bent, a growing body of research has aimed to enrich the study of psychopathology by linking it to narrative identity (Adler & Clark, 2019; Cowan et al., 2021; Lind, 2021; Lind et al., 2020a; McAdams, 2020). An entire special issue (Volume 88, Issue 1) of the *Journal of Personality* was dedicated to exploring how psychopathology could be conceptualized as a problem of human selfhood and identity. McAdams' (2020) closing commentary in this issue attempted to rearrange the multiple explorations of this premise within his tripartite model of the human person as actor, agent, and author—the same model informing the current project. Other scholars have argued, thinking back to the case for the Alternative Model of Personality Disorders (AMPD), that narrative identity should be incorporated in structural approaches to personality and psychopathology (Adler & Clark, 2019). In essence, said structural approach assumes that the landscape of psychopathology can be mapped onto various configurations of personality. In this case, Adler and Clark (2019) are advocating for the ensuing map to look further than dispositional traits (i.e., the “actor” level of McAdam’s model) by including narrative identity as a possible theater of psychopathology. Finally, narrative identity has been flagged as a promising transdiagnostic marker of psychopathology because the life stories of diverse clinical samples have demonstrated an array of disturbances (Jensen et al., 2020).

When it comes to studying narrative identity and specific diagnoses, personality disorders and schizophrenia-spectrum disorders seem to have received the most attention (Cowan et al., 2021; Lind et

al., 2020a). A few studies have looked at depression and bipolar disorder as well (Jensen et al., 2021; Lind, 2022; Pedersen et al., 2022). Regarding personality disorder, the preponderance of research has been conducted on females with Borderline Personality Disorder (BPD) or BPD characteristics (Lind et al., 2020a). However, it has been argued that, because BPD loads onto the “g” factor underlying all personality disorders, it is reasonable to believe findings about BPD may generalize to the broader spectrum of personality disorders (Lind et al., 2020a). The proceeding findings are presented according to this logic, such that “personality disorder” (PD) usually, but not exclusively, refers to BPD.

Key findings linking narrative identity to personality disorder suggest that the life stories of individuals with PD have lower levels of agency compared to nonclinical samples (Adler et al., 2012; Lind et al., 2019a; Lind et al., 2019b; Lind et al., 2020a). Broadening the operationalization of agency, individuals with PD have also scored higher in motifs such as perceived lack of success in treatment (McDonald et al., 2010), sense of powerlessness and inability to change (Gilbert et al., 2013), and maladaptive self-regulation strategies (Morris et al., 2015). The picture looks slightly different for the theme of communion. Research suggests that the life stories of individuals with PD have commensurate levels of communion as their control counterparts, but that their depictions of communion tend to be thwarted rather than fulfilled (Adler et al., 2012; Lind et al., 2019a; Lind et al., 2019b; Lind et al., 2020a). That is, themes like intimacy and togetherness appear to be equally salient in the life stories of individuals with PD, but they tend to portray perceived instances of abandonment or isolation. These findings are consistent with research demonstrating that individuals with PD convey struggles with close relationships and feelings of alienation (Agnew et al., 2016; Gilbert et al., 2013; McDonald et al., 2010; Morris et al., 2015). Last, while themes of integrative meaning and structural elements of narrative identity are not tested in the present study, individuals with PD do show alterations in these features, such as more negative self-event connections and lower levels of coherence (Lind et al., 2020a). How

exactly to implement these insights into everyday clinical practice will be a fertile topic of ongoing conversation (Lind, 2021; Lind et al., 2021).

With respect to schizophrenia-spectrum disorders (SSD), theorists have advanced a developmental model of how alterations in selfhood give rise to three characteristic disturbances in narrative identity: a focus on suffering, disjointed structure, and detached narration (Cowan et al., 2021). These disturbances are thought to emerge, respectively, in childhood, middle to late adolescence, and around the time of a first psychotic episode (Cowan et al., 2021). Several studies suggest that, overall, individuals with fully-fledged SSDs narrate life stories with lower levels of agency and communion in comparison to both healthy controls and individuals with HIV (Bennouna-Greene et al., 2012; Holm et al., 2020; Jensen et al., 2021; Lysaker et al., 2005; Moe & Docherty, 2014). Jensen and colleagues (2021) found that these effects were evident in past but not future life story chapters. Resembling the findings surrounding communion in PD, Holm and colleagues (2018) concluded that individuals with SSD articulate similar levels of agency and communion as healthy controls but express that these needs are unfulfilled. Another study showed that levels of agency predicted variance in hopelessness, an important transdiagnostic mechanism (Holm et al., 2020). Aside from agency and communion, the narratives of individuals with SSD have also exhibited lower levels of causal, thematic, and global temporal coherence (Allé et al., 2015, 2016).

While the literature is sparser with respect to depression and bipolar disorder, there appears to be a similar pattern of findings. Evidence suggests that the life stories of individuals with depression have greater negative self-event connections but similarly negative tonality as the life stories of individuals with schizophrenia (Jensen et al., 2020). The life stories of these two groups also seem to have comparable diminishments in agency and communion (Jensen et al., 2021). A different study found that individuals with bipolar disorder narrated past life chapters with lower levels of agency and communion, as well as higher levels of contamination, than a nonclinical sample (Pedersen et al., 2022).

In a nonclinical, late-adolescent sample, narrated levels of intimacy—a theme subsumed by communion—were associated with reduced depression (Lind, 2022). Interestingly, Jensen and colleagues (2021) noted that the levels of agency in future life chapters accounted for variance in psychosocial functioning. They took this to imply that anticipating a more agentic future might contribute to present wellness and promote future recovery (Jensen et al., 2021).

In summary, the literature on narrative identity and psychopathology yields a critical insight for the present study: in comparison to nonclinical samples, individuals with personality disorders, schizophrenia-spectrum disorders, and mood disorders experience disturbances in a plethora of narrative constructs (Cowan et al., 2021; Lind et al., 2020a; Jensen et al., 2021; Pedersen et al., 2022). Chief among these disturbances are lower levels and more thwarted depictions of agency and communion. The prevalence of these disturbances across several clinical populations further illustrates the connection between narrative identity and wellness, or how narrative identity is a “subjective construction with objective impacts” (Adler et al., 2017).

That said, the literature on narrative identity and psychopathology differs from the current project in its potential reinforcement of the medical model—a problem evident in the literature’s premise. Put simply, to investigate the overlap between narrative identity and psychopathology, one must entertain 1) *some* notion of psychopathology and 2) *some* idea of the relationship between the two constructs. Regarding the first point, there were a wide range of definitions and operationalizations in the reviewed studies; these seem to entail different commitments to the medical model. Categorical-leaning approaches like diagnostic interviews with cutoff scores (e.g., Structured Clinical Interview for DSM-5) reify mental illness, whereas more dimensional approaches (e.g., AMPD) posit a spectrum of self- and identity-functioning. Regarding the second point of the relationship between narrative identity and psychopathology, the reviewed studies leave many questions unanswered. To start, are the observed disturbances in narrative identity the result of psychopathology? Or do they cause

psychopathology? Might they even constitute psychopathology? These questions ladder up to an issue approximating the critical-yet-unsolved “hard problem” of consciousness (Chalmers, 2017): How are we to understand the interplay of the phenomenological, first-person “space” of narrative identity and the naturalized, objective problem of psychopathology?

It is of course understandable that the authors have not addressed these enormous and challenging questions. This area of scholarship is in its infancy, and questions of this nature often require decades of research or technological advancement. However, even tentative positions on these matters would help guard against reductionism and scientism in an otherwise liberating area of research. The risk looms that narrative identity, like many humanistic precepts before, will be relegated to the dustbin of “rose-tinted epiphenomena”; that it will be taken to eventually yield to the somehow “truer,” physical realities of the brain; and that it must somehow “earn” its validity—in a manner granted *prima facie* to biomedical-sounding constructs like psychopathology—as a supplement to taken-for-granted diagnoses. Left unclarified, the research on narrative identity and psychopathology could become an accessory rather than an alternative to the medical model.

Summary: Narrative Identity and Wellness

Narrative identity infuses the person with unity and purpose—indispensable attributes that support human flourishing (Adler et al., 2016; King, 2001; McAdams, 1985, 2001, 2018). In life stories, these functions manifest through four types of narrative variables: motivational, affective, integrative, and structural (Adler et al., 2016). Motivational themes tell us *why* the author lives the way they do. Affective themes capture the predominating sentiments in the narrator’s reconstructed past, including both sheer emotional valence and longer arcs of tonal shifts. Themes of integrative meaning transform the brute facts of life into personal implications or insights. Across numerous studies, two distinct processes of meaning-making seem to map onto two hallmarks of the “good life”—subjective well-being and psychological maturity (King, 2001). The structural elements of narratives constitute a vital “story

grammar” that no narrative can exist without. Finally, although it is important to individuate these variables in order to study them and their consequences for wellness, it is also critical to remember that they blend together in the otherwise unified world of narrative.

Among all of these narrative constructs, the narrative themes of agency and communion—two superordinate motivations that reflect the duality of human existence—have been consistently linked to diverse indicators of wellness (Adler, 2012a, 2012b; Adler et al., 2008, 2016; Bakan, 1966; Bauer & McAdams, 2010; Cowan et al., 2021; Lind et al., 2020a; McAdams et al., 1996). The theme of agency subsumes several motivations, such as mastery, power, and autonomy, that are involved in the need to “get ahead” in a social hierarchy (Hogan, 1982; McAdams et al., 1996). On the other hand, the theme of communion has been shown to encompass fundamental needs like relatedness and intimacy that are implicated in the need to “get along” with others (Hogan, 1982; McAdams et al., 1996).

Research on retrospective narratives about psychotherapy has revealed that clients who authored psychotherapy narratives with higher levels of agency enjoyed higher levels of subjective well-being, even when controlling for demographic factors, current mood, and personality traits (Adler et al., 2007, 2008). In related longitudinal investigations, narrative themes of agency increased as psychotherapy progressed, and these increases temporally preceded clinical gains (Adler, 2012a). While this research solidifies the connection between narrative identity and wellness, it differs from the present project in that it was conducted with a clinical population in a clinical setting. Additionally, it does not take a clear stance on the medical model, diagnosis, or theories of psychotherapy. The adjacent scientific literature tying narrative identity to psychopathology has discovered that individuals with personality disorders, schizophrenia-spectrum disorders, and mood disorders demonstrate diminished levels and more thwarted depictions of agency and communion (Cowan et al., 2021; Lind et al., 2020a; Pedersen et al., 2022). This scholarship makes significant strides in exemplifying how one’s internalized, dynamic story of self is vital to one’s mental health. However, in the absence of

philosophically grounded notions of psychopathology or postulated relationships between narrative identity and psychopathology, this work may inadvertently render narrative identity a colorful yet ancillary part of psychopathology.

To sharpen a few key takeaways, it is important to note that, in distilling the extant research on narrative identity and wellness, Adler and colleagues' (2016) used a liberal interpretation of wellness that included both hedonic and eudaimonic dimensions (Ryan & Deci, 2001), as well as other constructs like ego development that speak to distinct aspects of human flourishing like psychological maturity (Hy & Loevinger, 1996). The current study maintains this liberal interpretation by including metrics of both hedonic well-being and eudaimonic well-being, as well as measures of depression, anxiety, and stress. The latter three measures approach a more clinical territory and thus may seem to beg the medical model eschewed by the present project. However, suffering is an inevitable part of human existence, and research suggests that human flourishing and suffering, or health and disease, are not in a zero-sum game (Sterling et al., 2010; World Health Organization, 2007).

Furthermore, it is possible to account for suffering without falling into a scientific, reductionistic medical model. This matter depends on whether human suffering is cast as "psychopathology" and, if so, how "psychopathology" is defined. To the extent that "psychopathology" is defined as a localized, intrapersonal, ultimately physical malady of a natural kind, it fits into the medical model. Contrary conceptualizations of psychopathology as a phenomenological disorder of mind, self, or relationship would seem to subvert the medical model and thus be more compatible with the tenor of the current intervention. For present purposes, the included measures of depression, anxiety, and stress are non-diagnostic and sensitive to subclinical presentations. Accordingly, they are considered to be metrics of human suffering rather than pathology.

Positive Psychology Interventions

The previous sections presented a theoretical and empirical basis for narrative identity and its connection to wellness, arguing that narrative identity is a holistic construct that can counteract the scientific medical model by recovering essential aspects of personhood (e.g., agency, subjectivity). The current section bridges this thesis with the field of positive psychology to frame the positive psychological interventions that were incorporated in the current intervention. Critically, the current intervention is among the first to apply the contemporary science of narrative identity and to unite narrative and positive psychology under the common banner of nurturing the whole person. To further realize the humanistic principles of narrative and positive psychology, the intervention was delivered in the context of higher education. Participants were not considered to have pathologies but rather to be in a process of personal development and self-actualization. It was assumed that each participant was a complex, agentic individual striving to understand themselves and live a meaningful life. Thus, in addition to its framing as “applied personology,” the intervention might also be considered “whole person pedagogy”—a phrase that wed recent work on how we may know and nurture the whole person (Futch & de St. Aubin, under review; Singer, 2005) with the pedagogical ideal that education should not only bestow knowledge but facilitate character development, self-transformation, and global citizenship (Bruner, 2002, p. 5-6; Wulf, 2003).

The nuts and bolts of the entire intervention are displayed in Table 1 and Appendix C. Table 1 provides a comprehensive, session-by-session breakdown and denotes whether specific exercises were inspired by the literature, adaptations of exercises in the literature, or direct uses of exercises/prompts in the literature. Appendix C supplies the directions for key intervention activities, which spanned psychoeducation, writing prompts, and wellness exercises. As you can see, the intervention was organized into four phases. This section fleshes out the material used in Phase Three by introducing the field of positive psychology, bridging it with narrative identity, and reviewing the select domains of

positive psychology that were implemented in the intervention: expressive writing, savoring, forgiveness, and gratitude.

Positive Psychology

Overlapping with the scholarship on narrative identity and wellness, the field of positive psychology is essentially concerned with human flourishing. It aims to study and foster the conditions under which institutions, communities, and individuals thrive (Linley & Joseph, 2004; Seligman et al., 2005). This scope can be contrasted with clinical psychology's focus on understanding and ameliorating the darkness of the human condition (e.g., neuroses, mental illness, trauma). Where narrative identity wards off the medical model by honoring human subjectivity and individuality, positive psychology elevates the wealth of human potential (e.g., happiness, creativity, compassion). Thus, it makes important contributions to the current intervention which aimed to promote personal growth and wellness in college students.

One contribution of positive psychology to the current study is that it may further explain the connection between narrative identity and wellness. For instance, Frederickson's (2001) broaden and build theory proposes that flourishing arises out of an "upward spiral," or positive feedback loop, of positive emotion. The premise is that positive emotion broadens a person's attentional and behavioral repertoires, thereby allowing them to reorganize around more beneficial patterns (e.g., habits, beliefs, life story). Once these healthier patterns are established, they generate a "surplus" of positive emotion, which fuels further growth. To provide an analogy, the broaden and build theory depicts the person like a growth-oriented business. Initially, proceeds (e.g., profits, positive emotions) go to keeping the lights on. But once the business breaks even, its owners can look up from the daily grind and set their sights on expansion.

This positive feedback loop could be among the conditions that shape the construction of narrative identity. Recall that a person's life story is a dynamic, subjective telling of their reconstructed

past, perceived present, and anticipated future. It is not set in stone, nor is it an objective historical account (McAdams, 2018). As such, a working life story temporarily canonizes the most salient events from a vast repository of autobiographical memory. Many factors may determine which events are most salient, such as dominant narratives and the values or receptivity of the intended audience (McLean et al., 2007; McLean & Syed, 2015; Pasupathi & Billitteri, 2015). Moreover, even circumscribed autobiographical memories are not carbon copies of reality—they are tinged with affect and motivation, as well as well-documented glitches and biases (Romano et al., 2020). Thus, if the “raw data” of the natural world is experienced in the context of surplus positive emotion, then certain details—for instance, points of beauty and appreciation rather than grotesqueness and threat—will be more salient. These more available positive “data points” then afford positive meaning-making, and this entire cascade of information detection and processing yields more positive autobiographical episodes. Whether these positive episodes ultimately become canonized in the working draft of the life story depends on which already-stored episodes are relevant and accessible. Indeed, positive autobiographical episodes may be stored in one’s library of possible self-defining memories, but, due to a present negative emotional state, they are passed over in favor of negative autobiographical episodes that assist in navigating one’s immediate circumstances. In sum, the positive spiral put forth in Frederickson’s (2001) broaden and build theory may support a healthy sense of self across several steps of narrative identity formation: the selection of environmental data, positive connections between these more positive data points, and later selection of positive autobiographical episodes in the working life story.

In addition to the theoretical connections between positive psychology and narrative identity, the current intervention directly incorporated elements of positive interventions that have been implemented in both clinical and nonclinical formats (Duckworth et al., 2005; Parks & Titova, 2016; Seligman et al., 2005). Across these formats, writing has been used as a primary method of intervention

(Ruini & Mortara, 2022). For example, Pennebaker (2018) famously launched a research program on *expressive writing*, which elucidated the health benefits of storying one's trauma history. Additionally, several protocols for boosting *gratitude*, *forgiveness*, and *savoring* have also employed written methods such as journals or letters (Harper et al., 2014; Seligman et al., 2005). The findings across these diverse protocols consistently demonstrate the salutary effects of writing. It stands to reason that the act of authoring a life story may have similarly therapeutic effects (Adler, 2012a; Steiner et al., 2018).

Critically, due to their reliance on writing prompts, these positive interventions are readily translated into narrative terms. However, they were not theoretically grounded in the philosophy of personhood or narrative identity. Nor have these positive interventions been empirically linked to narrative identity development. Thus, the current study also contributes to the current scientific literature by connecting these two areas and testing the efficacy of an intervention that combines them. Now that positive psychology has been introduced and linked to narrative identity, the proceeding sections review the four areas of positive psychology incorporated in the current intervention: expressive writing, savoring, forgiveness, and gratitude.

Expressive Writing

One area of positive psychology that has demonstrated the therapeutic effects of storying experiences is the expressive writing paradigm pioneered by James Pennebaker (1986, 1997, 2018). Whereas many positive psychologists have extended philosophical definitions of human flourishing into an empirical investigation of the "good life", expressive writing emerged from a research program targeting the psychological determinants of physical health (Pennebaker, 1982, 2018). Its method has been rather straightforward: participants in the experimental groups are asked to write for 3 to 5 consecutive days, 15 to 30 minutes each day, about the most traumatic experience of their lives; participants in the control group are asked to write on the same schedule but about superficial topics.

The findings have been rather astonishing. Participants who have written about their traumas have consistently demonstrated: better physical health, as measured by decreases in health-service utilization, stronger immune systems, decreased heart rate, and self-reported physical symptoms; improvements in mental health, like increased mood and well-being; and desirable changes in psychosocial functioning, such as a higher GPA for student-participants and lower absenteeism and higher rehire rates for businessperson-participants. The general trend in these effects has held across remarkably diverse samples, including children, elderly, honors students, businesspersons, and maximum-security prisoners (Pennebaker, 1997).

Interestingly, the hypothesized mechanism of these effects has evolved over time. Initially, Pennebaker (1997) thought that unprocessed trauma had adverse health effects because the demand of inhibiting trauma-related memories and feelings was a constant drain on the individual. The observed health benefits of expressive writing were thus explained as reductions in inhibition and the recouping of energy that was being allocated to said inhibition. While the mechanisms of expressive writing are still under investigation, scholarship has begun to favor a cognitive hypothesis that underscores the progression from messy, disorganized narratives to coherent accounts of past events (Pennebaker, 1997). For example, researchers have used linguistic analyses to confirm that the number of causal and insight words increases over the course of the intervention (Pennebaker, 1997). Curiously, this cognitive hypothesis matches the rationale for frontline trauma therapies that require the repeated elaboration of trauma narratives (e.g., Cognitive Processing Therapy with Account, Resick et al., 2014; Prolonged Exposure, Foa et al., 2019).

The assigned writing schedules across the expressive writing literature are particularly relevant to the current intervention. Across experiments, the writing schedule has varied in length (15 to 30 minutes), number of sessions (1-5 days), spacing of sessions (daily to weekly), and time period (beginning to end of intervention). The findings suggest that longer time periods have resulted in the

greatest intervention effects (Smyth, 1998). Knowing this, the current intervention would ideally have elongated the intervals between sessions of expressive writing, with the goal of extending the overall time period. However, such a schedule did not fit into the structure of the intervention, as most modules were completed over two consecutive class sessions. Even so, evidence supports that the shorter time period (20-30 minutes per day for 5 consecutive days) assigned in the current intervention has also been effective (Pennebaker & Chung, 2012). See Table 1, sessions 9 and 10, for an outline of the expressive writing module. See the corresponding sessions in Appendix C for the exact instructions given to participants.

Savoring

Resembling the notion of mindfulness that has blown up in the clinical literature over the past decade, Bryant and Veroff (2007) originally defined savoring as “the capacity to attend to, appreciate, and enhance the positive experiences in one’s life” (p. xi). The research arose as an answer to the disparity between individuals’ self-reported competence in regulating negative vs. positive internal experiences (Bryant, 2021). The capacity to regulate distressing internal experiences—more commonly known as *coping*—has become one of the most ubiquitous concepts in the clinical literature. The positive analog of coping, *savoring*, has recently gained traction alongside the ascendancy of positive psychology. Critically, savoring is not merely positive emotion, nor is it simply engaging in pleasurable activities. Instead, it has been described as a “meta-cognitive process involving an awareness of good feelings while they are unfolding” (Smith & Bryant, 2017, pg. 152). As such, savoring is thought to involve both 1) a mindful awareness of positive feelings and 2) the regulation of said feelings (Bryant, 2021). An individual’s perceived ability to savor experiences (i.e., savoring beliefs) figures into this process, as does their deliberate use of savoring strategies (Bryant, 2021; Bryant & Veroff, 2007). These beliefs and strategies have three temporal orientations: reminiscence (past), savoring the moment (present), and anticipation (future; Bryant & Veroff, 2007).

Savoring is now a topic of interest across multiple subfields of psychology, partly because of its salubrious effects (Bryant, 2021). It has been positively associated with hedonic well-being, eudaimonic well-being, relationship satisfaction, and healthy mother-child attachment, and it has been inversely related to anxiety, depression, and work-family conflict (Smith & Bryant, 2017). Savoring interventions appear to be a means for both positive psychological gains and clinical improvements. On the positive psychological front, interventions have been demonstrated to increase happiness, life satisfaction, and optimism (Bryant, 2021). On the clinical side, evidence suggests they are effective for attenuating depression, hopelessness, anhedonia, and anxiety (Bryant, 2021). Savoring interventions have also been used in educational contexts to promote student engagement (Chang et al., 2021), enhance student creativity (Lee et al., 2016), and reduce the impacts of perfectionism (Klibert et al., 2014). Finally, evidence suggests that a diverse portfolio of savoring strategies, including tactics for both amplifying and dampening positive emotion, is related to happiness (Quoidbach et al., 2010).

Savoring interventions have varied with respect to temporal orientation (i.e., in whether they target reminiscence, savoring the moment, or anticipation) and method. Reminiscence-based interventions have utilized memorabilia and cognitive imagery (e.g., Bryant et al., 2005) and writing tasks (e.g., Seligman et al., 2005). Present-focused interventions have taken psychoeducational approaches wherein participants are trained in savoring strategies (e.g., Hurley & Kwon, 2012), as well as experiential approaches such as mindful photography that engage participants in a real-time, positive experience and ask them to savor it (e.g., Kurtz, 2015; Kurtz & Lyubomirsky, 2013). Finally, interventions focused on anticipation have asked participants to mentally time-travel to enticing future events (e.g., Quoidbach et al., 2009).

The current intervention adjusted several of these approaches to fit within the parameters of the current intervention. See Table 1, sessions 11 and 12, for an overview of the savoring module. Perhaps the most notable adaptation was restructuring the reminiscence and anticipation exercises into

a narrative format. This was accomplished with writing prompts that blended integral elements of the savoring and narrative identity literatures. Writing prompts asked participants to conjure a past memory or an anticipated future scene that is filled with great joy and describe that moment in terms of the five senses, interactions with others, and internal experiences (e.g., insight, creativity, thought). See session 12 of Appendix C for exact, savoring-related writing prompts. The goal was to first facilitate a “narrative mindfulness” of past and future positive experiences and then invite participants to use the savoring strategies they learned on the first day to enhance these experiences. A perk of the current intervention’s discussion-based format was that it organically involved the use of at least one collective savoring strategy: sharing with others (Hurley & Kwon, 2012; Smith & Bryant, 2017).

Forgiveness

Forgiveness is a possible response to perceived injustice—a matter of bridging the “injustice gap” between an agent’s actions and the way one believes the world *ought* to be (Worthington & Wade, 2020). Injustice gaps arise from what have been called “moral injuries,” or infringements upon one’s core values, especially those involving human dignity or worthiness (Buhagar, 2021). When faced with a more extreme injustice gap, individuals may experience unsettling reactions like rumination, depression, anxiety, bitterness, and hostility that can negatively impact their well-being and relationships (Worthington & Wade, 2020). In these situations, forgiveness forges a path to wellness.

Recently, authors have distinguished between two types of forgiveness: 1) the *decision to forgive*, which is a declaration of behavioral *intent*, and 2) *emotional forgiveness*, which involves the internal resolution of the negative feelings and judgments associated with the moral injury (Worthington & Wade, 2020). To *decide to forgive* is to acknowledge that forgiveness is the best course of action—to extend respect and grace to a perceived transgressor when responses like harboring resentment or seeking revenge are alternative means of restoring moral equilibrium. An individual who has made the decision to forgive might say something like, “*I really want to forgive my husband for*

cheating on me, but I'm not sure I can get past the pain and learn to trust again." After this commitment, truly coming to terms with the perceived injustice is thought to involve active emotional processing, such as taking the perspective of the offender and deriving meaning from the painful experience (Wade & Worthington, 2005).

The final product of this forgiveness process seems to depend on the relationship in question (Exline et al., 2003). If the target of forgiveness is a stranger or someone with whom the forgiver does not anticipate a future relationship, then the final product of forgiveness might be neutrality in the place of animosity (Worthington & Wade, 2020). Other authors have had a more idealistic standard, suggesting that, in the best-case scenario, it is possible for forgiveness of strangers to culminate in a sense of common humanity (Wade & Worthington, 2005). If the target is not a stranger but a lover or close friend—someone with whom the forgiver wishes to maintain an intimate relationship—then the final goal of forgiveness is thought to be not indifference but a renewed love and appreciation (Exline et al., 2003). These stipulations are complicated by the notion that others are not the only possible target of forgiveness; we may also forgive ourselves and situations (Thompson et al., 2005).

Unsurprisingly, whether forgiveness means relinquishing animosity or finding the humility to love again—whether it means forgiving oneself, another, or Creation itself—the scientific literature bears out what ancient philosophers and spiritual leaders have long professed: forgiveness leads to wellness (Akhtar & Barlow, 2018; Worthington & Wade, 2020). Individuals who tend to more gracefully resolve the injustice gap along with their negative emotions—that is, individuals who are higher in *dispositional forgiveness*—have reported better physical and mental health across numerous metrics, including higher levels of subjective well-being, psychological well-being, social well-being, health related quality of life, as well as lower levels of somatization (Worthington & Wade, 2020).

There are several theories about why and how forgiveness works. One of the more encompassing theories, the stress-and-coping theory, views moral injuries as stressors that perturb

psychological and physiological homeostasis (Worthington & Wade, 2020). While this an interesting hypothesis, other theories have better accounted for the connections between forgiveness and relational and spiritual well-being (Worthington & Wade, 2020). So far, no overarching theory has been endorsed (Worthington & Wade, 2020). Here, the intersection of forgiveness and narrative identity could be fertile territory. In this dissertation's introduction to positive psychology, it was offered that Frederickson's (2001) well-regarded "upward spiral" of positive emotion may influence the process by which self-defining memories are reorganized, interpreted, and codified in the working life story. More specifically, it was postulated that positive emotion might render adaptive or insightful memories more accessible. Forgiveness may function similarly in narrative identity formation (Booker, 2019). After a significant figure in the life story is forgiven, the scheme representing that individual may change, and the memories defining the relational scheme with that individual could shift concordantly. Alternatively, if a person's life story includes a morally injurious, self-defining memory (e.g., a betrayal-themed low point), then forgiving the perceived transgressor could spur more adaptive interpretations of the conflict. In other words, forgiveness may transform detrimental memories into kernels of insight or wisdom (e.g., "What can I learn about myself from that hurt?").

While not explicitly linked with narrative identity, two longstanding forgiveness interventions—Enright's process model and Worthington's REACH Forgiveness model—are amenable to this idea (Freedman & Enright, 2020; Harper et al., 2014). Initially, both were intended for a clinical context, so the comprehensive interventions were designed with an intensive, clinical method of service delivery in mind. In more recent years, researchers have started to see the potential for the use of similar theories and tools in non-clinical populations—a shift that has materialized several self-guided forgiveness workbooks that are adapted from the original interventions (Harper et al., 2014). With the author's permission, one such workbook (Worthington, 2018) was used in the pilot of the current intervention, which is discussed further in the methods section. Unfortunately, the pilot participants overwhelmingly

singled out this workbook as cumbersome and unhelpful, so it was removed from the current intervention. In its place, the forgiveness literature and intervention materials were distilled into psychoeducation and an abbreviated self-guided writing exercise that asked participants to explore forgiveness in the context of their life stories. See Table 1, sessions 13 and 14, for an overview of the forgiveness module. For exact writing prompts and agenda, see Appendix C.

In sum, forgiveness is complex, as it is inextricable from moral and religious convictions about what is right, colored by powerful moral emotions (e.g., disgust, guilt), and nested amidst an ensemble of possible corrective behaviors (e.g., revenge). As a psychosocial virtue, dispositional forgiveness is associated with a swath of wellness outcomes. In the current intervention, forgiveness was facilitated by a combination of psychoeducation and self-guided writing exercises that underscored how forgiveness may impact the life story.

Gratitude

As with forgiveness, philosophers and theologians have long considered gratitude a virtue that leads to the “good life” (Emmons & Crumpler, 2000). Despite this, the science of gratitude is in its infancy (McCullough et al., 2002). Part of this delay can be attributed to the challenge of operationalizing gratitude—there has been discussion about how best to define and measure gratitude since its scientific debut. Major concerns on this front have included 1) the issue of whether gratitude should best be studied as a state that manifests in the immediate aftermath of a benevolent act or as a dispositional trait and 2) if gratitude is primarily an interpersonal phenomenon or if it might also apply to the self and other nonhuman (e.g., facts of life, God) entities. More recently, Wood and colleagues (2010) advocated for a metatheoretical understanding of gratitude as a more *general life orientation toward the positive*. This definition seems to blend state and trait definitions by characterizing the grateful person as predisposed to experience gratitude more often and more intensely, whether it is in response to acute acts of altruism, mundane pleasures, or the awesomeness of the universe.

Regardless of how gratitude has been operationalized, the empirical literature has consistently supported its connection with diverse indicators of human flourishing, including higher levels of hedonic and eudaimonic well-being, autonomy, personal growth, self-acceptance, and prosocial behavior (Măirean et al., 2019; Yost-Dubrow & Dunham, 2018; Wood et al., 2009, 2010). Evidence also suggests that gratitude and the similar construct of thankfulness (cf. Kendler et al., 2003) are inversely related to many adverse experiences like negative affect, depression, generalized anxiety, phobias, bulimia nervosa, substance abuse, and post-traumatic stress disorder (Kashdan et al., 2006; Kendler et al., 2003). Interestingly, in line with the current study's personological approach, gratitude has also been associated with personality traits including higher levels of openness, conscientiousness, extroversion, and agreeableness and lower levels of neuroticism (Wood et al., 2009).

Generally speaking, there have been two main types of gratitude interventions: journal-style and letter-style interventions (Chan, 2011; Lyubomirsky et al., 2011; Seligman et al., 2005). Journal style interventions tend to involve briefer and list-like writing tasks, as in the "counting blessings" (McCullough et al., 2002) and "three good things" (Seligman et al., 2005) paradigms, where participants are simply invited to list positive things in their life. A slight exception to this rule would be the task assigned by Chan (2011), which asked participants not only to list their blessings but also to explain their significance. Alternatively, letter-style prompts (e.g., "gratitude visit"; Seligman et al., 2005) have asked participants to write a personal expression of gratitude to a significant figure in their life. For instance, participants have been asked to describe what the intended recipient of their letter did, why they are grateful for it, how the intended recipient impacted their lives in the past and present, and how participants feel toward the intended recipient of the letter (e.g., Lyubomirsky et al., 2011; Wong et al., 2016).

In crafting the current intervention, it was important to think through the tradeoffs associated with these two styles of gratitude interventions. Journal-style tasks—even the more extensive version

assigned by Chan (2011)—had a less narrative format and were less likely to induce the more elaborate, chronological processing that would infuse gratitude into one’s life story. Conversely, the gratitude letter instructions mirror the prompts in the Life Story Interview, which typically ask participants not only to detail a significant memory, but also to say how the memory factors into their general sense of self. Given the overall premise of the current project, this narrative format was viewed as a substantial pro of the letter-style interventions.

However, evidence suggests that journal-style interventions have had a more enduring impact on gratitude than letter-style interventions, whereas letter-style interventions have demonstrated stronger effects. These findings are likely because journal-style tasks have typically been relatively shallow and repeated whereas letter-style tasks have been more personal and one-off. Thus, it was postulated that multiple “doses” of gratitude, especially when woven into one’s life story, might result in both stronger and more enduring effects. Ultimately, to maximize wellness gains while utilizing a gratitude intervention format more congruent with narrative methods, the current intervention assigned two, slightly spaced-out gratitude letters. See Table 1 for the overall organization of the gratitude module, which included adaptations of gratitude letters from the scientific literature. Participants were instructed to write two separate gratitude letters, on two separate days, to a person or persons who positively influenced their life story. First, they were instructed to recount a specific episode that exemplified the positive impact the selected person(s) had on them. Next, they were asked to elaborate how, through actions taken in the recounted episode, the selected person(s) impacted their life and identity at the time of writing the letter. For exact prompts, see sessions 15 and 16 of Appendix C.

Hypotheses

Hypothesis 1 (H1): Pre-post Increases

It was hypothesized that there would be pre-post *increases* in participants' levels of narrative identity awareness, life satisfaction component of hedonic well-being, eudaimonic well-being, expressed agency in the high and low points of one's life story, and expressed communion in the high and low points of one's life story.

Hypothesis 2 (H2): Pre-post Decreases

It was also hypothesized that there would be pre-post *decreases* in participants' levels of depression, anxiety, and stress.

Participant Evaluations

Central to the success of the intervention is whether the participants found it to be valuable. This is a particularly important question in early formulations of the intervention because it indicates whether the developers are on to something worthwhile. Direct participant feedback is also useful in early stages of intervention development because sample sizes may be limited and, in the case of the current intervention, the measurement timeline may be too short to capture changes in personality or identity. To answer the question of whether participants found the intervention to be valuable, analyses will be conducted on three items taken from the post-intervention survey. These items will ask: 1) if the intervention helped participants understand who they are, 2) if the participants are likely to implement intervention material in their everyday lives, and 3) if participants would recommend the class to a friend.

Exploratory Analyses: Correlates of Well-being

Exploratory analyses will be conducted to assess whether (a) the life satisfaction component of hedonic well-being and (b) eudaimonic well-being related to narrative identity awareness, depression, anxiety, stress, expressed agency in the high and low points of one's life story, and expressed communion in the high and low points of one's life story. This will be examined separately for pre-intervention and post-intervention data.

Retention of Psychoeducational Material

A substantial portion of the intervention revolved around psychoeducational topics that were intended to impact participants' views of themselves and the world and to provide context for the intervention activities. In total, there were seven five-item quizzes, one for each psychoeducational module.

Methods**Pilot Intervention**

In the Fall of 2022, a pilot intervention was conducted to gauge student interest and refine the current dissertation project. An important part of this was navigating the technicalities and feasibility of using the Qualtrics survey platform in tandem with the intervention, especially whether participants' responses could be completely anonymized to ensure their privacy in the context of an ongoing academic course. A couple technological hiccups surfaced and were solved during this process, which functioned to smooth out the mechanics of the current study. Participants were primarily honors first years, and the setting of the intervention (i.e. an honors first year seminar) was virtually identical to the current study. Throughout the intervention, including in post-intervention surveys, participants consistently expressed that the intervention was valuable. A recurring theme in participants' feedback was that the facilitators created an open and conducive climate for engaging in vulnerable discussions about matters like personal identity and life challenges. This was encouraging to hear because there was concern the group format might stifle authentic participant engagement. Another point of feedback was that the self-guided forgiveness workbook was unruly and unhelpful. For this reason, the forgiveness module was revamped in the current and final version of the intervention.

Participants***Recruitment***

The study was conducted in the context of an honors first year seminar at Marquette University. Participants were recruited through the honors program, which requires students to take a first-year seminar but offers many sections that cater to student interest. As such, students were not required to enroll in the section of honors seminar associated with the proposed study. Instead, they selected into it just as they would with any other undergraduate course.

When browsing the course catalog to choose their first-year seminar, the generic description of the CORE Honors First Year Seminar (HOPR 1955H) was:

Orients first-year students to academic life at Marquette, prepares them to take an active and self-directed role in their learning, and develops their skills as effective and ethical communicators. Topic-based. Fulfills the MCC Foundations in Rhetoric requirement. Prereq: Admission to Marquette University Core Honors Program.

More detailed descriptions of each section were provided by the honors program. For example, the section of the seminar associated with this study was titled “CORE Honors First Year Seminar (HOPR 1955H): Narrating the Self”. The section description read as follows:

This course is centrally concerned with how individuals create their personal identities through stories. To understand this, we will explore the nature of narrative identity, including its philosophical underpinnings, how it is contoured by societal meta-narratives, and how it is related to well-being and meaning in life. Most importantly, this is a class about *YOU!* As you progress through the course material, you will do so by working on your own narrative identity in the hopes of becoming a more authentic author of your Life Story.

On the first day of class, students were informed about the structure of the course, including the option to submit their materials for research purposes. The course syllabus clearly distinguished academic requirements from research participation, and this separation was reiterated as the semester

progressed. Students were told they could opt out of the study with no academic penalties. Regardless of whether they consented to submit their materials for research, all students completed the same activities. Students who opted out of research completed course activities exclusively for academic and personal use. Their work was simply not collected as data. In sum, the participants in this study were honors students who enrolled in the Narrating the Self course *and* consented to submit their course materials for research purposes.

Sample

Of the 20 students enrolled in the course, 20 submitted pre-intervention data and 13 submitted post-intervention data. Participant demographics were only gathered post-intervention. Two participants who submitted post-intervention data did not submit demographic information. Accordingly, the demographic characteristics presented here are for the 11 participants who submitted demographic information post-intervention. All participants except one were second-semester honors freshmen at Marquette University. The one exception was a sophomore who waited to take their first-year seminar.

Participants reported on their age, gender, race, sexual orientation, faith, major, if they had ever received psychological services, and if they follow a regular wellness routine. The preponderance of the sample was nineteen years old (64%), female (55%), White (55%), heterosexual (82%), and Catholic (45%). There was a wide variety of college majors, with the greatest representation for political science (18%), biomedical sciences (18%), and engineering (18%). Slightly more than half (55%) had not received psychological services, but a majority (64%) did have an established wellness routine. For further details, see Table 3.

Measures

The instruments for this study were embedded in a larger battery of measures that included indices of personality, psychosocial virtues, and wellness. The instruments used in the current study

appeared in the following order: ANIQ, SWLS, PWBS, DASS-21, Guided Autobiography, Participant Evaluations. The measures used to test hypotheses for the proposed study were administered at pre- and post-intervention. A mixed methods approach was utilized for a more holistic assessment of participants' personality and wellness. Quantitative, self-report measures tapped into participants' narrative identity awareness, hedonic well-being, eudaimonic well-being, depression, anxiety, and stress. Quizzes were administered at the conclusion of each intervention module to assess the effectiveness of the provided psychoeducation. Additionally, the participant experience was examined with three key self-report questions. Finally, a semi-structured interview was utilized to gather qualitative data on participants' life stories. These stories were quantified for the narrative themes of agency and communion using validated coding schemes.

Quantitative Measures

Narrative Identity Awareness. Narrative identity awareness was assessed with the narrative identity awareness subscale of the full Awareness of Narrative Identity Questionnaire (ANIQ; Hallford & Mellor, 2015a). The subscale is 5 items, and participants rate how much each item is true of them on a scale from 0 ("completely disagree") to 10 ("completely agree"). Sample items include "My memories are like stories that help me understand my identity." and "I use my stories about my life to work out the kind of person I am.". The ANIQ has good convergent, divergent, and criterion validity, as well as a four-factor structure that has been verified through both exploratory and confirmatory factor analysis. The whole scale has a high test-retest reliability ($r = .72$ to $.79$), and its subscales have high internal reliabilities ($\alpha = .86$ to $.96$). Finally, research suggests that a one item self-report measure of narrative identity ("My sense of having a life story, or life stories, is strong"), similar in nature to the ANIQ subscale used in this study, was sensitive to changes induced by an intervention (Hallford & Mellor, 2015b). In this study, the ANIQ subscale showed acceptable internal reliability at pre ($\alpha = .78$) and post ($\alpha = .75$) assessment.

Life Satisfaction Component of Hedonic Well-being. Life satisfaction, considered as the global cognitive appraisal of one's quality of life, was measured using the Satisfaction with Life Scale (SWLS; Diener et al., 1985). The SWLS is a 5-item Likert scale with responses ranging from 1 ("strongly disagree") to 7 ("strongly agree"). Sample items include "In most ways my life is close to my ideal" and "If I could live my life over, I would change almost nothing". The SWLS has favorable psychometric properties, including good internal reliability ($\alpha = .87$), test-retest reliability ($r = .82$), and sensitivity to change during an intervention (Diener et al., 1985; Pavot & Diener, 1993). In this study, the SWLS demonstrated acceptable internal reliability at pre ($\alpha = .68$) and post ($\alpha = .70$) assessment.

Eudaimonic Well-being. Eudaimonic well-being was operationalized with the Psychological Well-Being Scale (PWBS; Ryff & Keyes, 1995), an 18-item self-report measure with responses ranging from 1 ("strongly disagree") to 6 ("strongly agree"). The PWBS has six subscales: self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relations with others. Confirmatory factor analyses found that the best fit was achieved by a model with six primary factors (one for each subscale) subsumed by a higher-order factor (overall psychological well-being). Thus, the use of total PWB scores is theoretically and empirically supported. The PWBS has satisfactory psychometrics, including strong within-subscale internal reliability (Ryff & Keyes, 1995). In this study, the PWBS showed acceptable internal reliability at pre ($\alpha = .82$) and post ($\alpha = .88$) assessment.

Depression, Anxiety, and Stress. Depression, anxiety, and stress were assessed with the short form of the Depression, Anxiety, and Stress Scale (DASS-21; Henry & Crawford, 2005), a 21-item self-report measure with responses ranging from 1 ("did not apply at all") to 4 ("applied very much/most of the time"). Research supports the use of an overall psychological distress score, as well as three distinct subscales for depression, anxiety, and stress that have high internal reliability (Henry & Crawford, 2005; α range from .82 to .93). The DASS-21 also has good convergent and divergent validity with other measures of depression and anxiety (Henry & Crawford, 2005). In this study, the DASS-21 subscales

demonstrated acceptable internal reliability at pre (Stress $\alpha = .67$; Anxiety $\alpha = .83$; Depression $\alpha = .86$) and post (Stress $\alpha = .73$; Anxiety $\alpha = .70$; Depression $\alpha = .80$) assessment.

Participant Evaluations. Three items taken from the post-intervention survey were designed to capture the quality of the intervention from the participants' perspectives. Appendix A illustrates the manner in which these were presented to participants. On these items, higher scores indicated greater subjective sense of identity clarification, greater likelihood of applying intervention takeaways in the real world, and greater intervention satisfaction, respectively. Core descriptive statistics (mean, range, standard deviation) will summarize this data, as applicable.

Retention of Psychoeducational Material. A total of seven psychoeducational quizzes, one per content module, were administered to assess the effectiveness of the psychoeducational material. Quizzes were five-items and multiple-choice. See Table 1 for an outline of these quizzes and when they were delivered. Higher scores on these quizzes were taken to indicate greater effectiveness of the intervention's psychoeducation. Core descriptive statistics (mean, range, standard deviation) will summarize this data, as applicable.

Qualitative Measures

Adapted Life story interview II (LSI-II; McAdams, *The Study of Lives Research Group*, 2022a).

The LSI-II is a semi-structured interview that asks participants to narrate salient features of their lives. This may be done verbally or in writing. The original LSI-II includes the following sections: A) Life Chapters, which prompts participants to think about their lives as stories, break these stories into two to seven major life chapters, and give each chapter a title; B) Key Scenes, including but not limited to a high point, low point, and turning point; C) Future Script, which asks participants to describe their next life chapter, dreams for the future, and a life project; D) Life Challenge, which instructs participants to unpack the greatest challenges of their lives; E) Personal Ideology, which asks participants to elaborate their religious and political ideologies and track how these have changed over time; F) Life Theme, which

invites participants to distill a central motif from their life story; and G) Other, which is a catch-all, free-response prompt designed to capture idiosyncrasies that might otherwise be missed.

An adapted version of the LSI-II, referred to as a “Guided Autobiography,” was administered in the present study. This involved several modifications to the original LSI-II. First, participants wrote their responses instead of orating them for later transcription. Second, the content of the original LSI-II was adjusted for the present context and population. Some prompts were removed to reduce respondent burden, others were altered to be more relevant to the university freshman, and novel prompts were created to capture important aspects of emerging adulthood. For instance, several key scenes from the original LSI-II were removed and replaced with a prompt asking participants to narrate an episode that exemplifies their transition to university. The full Guided Autobiography used in this study is displayed in Appendix B.

The Guided Autobiography generated rich qualitative data that serves as a window into participants’ narrative identities. Only participants’ High Point and Low Point narratives were used in the present study. Ultimately, these narratives were quantified for the themes of agency and communion using adapted versions of two pre-established coding schemes.

Narrative Themes

Agency. Fundamentally, the theme of agency in the life story is about the assertion of Self or one’s impact on other people and the environment (Bakan, 1966; McAdams et al., 1996). It encompasses other motivational themes like autonomy, mastery, and power, and it shares conceptual territory with individuation, self-efficacy, and internal locus of control (Adler, 2012a; McAdams et al., 1996). If a story has strong agentic themes, it suggests the author has an underlying proclivity toward self-definition, self-determination, or self-advancement in some way (Adler, 2012a; McAdams et al., 1996).

Within the research literature, agency scores are quantified differently. Some systems have captured the relative absence or presence of agency in the story across several subdimensions (e.g., 0 = absent, 1 = present; McAdams, *The Study of Lives Research Group*, 2022b), whereas others reflect the relative quality of agency in the story (e.g., 0 = powerless, 4 = masterful; Adler, *The Study of Lives Research Group*, 2022). The present study used an adapted version of the latter coding scheme. Thus, lower scores reflect a lack of self-determination and higher scores reflect a fuller sense of choice and control.

Communion. The theme of communion in the life story essentially concerns the blending of Self and Other, union, coexistence, harmony, shared purpose, or togetherness (Bakan, 1966; McAdams et al., 1996). Narratives that are higher in communion may depict companionship, love, conversation for its own sake, nurturance, or solidarity with a particular group or even all of humankind (McAdams et al., 1996). The person's story may overarchingly demonstrate the centrality of interconnectedness in their life, similar to the cultural notion of collectivism (Adler, 2012a; McAdams et al., 1996).

As with agency, some coding systems have captured the relative absence or presence of communion in the life story (e.g., 0 = absent, 1 = present; McAdams, *The Study of Lives Research Group*, 2022b), whereas others reflect the relative quality of communion (e.g., 0 = alienation, 4 = community; Adler, *The Study of Lives Research Group*, 2022). Again, the present study used an adapted version of the latter coding scheme, meaning that low scores reflect narratives depicting isolation and high scores reflect narratives depicting togetherness.

Critically, for both agency and communion, higher scores do not mean that the individual possesses more agency or communion in some metaphysical sense, wherein they have more free will or a greater capacity for connection. Higher scores also do not reflect behavioral realities. That is, higher agency scores do not signify that the person is more assertive in the real world, or that they are successful in bringing about their desires; similarly, higher communion scores do not suggest a mutual

sense of community. Instead, higher scores in agency or communion do indicate that the individual has constructed their identity and sense of meaning with respect to one of these core modes of life. For instance, it could be the case that a life story with strong agentic themes is more of a self-ideal than a historically objective account. The individual could write a life story centering how they single-handedly establishing their career, only for an outside perspective to reveal that their career is the product of nepotism and intergenerational wealth. In this case, the individual may *see themselves* as agentic or *wish they were* agentic, but probably did not “overcome all odds” as they recounted. The same could hold true of a narrative high in communion, in which the person may write themselves as considerate or self-sacrificial when they are perceived by others as self-centered. In sum, narrative themes of agency and communion are an opening into the individual’s motivational landscape and subjectively constructed narrative identity, not the objective reality of how they act in the world.

Narrative Coding

Participants’ high points and low points, both before and after the intervention, were scored for themes of agency and communion. Scores were discussed by a research team consisting of the dissertation chair, the author, a doctoral student, and two undergraduate research assistants. Most of the coding was completed by the doctoral student and undergraduate research assistants, with some involvement from the author. The dissertation chair was involved in troubleshooting and consensus-building, as will be outlined here.

The first step in the coding process was working toward consistent application of the coding systems by using pilot data from the previous year’s intervention. The original coding systems (Adler, *The Study of Lives Research Group*, 2022) featured scores ranging from 0 to 4. In these systems, a 0 indicated the inverse of the scored theme and a 4 indicated its strong presence. For instance, a score of 0 on agency meant that the writer portrayed themselves as completely powerless or strewn about by fate. That is, a 0 did not reflect the mere absence of narrative agency but rather an apparent anti-agency. A

score of 2 was given to narratives with no codable language for agency and narratives that were equal parts agentic and non-agentic. To see the complete original coding systems for agency and communion, please see Appendix D.

The next step was to establish inter-rater reliability by coding participants' high and low point narratives from the first four weeks of the intervention. With the original coding systems for agency and for communion, percent agreement reached 42%. The research team met to discuss this problem and decided to simplify the original coding system. The adapted coding systems winnowed the original five possible scores for agency and communion down to three possible scores: 1 (low), 2 (neutral), or 3 (high). The first four weeks of dissertation data were recoded in accordance with this new system. If an original value was a 0 or 1, it was recoded as 1 in the new system; if an original value was a 2, it stayed a 2 in the new system; if an original value was a 3 or 4, it became a 3 in the new system. See Appendix E for the final, adapted coding system.

After recoding, percent agreement on the first four weeks of data reached 61%. Due to this improved but still relatively low percent agreement, the team met to establish consensus on scores that differed between raters. This procedure was maintained for the remaining dissertation data as well. Percent agreement across agency and communion reached 78% between raters. Disagreements were resolved by team consensus.

Procedure

Intervention

The main objective of the study was to test a novel, positive-educational intervention that leveraged narrative processes to foster personal growth and wellness in college students. This intervention overlapped significantly with but was not identical to the above-described honors seminar. The course met for approximately fifteen weeks. The intervention took place over about eleven of those weeks. For the duration of the semester, there were typically two 75-minute meetings per week. There

was also occasional “homework” to be completed outside this time. A complete outline of the intervention is featured in Table 1, and the instructions for key intervention activities are displayed in Appendix C.

It is important to note that the activities used in the proposed intervention would vary along a spectrum of how directly they correspond with pre-existing, tested strategies in the scientific literature. At one end of this spectrum is the verbatim use of tested prompts or interventions. At the other end is the use of prompts or interventions that were co-created by the author and chair of this dissertation. Other activities fall somewhere in between. In sum, the components of the intervention may thus be understood along a spectrum that includes: 1) direct uses of tested strategies, 2) adaptations of tested strategies, and 3) original activities inspired by published scholarship.

Data Collection

Before collecting any data, the full research protocol was approved by Marquette University’s Institutional Review Board. Participants were required to be eighteen years old to participate. To protect their privacy, all participants were completely deidentified and randomly assigned Participant ID numbers by the Qualtrics software. This insured that the researchers were blind to which students had which Participant IDs, while still allowing for connections between pre- and post-data. The risks associated with the study were deemed to be minimal.

All data were collected using Qualtrics XM Platform™. Much of data collection was completed during class time. However, to reduce respondent burden, participants were also allowed to complete their responses outside of class time, so long as it fell within a specific window of time. This ranged, depending on the task, from one day to one week. After this window, the surveys were set to expire.

When necessary, missing data was extrapolated within each measure from each participant’s average response. Extrapolation was done on as granular a basis as possible. For instance, if the measure in question had subscales (e.g., PWBS), then data was extrapolated within each subscale for

each participant. If the measure did not have subscales, then all completed items were averaged per participant.

Analytic Strategy

H1: Pre-post Increases

Paired-samples T-tests will test changes in the following constructs from pre-intervention to post-intervention: narrative identity awareness, life satisfaction component of hedonic well-being, eudaimonic well-being, expressed agency as scored in high point and low point episodes from participants' life stories, and expressed communion as scored in high point and low point episodes from participants' life stories.

H2: Pre-post Decreases

Paired-samples T-tests will test changes in depression, anxiety, and stress from pre-intervention to post-intervention.

Participant Evaluations

Descriptive statistics (mean, range, standard deviation) will summarize participants' post-intervention survey results on three post-intervention survey items asking if participants would recommend the intervention to a friend, if it helped them understand who they are, and how likely they are to implement intervention learnings in their everyday lives.

Exploratory Analysis: Correlates of Well-being

Pearson's correlations will test the relations that 1) life satisfaction component of hedonic well-being (SWLS) and 2) eudaimonic well-being (PWBS) have with narrative identity awareness (ANIQ subscale), depression (DASS-21 subscale), anxiety (DASS-21 subscale), stress (DASS-21 subscale), expressed agency as scored in the high and low points of one's life story, and expressed communion as scored in the high and low points of one's life story. This will be tested separately for pre-intervention and post-intervention data.

Retention of Psychoeducational Material

Descriptive statistics (mean, range, standard deviation) will summarize participants' psychoeducational quiz scores on seven, five-item multiple-choice quizzes.

Results**H1: Pre-post Increases**

Paired samples T-tests did not find significant pre-post changes in narrative identity awareness, life satisfaction, psychological well-being, expressed agency in self-defining narrative episodes, or expressed communion in self-defining episodes ($ps \geq .58$). See Table 4 for details.

H2: Pre-post Decreases

Paired samples T-tests did not find significant pre-post changes in anxiety ($t = -1.09$; $p = .30$) and stress ($t = .749$; $p = .47$). There was a significant pre-post difference in depression such that participants' depression scores were higher post-intervention; $t(11) = 3.23$, $p < .01$, Cohen's $d = -0.93$. See Table 5 for details.

Participant Evaluations***Participant Endorsement***

At the end of the intervention, participants were asked to report on their experience of the intervention and the value it had for them. All respondents ($n = 10$) said they would recommend the class to a friend (See Item 1, Appendix A for exact item phrasing).

Personal Identity Development

One major aim of the intervention was to help participants become more authentic authors of their personal narrative identities. On average, respondents reported that the intervention helped with their identity development to a great extent ($M = 6.18$, $SD = .87$). All participants indicated that the intervention helped with personal identity development to some extent (i.e., no score below 5). Refer to Appendix A for exact item phrasing and Table 6 for results.

Everyday Life

Another aim of the intervention was that participants would be able to translate psychoeducational content and maintain imparted wellness practices in their daily lives. On average, respondents reported that they were likely to apply intervention content in their lives outside of the intervention ($M = 6.09$, $SD = .70$). All participants reported that the intervention helped to some extent (range from 5 to 7). See Appendix A for exact item phrasing and Table 6 for results.

Exploratory Analyses: Correlates of Well-being

Pearson's correlations examined the relations that life satisfaction and psychological well-being have with narrative identity awareness, agency, communion, depression, anxiety, and stress. Results for all correlations, for both pre- and post-data, are displayed in Table 7. It is important to note that the relation between life satisfaction and psychological well-being was significant at pre-intervention ($r = .53$, $p = .02$) but not post-intervention ($r = .35$, $p = .24$).

Pre-intervention

At pre-intervention, life satisfaction was significantly correlated with depression ($r = -.48$, $p = .03$) and stress ($r = -.46$, $p = .04$), but it was not significantly correlated with narrative identity awareness, anxiety, expressed agency in self-defining narrative episodes, or expressed communion in self-defining narrative episodes ($ps \geq .64$).

At pre-intervention, psychological well-being was significantly correlated with depression ($r = -.77$, $p < .001$) and stress ($r = -.54$, $p = .02$). Psychological well was not significantly correlated with narrative identity awareness, anxiety, expressed agency in self-defining narrative episodes, or expressed communion in self-defining narrative episodes ($ps \geq .30$).

Post-intervention

At post-intervention, life satisfaction was not significantly correlated with narrative identity awareness, expressed agency in self-defining narrative episodes, expressed communion in self-defining

narrative episodes, depression, anxiety, or stress ($ps \geq .07$). The post-intervention correlation between psychological well-being and depression was significant ($r = -.69, p .01$). Psychological well-being was not significantly correlated with narrative identity awareness, expressed agency in self-defining narrative episodes, expressed communion in self-defining narrative episodes, anxiety, or stress ($ps \geq .64$).

Retention of Psychoeducational Material

Participants' performance on the seven psychoeducational quizzes, one per intervention module, are summarized in Table 8. The highest average quiz score was for the Gratitude module ($M = 4.18, SD = .95$), and the lowest was for the Dominant Narratives module ($M = 3.06, SD = .83$).

Discussion

This overall aim of this dissertation project was to create, implement, and test a novel intervention for nurturing the whole person. The current study laid the philosophical and empirical groundwork for why narrative and positive psychology formed the core of the intervention: they counter current scientific trends in clinical psychology by honoring the holistic, subjective, and self-actualizing nature of the human person. The intervention itself consisted of seven content modules that were delivered over eleven weeks in the context of an honors first year seminar at a private, Jesuit university (see Table 1 for details). It was hypothesized that participants' wellness, as operationalized by diverse markers of both human suffering and flourishing, would improve over the course of the intervention.

Taking the results at face value, core hypothesis testing yielded mostly nonsignificant results. There was no evidence of increases in participants' narrative identity awareness, hedonic well-being, eudaimonic well-being, levels of agency in their high and low point narratives, or expressed communion in their high point and low point narratives. There was also no evidence of decreases in participants' levels of anxiety and stress. Unfortunately, the one exception to this trend of null inferential statistics

was the significant pre-post difference in participants' levels of depression, which suggests that participants' depression increased over the course of the intervention.

Overall, descriptive statistics were more auspicious. Post-intervention evaluations suggest that, on the whole, participants found the intervention to be valuable. For instance, all respondents ($n = 10$) reported they would recommend the intervention to a friend. Additionally, on average, respondents reported that the intervention helped with their identity development to a great extent. This finding is promising since narrative identity development was a main target of the intervention. Further, participants indicated that, on average, they were likely to apply intervention content in their everyday lives. This speaks to the intervention's feasibility and translational value. Participants' performance on psychoeducational quizzes was satisfactory on average, signifying acceptable levels of content retention. The highest average score was on the Gratitude module and the lowest was on the Dominant Narratives module. It is possible that the Dominant Narratives quiz produced the lowest average because participants struggled to grasp the complex and possibly confrontational notions of "invisible" social scripts and systemic privilege.

Bivariate correlations replicated many previous findings from the scientific literature. For instance, at pre-intervention, life satisfaction and psychological well-being had a moderate, positive correlation, corroborating the notion that hedonic and eudaimonic are distinct yet interrelated aspects of human flourishing. At pre-intervention, both life satisfaction and psychological well-being were negatively correlated with depression and stress. At post-intervention, psychological well-being was negatively correlated with depression. Other associations diverged from trends in past scholarship. For instance, at pre-intervention, neither life satisfaction nor psychological well-being were significantly correlated with anxiety, expressed agency in self-defining narrative episodes, or expressed communion in self-defining narrative episodes. At post-intervention, neither life satisfaction nor psychological well-

being were significantly correlated with expressed agency in self-defining narrative episodes, expressed communion in self-defining narrative episodes, anxiety, or stress.

Beginning to unpack these results, the tests of pre-post differences do not support the core hypotheses that the intervention would enhance wellness and attenuate stress, anxiety, and depression. Further, the pre-post increase in depression might indicate that the intervention had iatrogenic effects. Assuming these findings are not better explained by statistical shortcomings (e.g., insufficient power, familywise error), they may suggest the intervention was ineffective or harmful where related interventions have been efficacious and benign. This gap may be attributed to three main factors that distinguish the intervention from similar efforts: its recruitment strategy, group format, and combination of content areas.

To appreciate how the intervention's recruitment strategy may have impacted its efficacy, it is important to remember that participants first encountered the intervention as a description in Marquette University's academic course catalog. The course description, which emphasized the personal application of narrative psychology, may have understated the extent to which the course was intended to function as a wellness program. Accordingly, participants were initially drawn to the intervention not as patients or research participants, but as students. As a result, what might have materialized was a cohort of participants who were interested in narrative psychology, needed to satisfy a first-year seminar credit, and welcomed the course's mainly participation-based grading scheme in what was otherwise a year filled with significant adjustments and demanding coursework. Unlike psychotherapy clients who opt directly into services when they are motivated and ready to change, participants may not have approached the intervention as an opportunity for personal growth but rather as a discussion-based course with room for personal application. Overall, this could have precipitated under engagement with intervention content—a stipulation that is further supported by

the study's attrition rates. If participants were less engaged, they stood to benefit less from the intervention, even insofar as it incorporated historically effective paradigms.

In addition to its recruitment strategy, the intervention may also have been hindered by its group format. While group formats have been utilized in various realms of intervention (e.g., group psychotherapy, AA-style groups, peer support groups) because of their power capacities to normalize, enhance accountability, and create community, they also come with potential downsides like reduced privacy/confidentiality and increased social scrutiny. It is possible that participants were especially cautious about these risks due to the concern that intimate details of their life stories would propagate through the grapevine of the close knit honors program. These concerns may not have just shaped the group dynamics, but also individuals' narrative identity development. Indeed, the reviewed scientific literature on situated storytelling has contributed evidence that individuals tailor their narratives to the kinds of listeners in their audience (McLean et al., 2007; Pasupathi & Adler, 2021; Pasupathi & Billitteri, 2015). If participants were especially worried about being negatively perceived by other group members, they may have doctored their contributions to be more socially desirable. This could have robbed participants of the opportunity to benefit from authentic, vulnerable discourse with their peers. Furthermore, because the literature shows that individuals may internalize their perceived audiences, if participants imagined their cohort to be critical, this might also have stunted their private narrative identity development.

The final major factor that may be driving the pre-post findings is the intervention content. The most overarching concern is that the nonsignificant pre-post differences could reflect an unforeseen incompatibility between interventions from the narrative identity and positive psychology literatures. For instance, it is possible that repeatedly recounting positive memories may cause them to become stale. However, studies have demonstrated the success of narrative-based interventions—albeit not interventions for narrative identity *per se*—as vehicles for expressive writing, savoring, forgiveness, and

gratitude; this was a chief reason these areas of positive psychology were sampled for the current intervention (Bryant & Veroff, 2007; Lyubomirsky et al., 2011; Pennebaker, 1997; Worthington & Wade, 2020; Seligman et al., 2005). Furthermore, if the theory on expressive writing may provide direction, the frontrunning hypothesis is that the desired effects result from greater narrative coherence (Pennebaker, 1997). It would be strange for the more coherent narratives of gratitude or forgiveness that would arise from repeated accounts to be somehow counterproductive. Further research is needed to shed light on these questions.

A second concern related to the combination of intervention content is that the pre-post increases in depression could reflect participants being overwhelmed or taken off-guard by certain aspects of the intervention. Upon further examination, the intervention activities do seem to invite a wide spectrum of vulnerability, ranging from relatively lighthearted tasks like savoring a gustatory experience, to more personal yet uplifting tasks like writing about a high point in one's life story, to relatively intense tasks like expressive writing that likely involved tolerating some level of distress. Thinking of this range, it is possible that some of the intervention activities were ill-timed or premature for some participants. The group format may have exacerbated these issues by preventing individuals from receiving individual attention that could help them resolve their distress.

The observed pre-post increase in depression is further elucidated by consulting the norms of the DASS-21, which is nondiagnostic but stratifies depression scores into five tiers of severity: normal (0-9), mild (10-12), moderate (13-20), severe (21-27), and extremely severe (28-42; Henry & Crawford, 2005; Lovibond & Lovibond, 1995). Pre-intervention, the respondents reported an average depression score falling within the moderate range ($M = 18.84$). Post-intervention, respondents endorsed an average depression score falling within the severe range ($M = 23.00$). The fact that the sample of mainly second-semester first-years began the intervention with moderate depression scores is consistent with the rise of mental health problems on college campuses (Auerbach et al., 2018). These higher-than-

expected depression levels may have also amplified the need for individual attention that was lacking in the intervention's group format.

Moving on from discussing reasons for the intervention's inefficacy, an informal look at participants' high- and low-point narratives revealed several dynamics associated with navigating the life stage known as *emerging adulthood*, which has been characterized as an age of identity exploration, instability, self-focus, feeling in-between, and possibility (Arnett, 2007; Tanner & Arnett, 2016). Research on narrative identity development has enlivened the identity exploration part of this picture by confirming normative gains in aspects of autobiographical reasoning from the beginning of adolescence through the end of emerging adulthood (McLean & Lilgendahl, 2021). Experimentation is a key activity during this time, as emerging adults continue to position themselves with respect to their peers, feel out career prospects, and work toward psychological and financial independence from their primary caregivers (Arnett, 2007; Tanner & Arnett, 2016). Several of these activities appeared in participants' narratives, which covered peer rejection and belonging, the realization or pursuit of life callings, and the tensions of independence and responsibility that come with striking out on one's own. For example, in being apprehensive about the start of university, one participant wrote:

Seeing pictures of young me with my parents, who I hadn't seen for months, made me realize how much I missed them. It also made me wonder if I had done everything I could have done to make the best of the time I had with them, as I would soon not live with them anymore.

Another student authored a more positive story of their budding independence:

A high point in my life would be when my family left after moving into college. Of course it was such a bittersweet feeling but I had been wanting to be separated from them for so long that I was craving this moment. I just remember having this back and forth feeling of like, "Can I actually do this?", "Am I scared?", "What if.....". Yet, once I was finally left to my devices and got over the mushy gushy part I was over the moon. I knew that a lot of things within myself would

finally start to resolve regardless of how hard or easy it would be. I was just happy to be me and deal with only me. I think this shows just how much I love to be independent and how I like to be in charge of my life and not leave it in the hands of anyone else.

Taken together, these narratives captured how participants grappled with the demands of emerging adulthood.

Pivoting to limitations of the current study, one such limitation is that it cannot assess the intervention in causal terms. Participants were not randomly assigned to the intervention and to a control group, such to isolate the intervention effects. Thus, whatever significant pre-post differences may have materialized, it could not be concluded that the intervention *caused* them. Rather, it can only be said that the observed effects occurred in the context of the active intervention. Even if the study had utilized random assignment, participants were not randomly sampled from the student population. Instead, the sample consisted of a group of honors students who chose not only to enroll in the course but to participate in research. This recruitment strategy certainly could have selected for a biased sample of more conscientious, psychologically minded, or high functioning students. Therefore, the results are not readily generalizable to the wider student population. Although these inability to speak to causality or generalize the results are certainly limitations of the current study, they also defuse the concern that the intervention may have caused the observed increases in depression (i.e., that there were iatrogenic effects). Indeed, if it could not be said that the intervention caused hypothetical pre-post improvements, then it would be equally fallacious to argue it caused the observed increases in depression.

Another salient limitation of the current study is its small sample size. Although it is not uncommon for early-stage interventions to start small and scale up once inevitable kinks are ironed out, in the context of the current study the small sample size renders the inferential statistics tenuous. On one hand, hypothesis testing was definitely underpowered, therefore inflating the risk of type two error.

On the other hand, significant results might be statistical artifacts. In this respect, the results ought not to be taken at face value because both nonsignificant and significant inferential statistics could be erroneous.

Despite these limitations, the present study succeeds in its aim of nurturing the whole person through three main contributions. The first is that it clearly articulates the subtle yet profound and ubiquitous grip of the scientific medical model on clinical psychology. By appealing to indispensable aspects of the human person that are lost to the philosophical assumptions of the medical model, this study establishes the need for more holistic approaches. The second major contribution of the current study is its theoretical framework, which combines constructivist principles of narrative identity with positive psychology's orientation toward human flourishing. Prior to the current study, little research has translated the contemporary science of narrative identity into interventions for improving human lives, let alone woven narrative sensibilities into positive psychological interventions. The third and final substantive contribution of the current study is the novel intervention itself, which brought together several distinct areas of narrative scholarship and positive psychological interventions.

Several future directions stand to build on these contributions and further the initiative of the present study. One avenue would be to continue researching the intervention in its current form. While this study does many things well, if the intervention is to gain traction it will be critical for future research to employ methods that support causal attribution and more rigorous statistical procedures. Testing the intervention with a larger sample size would be a straightforward yet integral next step. To preserve the vulnerable, discussion-based mode of the intervention, it would be necessary to limit cohort size. Thus, a larger sample size would ideally be achieved by aggregating data from multiple cohorts. To take full advantage of an increased sample size, it might also be important to prevent attrition by offering incentives or recruiting participants who would be more actively invested in the intervention and its scientific progress. Indeed, of the 20 participants who submitted pre-intervention

data, as few as 10 completed post-intervention measures. This high attrition rate reduced the statistical power of the repeated samples t-tests in the current study and would erode the advantages of an increased sample size in future work.

Another methodological improvement would be to utilize experimental designs with comparison groups, such as waitlist controls or alternative wellness interventions. Should the data be favorable, this would support stronger claims about the causal efficacy of the intervention and how it stacks up against similar interventions. For instance, given the emphasis on narrative identity and positive psychological interventions, it might be hypothesized that the current intervention shines with respect to identity development or meaning in life, but that it is less effective than other wellness interventions when it comes to improving participants' physical health.

While classical experimental methods are needed to determine whether the intervention succeeds in its aim of nurturing the whole person, it would still be essential to understand how positive changes in narrative identity and wellness come about. Part of this is the need to ascertain a greater understanding of narrative change processes in general. In fact, a special issue of *Qualitative Psychology* that was dedicated to problems of change and stability in repeated narration called for more research in this area (Adler, 2019). A slightly narrower yet vital topic, absent from this special issue, was how issues of repeated narration and narrative change processes may function differently in the context of an intervention.

One promising sphere of research for augmenting the study of narrative change processes is complexity science, which encompasses several methods that quantify open, dynamical systems. The methods of complexity theory are diverse and include approaches like nonlinear dynamics, time series analysis, network estimation, and machine learning that have been utilized across many scientific fields (Borsboom & Cramer, 2013; Gelo & Salvatore, 2016; Kallemeyn et al., 2020; Koole & Tschacher, 2016; Olthof et al., 2023). Yet, they all emphasize similar principles, like the notion of interaction-dominant

dynamics, which suggests that global system behavior arises from complex interactions amongst component parts. Applying this scientific paradigm to clinical psychology, researchers have produced insights into psychotherapy and mental disorders, such as redefining several diagnoses as symptom networks rather than diseases (Borsboom & Cramer, 2013; Gelo & Salvatore, 2016; Kallemeyn et al., 2020; Koole & Tschacher, 2016; Olthof et al., 2023).

Given how narrative identity is a perpetual rough draft that is authored in conversation with others and with society, it seems to qualify as an open, dynamic system. Moreover, the way that narrative identity responds to intervention might be recast in complexity science terms as adjusting the parameters (i.e., affordances, constraints) within which narrative identity can evolve. Exploring a similar premise, a recent study by Kerr and colleagues (2020) appears to be one of the first to articulate a complexity science perspective on narrative identity in general, let alone narrative identity and wellness. To understand the narrative processes contributing to mental health recovery, seventeen peer support specialists were administered an adapted version of the same Life Story Interview employed in the current study. Using template analysis, a qualitative analytic technique that assumes certain *a priori* themes but induces specific coding systems from the data, it was uncovered that the theme of self-mastery, especially in redemptive turning points, was predominant in participants' recovery narratives. Drawing from the language of complexity science, Kerr and colleagues (2020) reframed the prevalence of self-mastery in participants' turning points as a *bifurcation* point, or "fork in the road," whereby participants exert their agentic capacities to redirect their life course from stagnation in the undesired *attractor* of mental illness to recovery in the desired *attractor* of recovery. Future research could empirically strengthen this framing by gathering repeated narratives, employing hallmark analytic techniques like time series analysis, or examining how recovery functions during an active intervention like the one in the current study.

Grounded theory, an inductive approach to analyzing qualitative data, may compliment a complexity science perspective in bolstering the study of narrative change (Tie et al., 2019). The present study adopted a more top-down, or etic, approach to analyzing participants' high and low points by using preexisting coding schemes for agency and communion (Beals et al., 2020). This decision was informed by past scholarship linking narrative themes to indices of wellness, but it came with the tradeoff of precluding novel themes that may have emerged from bottom-up, or emic, data analysis (Beals et al., 2020). In future work, grounded theory could be utilized to uncover narrative themes that signify distinct narrative processes. For instance, novel themes may distinguish participants who improve from those who do not, or they may differentiate between participants who are and are not involved in the intervention. From there, analytic techniques from complexity science could be used to quantify the underlying dynamics of these distinct narrative processes. For instance, when complex systems transition from one stable state to another (e.g., unhealthy to healthy narrative tendencies), they often exhibit *critical slowing down*, or a slower return to baseline steady states (Wichers & Groot, 2016). It might be the case that participants who improve from the intervention exhibit this marker of change right before sudden gains from the intervention (Adler et al., 2013). Taken together, grounded theory could be used to pinpoint experience-near signatures of distinct narrative processes, and methods from complexity science could determine the underlying dynamics of these processes.

Pivoting from the methods to the content of the intervention, it would be welcome for future research to experiment with different permutations of the intervention by altering or replacing its modules. For example, the particular combination of psychoeducation and writing exercises comprising the Narrative Identity and Wellness module was inspired by Thomsen and colleagues' (2023) guide to narrative repair but was simplified to nest within the overall intervention. So long as the module continues to serve the purpose of helping participants craft healthier narrative identities, future iterations could be flexible about what activities are involved. For instance, instead of instructing

participants to write about a memory that exemplifies agency or communion in the hopes that this would amplify these memories or sensitize participants to salubrious narrative themes, writing exercises may have instead relied on more open-ended questions as Thomsen and colleagues suggest.

Investigators may also elect not only to adjust but to replace intervention modules. Given the prominence of mindfulness in the positive psychological and clinical literatures, as well as the substantial overlap between mindfulness and present-moment savoring, one option would be to replace the savoring module with a mindfulness module. A difficulty that may arise with this substitution is trying to facilitate “narrative mindfulness,” as most mindfulness exercises tend to involve something like “letting go” of the very languaging mind that would be, by definition, activated during narrative tasks. Neurophenomenological research supports this distinction in that there appear to be relatively independent functional networks and self-states involved in pure experiential awareness (i.e., experiential self) vs. self-referential thinking (i.e., narrative self), respectively (Berkovich-Ohana et al., 2020; Gallagher, 2000). Another option would be to substitute or add a module on the identification of personal strengths. The study of character strengths is pronounced in the positive psychological literature and would uphold the spirit of nurturing the whole person (Park & Peterson, 2009). To integrate this within a narrative framework, participants might be instructed to complete research-based strengths inventories (e.g., VIA; Park & Peterson, 2009), and then narrate memories that exemplify their top two strengths. All said, there is much room for creativity in riffing on the current intervention, so long as it remains within the purviews of narrative and positive psychology.

Zooming out to the field of clinical psychology as a whole, it is important to acknowledge the thoughtful, diligent endeavors that are already advancing the field toward nurturing the whole person. Perhaps the greatest indications of this work are the official inclusion of the Alternative Model of Personality Disorders in the DSM-5 (APA, 2013; Hopwood, 2018a; Mulay et al., 2018; Waugh et al., 2017) and the incorporation of narrative identity in the personality disorders section of the ICD-11 (Lind,

2021). These developments—the culmination of substantial research and debate across several subfields of psychology—are incredibly encouraging because they suggest the field is open to dialog and they codify the renaissance of the whole person.

Outside of institutional developments, there is a great deal of research moving the field of psychology toward nurturing the whole person. This includes the work of figures like Jonathan Adler, Jefferson Singer, Dorthe Thomsen, Tine Holm, Rikke Jensen, Masje Lind, and Anne Pederson, to name a few. Adler became the Editor in Chief of the preeminent journal, *Personality and Social Psychology Review*, in 2022. His work on narratives about psychotherapy received a dedicated subsection in the preceding section on Narrative Identity and Wellness, and he continues to spearhead much of the frontline research on narrative identity and well-being. Singer (2005) wrote a prescient book, *Personality and Psychotherapy: Treating the Whole Person*, that was a major inspiration for the current study. Thomsen, Holm, Jensen, Lind, and Pederson (i.e., Thomsen et al., 2023) published a recent book, *Storying Mental Illness*, that centralizes a wealth of knowledge on narratives and psychopathology, including components of White and Epston's (1990) narrative therapy. Their research on narrative identity and psychopathology was also granted its own subsection. An interesting point of comparison with these clinical applications of narrative identity is the scholarship of Jack Bauer (2021), whose research and most recent book, *The Transformative Self: Personal Growth, Narrative Identity and the Good Life*, work toward an innovative framework for how narratives of personal growth are conducive to human flourishing. For the most part, Bauer is not concerned with psychopathology but with well-being, which makes his work better aligned with a positive psychological rather than a clinical perspective.

These works are substantial contributions to the project of nurturing the whole person, to be sure. However, it will be important to keep an eye on how the science of narrative identity and wellness becomes situated with respect to the medical model. In trying to reach across the aisle, will narrative

identity decorate otherwise reified diagnostic categories? Or will it elevate a more humanistic, phenomenological framework for psychological healing?

The answer to these questions may lie partially in how the movement toward nurturing the whole person is embraced in psychotherapeutic practice. Despite becoming marginalized under the current reign of the medical model, more holistic forms of psychotherapy like psychodynamic and humanistic-existential orientations are alive and well. Cambridge Health Alliance in Cambridge, Massachusetts (Cambridge Health Alliance, 2024) and Access Institute in San Francisco, California (Access Institute, n.d.) are both APA-accredited sites that offer psychodynamic internships and fellowships. The APA-accredited clinical psychology program at Duquesne University is founded in “human science psychology,” a phenomenologically informed framework consistent with humanistic-existential psychotherapy (Duquesne University, n.d.). Interestingly, narrative therapy per se seems to have fallen off as a training model, though it may still be in use by individual therapists. Imagining the future of psychotherapy, it remains to be seen if and when the pendulum will swing back in favor of these holistic, non-manualized therapies. Many of the methods outlined here—like measures of narrative identity and wellness, as well as process-oriented data analytic techniques from complexity science—could catalyze a resurgence of these therapies by operationalizing dynamic, phenomenological definitions of therapeutic progress (e.g., insight, self-actualization) and buttressing their already-solid yet overlooked evidence base (Angus et al., 2015; Drill et al., 2006, 2019; Fonagy, 2015).

To conclude by returning to a silver lining of the current study, it should not be glossed over that participant evaluations of the current intervention were highly favorable. Given the small sample size and that the intervention is in its formative stages, participants’ direct reports on the value of the intervention might provide the strongest indication that it is onto something deserving of further refinement and scale. The frontier of clinical psychology is wide open for exploring diverse ways to

nurture the whole person. Hopefully the current study ignites innovation in this pressing and vital area of scholarship.

Tables

Table 1

Intervention Breakdown

Topic	Session	Agenda (For specific activities, see Appendix C)	Measures
Phase I: PRE-INTERVENTION			
	1	<ul style="list-style-type: none"> • Orient students to syllabus • Orient students to research protocol • Informed consent • Start measures 	<ul style="list-style-type: none"> • Life Story Interview-II (McAdams, 2007) • Awareness of Narrative Identity Questionnaire (Hallford & Mellor, 2017) • Satisfaction with Life Scale (Diener et al., 1985) • Psychological Well-Being Scale (Ryff & Keyes, 1995) • Depression, Anxiety, and Stress Scale (Henry & Crawford, 2005)
	2	<ul style="list-style-type: none"> • Complete measures 	<ul style="list-style-type: none"> • Continue above measures
Phase II: THE NARRATIVE SELF			
Narrative Identity	3	<ul style="list-style-type: none"> • Psychoeducation on personhood¹ • Psychoeducation on personology² <ul style="list-style-type: none"> • (McAdams, 2013) 	
	4	<ul style="list-style-type: none"> • Self-applied personology: <ul style="list-style-type: none"> • Rate actual and ideal personality traits¹ • Complete personal strivings and self-score for agency & communion² <ul style="list-style-type: none"> • (Emmons, 1986) 	<ul style="list-style-type: none"> • Psychoeducational quiz on Narrative Identity module (Quiz 1)

¹ Created by author and chair; inspired by scientific literature

² Adaption of tested strategies

		<ul style="list-style-type: none"> Three writing prompts that demonstrate links between participant as actor, agent, and author¹ 	
Narrative Identity & Wellness	5	<ul style="list-style-type: none"> Psychoeducation on agency and wellness Write agentic autobiographical memory¹ Psychoeducation on communion and wellness Write communal autobiographical memory¹ Write autobiographical memory that blends agency & communion¹ 	
	6	<ul style="list-style-type: none"> Psychoeducation on redemption and wellness Write redemptive autobiographical memory¹ Psychoeducation on contamination Write contamination autobiographical memory¹ Psychoeducation autobiographical reasoning and wellness Write about self-event connections² 	<ul style="list-style-type: none"> Psychoeducational quiz on Narrative Identity & Wellness module (Quiz 2)
Dominant Narratives	7	<ul style="list-style-type: none"> Psychoeducation on dominant narratives Write deviation narrative³ <ul style="list-style-type: none"> (McLean et al., 2017) Psychoeducation on dominant narratives and power Write on racial/ethnic identity³ <ul style="list-style-type: none"> (Syed & Azmitia, 2008) 	
	8	<ul style="list-style-type: none"> Psychoeducation on dominant narratives regarding sex/gender and sexuality Write on sex/gender identity³ <ul style="list-style-type: none"> (McLean, Shucard, & Syed, 2017) Write on sexual identity³ <ul style="list-style-type: none"> (Syed & Azmitia, 2008) 	<ul style="list-style-type: none"> Psychoeducational quiz on Dominant Narratives module (Quiz 3)
PHASE III: POSITIVE PSYCHOLOGY			
Expressive Writing	9	<ul style="list-style-type: none"> Psychoeducation on expressive writing 	

³ Direct use of tested strategy

		<ul style="list-style-type: none"> 20-30 minutes of independent expressive writing per day for the next 5 days³ <ul style="list-style-type: none"> (Pennebaker & Chung, 2012) 	
	10	<ul style="list-style-type: none"> Continue psychoeducation expressive writing 	<ul style="list-style-type: none"> Psychoeducational quiz on Expressive Writing module (Quiz 4)
Savoring	11	<ul style="list-style-type: none"> Psychoeducation on savoring the present moment Savoring exercise: eating food² 	
	12	<ul style="list-style-type: none"> Psychoeducation on savoring the past and future Reminiscence write¹ Anticipation write¹ 	<ul style="list-style-type: none"> Psychoeducational quiz on Savoring module (Quiz 5)
Forgiveness	13	<ul style="list-style-type: none"> Psychoeducation forgiveness and wellness Forgiveness writing assigned; one prompt per day for the next four days 	
	14	<ul style="list-style-type: none"> Discussion forgiveness 	<ul style="list-style-type: none"> Psychoeducational quiz on Forgiveness module (Quiz 6)
Gratitude	15	<ul style="list-style-type: none"> Psychoeducation gratitude Gratitude letter² 	
	16	<ul style="list-style-type: none"> Second gratitude letter² 	<ul style="list-style-type: none"> Psychoeducational quiz on Gratitude module (Quiz 7)
PHASE IV: POST- INTERVENTION			
	17		<ul style="list-style-type: none"> Same measures as Pre-Intervention Demographic assessment Participant Experience Questionnaire
	18		<ul style="list-style-type: none"> Continue above measures
Debrief	19	<ul style="list-style-type: none"> Discuss intervention experiences and feedback 	

Table 2*Parallels Between the Self and Story (Reproduced from Bruner, 2002)*

	Qualities of the Self	Qualities of a Good Story
1.	It is teleological and agentive, replete with desires, intentions, and aspirations and endlessly in pursuit of goals.	A story needs a plot.
2.	In consequence, it is sensitive to obstacles, real or imagined: responsive to success or failure, unsteady in handling uncertain outcomes.	Plots need obstacles to goals.
3.	It responds to its judged successes and failures by altering its aspirations and ambitions and changing its reference groups.	Obstacles make people reconsider.
4.	It relies on selective remembering to adjust the past to the demands of the present and the anticipated future.	Tell only about the story-relevant past.
5.	It is oriented toward “reference groups” and “significant others” who set the cultural standards by which it judges itself.	Give your characters allies and connections.
6.	It is possessive and extensible, adopting beliefs, values, loyalties, even objects as aspects of its own identity.	Let your characters grow.
7.	Yet it seems able to shed these values and possessions as required by circumstances without losing its continuity.	But keep their identities intact.
8.	It is experientially continuous over time and circumstances, despite striking transformations in its contents and activities.	And also keep their continuities evident.
9.	It is sensitive to where and with whom it finds itself in the world.	Locate your characters in the world of people.
10.	It is accountable and sometimes responsible for formulating itself in words, becoming troubled when words cannot be found.	Let your characters explain themselves as needed.
11.	It is moody, affective, labile, and situation-sensitive.	Let your characters have moods.
12.	It seeks and guards coherence, eschewing dissonance and contradiction through highly developed psychic procedures.	Worry when your characters are not making sense—and have them worry, too.

Table 3*Sample Demographics*

<u>Variable</u>	<u>Response</u>	<u>#</u>	<u>%</u>	<u>Mode</u>
Age	19	7	64	19
	18	4	36	
Gender	Female	6	55	Female
	Male	5	45	
Race	White	6	55	White
	Black	2	18	
	Latinx	1	9	
	American Indian	1	9	
	Mixed	1	9	
Sexual Orientation	Heterosexual	9	82	Heterosexual
	Bisexual	1	9	
	Other	1	9	
Faith	Catholic	5	45	Catholic
	Christian	3	28	
	Orthodox	1	9	
	Agnostic	1	9	
	None	1	9	
Major	Political science	2	18	Political Science

	Biomedical sciences	2	18	Biomedical Sciences
	Engineering	2	18	
	Psychology	1	9	
	Criminology	1	9	
	Nursing	1	9	
	Digital Media	1	9	
	N/a	1	9	
Psychological Services	Yes	5	45	No
	No	6	55	
Wellness Routine	Yes	7	64	Yes
	No	4	36	

Table 4*Pre-post Increases*

Variable	Mean (SD)		N	t	p
	Pre-test	Post-test			
Narrative Identity (ANIQ)	37.67 (6.37)	38.50 (6.67)	12	.42	.68
Life Satisfaction (SWLS)	24.50 (4.72)	24.50 (5.54)	12	.00	1.00
Psychological Well-being (PWBS)	84.00 (9.91)	82.75 (9.38)	12	-.57	.58
Agency	4.1 (0.99)	4.2 (0.63)	10	.29	.78
Communion	4.1 (0.88)	4.1 (0.99)	10	.00	1.00

Table 5*Pre-post Decreases*

Variable	Mean (SD)		N	t	p
	Pre-test	Post-test			
Depression (DASS-21)	9.42 (2.31)	11.50 (2.94)	12	3.23	.008**
Anxiety (DASS-21)	13.42 (4.85)	12.58 (3.85)	12	-1.09	.30
Stress (DASS-21)	13.00 (3.28)	13.67 (3.70)	12	.749	.47

Table 6*Participant Evaluations*

Item	N	Mean	Min	Max	Standard Deviation
This class was effective in teaching course material.	11	6.27	4	7	1.01
This class has helped me understand who I am.	11	6.18	5	7	0.87

1 = strongly disagree

7 = strongly agree

Table 7*Correlates of Well-being*

	Pre-Intervention		Post-Intervention	
	Life Satisfaction (SWLS)	Psychological Well-Being (PWBS)	Life Satisfaction (SWLS)	Psychological Well-Being (PWBS)
Narrative Identity Awareness (ANIQ)	-.06	.21	.23	.38
Agency	-.07	.26	-.19	-.29
Communion	-.05	-.30	.32	.06
Depression (DASS-21)	-.48*	-.77**	-.34	-.69**
Anxiety (DASS-21)	-.11	-.17	.51	.13
Stress (DASS-21)	-.46*	-.54*	.29	.17

Table 8*Psychoeducational Quiz Scores*

Quiz Topic	N	Mean	Standard Deviation
Quiz 1: Narrative Identity	16	3.63	1.09
Quiz 2: Narrative Identity & Wellness	17	3.71	1.21
Quiz 3: Dominant Narratives	17	3.06	0.83
Quiz 4: Expressive Writing	18	3.72	1.13
Quiz 5: Forgiveness	15	3.80	1.08
Quiz 6: Savoring	14	3.36	0.84
Quiz 7: Gratitude	17	4.18	0.95

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Participant Evaluations

Yes

No

Strongly disagree
1

2

3

4

5

6

Strongly agree
7

This class was effective in teaching course material.

O

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This class has helped me understand who I am.

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Appendix B

Guided Autobiography

Introduction

The following prompts are intended to help you tell your life story. As a social scientist, I am interested in knowing your story, including parts of the past as you remember them and the future as you imagine it. The story is selective; it does not include everything that has ever happened to you. Instead, I will ask you to focus on a few key things in your life—a few key scenes, characters, and ideas. There are no right or wrong answers to these questions. Instead, your task is simply to write about some of the most important things that have happened in your life and how you imagine your life developing in the future. The questions will guide you so that you finish in about two hours.

The main goal is simply to gather your story. As social scientists, my colleagues and I collect people's life stories in order to understand the different ways in which people live their lives and understand who they are. I think you will enjoy the process.

A. Life Chapters

Please begin by thinking about your life as if it were a book or novel. Imagine that the book has a table of contents containing the titles of the main chapters in the story. What are the main chapters in the book? Please give each chapter a title and write a little bit about each chapter. As a storyteller here, what you want to do is to give an overall plot summary of your story, going chapter by chapter. You may have as many chapters as you want, but I would suggest having between about 2 and 7. Please write between 150 to 300 words in the space below.

B. Key Scenes

Now that you have described the overall plot outline for your life, please focus in on four key scenes that stand out in your story. A key scene would be an event or specific incident that took place at a particular time and place. Consider a key scene to be a moment in your life story that stands out for a

particular reason—perhaps because it was especially good or bad, particularly vivid, important, or memorable. For each of the four key events, please describe in detail what happened, when and where it happened, who was involved, and what you were thinking and feeling in the event. In addition, please say why you think this particular scene is important or significant in your life. What does the scene say about you as a person? Please be specific.

High Point

Please describe a scene, episode, or moment in your life that stands out as an especially positive experience. This might be the high point scene of your entire life, or else an especially happy, joyous, exciting, or wonderful moment in the story. Please describe this high point scene in detail. What happened, when and where, who was involved, and what were you thinking and feeling? Also, please say a word or two about why you think this particular moment was so good and what the scene may say about who you are as a person. Please write between 150 to 300 words in the space below.

Low Point

This second scene is the opposite of the first. Thinking back over your entire life, please identify a scene that stands out as a low point, if not the low point in your life story. Even though this event is unpleasant, I would appreciate your providing as much detail as you can about it. What happened in the event, where and when, who was involved, and what were you thinking and feeling? Also, please say a word or two about why you think this particular moment was so bad and what the scene may say about you or your life. Please write between 150 to 300 words in the space below.

Turning Point

In looking back over your life, it may be possible to identify certain key moments that stand out as turning points—episodes that marked an important change in you or your life story. Please identify a particular episode in your life story that you now see as a turning point in your life. If you cannot identify a key turning point that stands out clearly, please describe some event in your life wherein you went

through an important change of some kind. Again, for this event please describe what happened, where and when, who was involved, and what you were thinking and feeling. Also, please say a word or two about what you think this event says about you as a person or about your life. Please write between 150 to 300 words in the space below.

Transition Story

The transition from high school to university is often a significant change in the lives of young adults. Please identify one new scene (in other words, do not repeat your high point, low point, or turning point scene) that captures your transition to university. Please describe this scene in detail, tell what happened, when and where, who was involved, and what you were thinking and feeling. Also, please say a word or two about what you think this event says about you as a person or about your life. Please write between 150 to 300 words in the space below.

C. Future Script

The prompts in this next section shift from asking you to write about key scenes in your life and instead ask you to narrate your imagined future.

Dreams, Hopes, Future Plans: Part One

The college experience is often a time of accelerated personal growth and change. Considering this, please imagine a future scene that demonstrates how you would like to have grown by the end of this semester. Please describe this future scene in detail, including what is happening, when and where, who is involved, and what you are thinking and feeling. Also, please say a word or two about how this event speaks to your life or who you are as a person. Please write between 150 to 300 words in the space below.

Dreams, Hopes, Future Plans: Part Two

Now imagine you are 27 years old and that life has gone well for you. It isn't a fantasy, but it's a very good version of reality. Describe a scene from this imagined future that exemplifies what your life

will be like at the age of 27. Please describe this future scene in detail, including what is happening, when and where, who is involved, and what you are thinking and feeling. What marks your success? Who have you become? Please write between 150 to 300 words in the space below.

Life Project

Please describe your life project. This life project might be a "mission" or major goal. It may involve your family or your work or some other area of life. Once you have written about what that life project is, please write about why you think it is important for you and/or for other people. Please write between 150 to 300 words in the space below.

D. Life Challenge

The prompts in this next section shift from asking you to write about your imagined future and instead ask you to elaborate upon a major life challenge.

Looking back over your entire life, please identify and describe what you now consider to be the greatest single challenge you have faced in your life. What is or was the challenge or problem? Please write between 150 to 300 words in the space below.

How did the challenge or problem develop? Please write between 150 to 300 words in the space below.

How did you address or deal with this challenge? Please write between 150 to 300 words in the space below.

What is the significance of this challenge or problem in your own life story? Please write between 150 to 300 words in the space below.

E. Personal Ideology

The prompts in this next section shift from asking you to write about a life challenge and instead ask you to elaborate upon key personal values and beliefs.

Faith

Please take a moment to write about the role of faith in your life. Is faith an important part of who you are? How religious and/or spiritual are you? What is your faith? Please write between 150 to 300 words in the space below.

Political Orientation

What is your political orientation? Do you have a particular political point of view? Are there specific social issues or causes about which you feel strongly? Please explain. Please write between 150 to 300 words in the space below.

Ideological Change

Please tell me about how your basic values (e.g., faith, political orientation) have developed over time. Where did they come from? Have they changed in important ways? What are they based on now? Please explain. Please write between 150 to 300 words in the space below.

F. Life Theme

The prompt in this next section asks you to write about the theme of your life as a whole.

Looking back over your entire life story with all its chapters, scenes, and challenges, and extending back into the past and ahead into the future, do you discern a central theme, message, or idea that runs throughout the story? Please identify the major theme of your life story. Please explain. Please write between 150 to 300 words in the space below.

G. Other

Whereas the prompts so far have asked you to write about something specific, the next one is a free response that invites you write about anything else you think is important to your life story.

What else should I know to understand your life story? Please write between 150 to 300 words in the space below.

Appendix C

Intervention Activities

Topic	Session	Activities
Phase I: PRE-INTERVENTION /ORIENTATION		
	1	No activities
	2	No activities
Phase II: THE NARRATIVE SELF		
Narrative Identity	3	Psychoeducation on narrative identity
	4	<p>Rate actual and ideal personality traits</p> <ul style="list-style-type: none"> Participants completed a brief 10-item measure of the Big Five personality traits (Gosling, Rentfrow, & Swann, 2003) Participants drew a continuum for each personality trait and placed an “X” representing their actual score and an “O” representing their ideal score. For instance, one student might score low in conscientiousness but wish they were more conscientious. <p>Complete five personal strivings and self-score for agency & communion</p> <ul style="list-style-type: none"> Participants completed five sentence stems beginning with “I typically try to...” as an abbreviated exercise taken from Emmons’ (1986) work on personal strivings, which operationalized the “Agent” level of personality Participants scored their own answers for agency and communion <p>Three writing prompts that demonstrate links between participant as actor, agent, and author</p> <ol style="list-style-type: none"> Tell a story about an actual past event that illustrates how you act out your strongest personal striving. Identify the personality trait on which your X is furthest from your O. That is, the personality trait on which your actual self is most distant from your ideal self. Write about who you would be if you bridged the gap. What would your ideal self look like? What would you need to do to become that person? In what ways is your self-as-actor (i.e., personality traits) connected to your self-as-agent (i.e., personal strivings)?
Narrative Identity & Wellness	5	<p>Psychoeducation on agency and wellness</p> <p>Write agentic autobiographical memory</p> <ul style="list-style-type: none"> Write about an episode from your life story wherein you had an impact on other people or events <p>Psychoeducation on communion and wellness</p> <p>Write communal autobiographical memory</p> <ul style="list-style-type: none"> Write about an episode from your life story wherein you had a strong sense of connection with others or collective identity

		<p>Write autobiographical memory that blends agency & communion</p> <ul style="list-style-type: none"> Write about an episode from your life story wherein both agency (i.e., feeling of influence or control over your fate) and communion (i.e., feeling in harmony or in relationship with others) were salient
	6	<p>Psychoeducation on redemption and wellness</p> <p>Write redemptive autobiographical memory</p> <ul style="list-style-type: none"> A redemptive narrative portrays a sequence in which a bad situation (e.g., adversity, negative emotion) turns into a positive outcome (e.g., upward social mobility, insight) <p>Psychoeducation on contamination</p> <p>Write contamination autobiographical memory</p> <ul style="list-style-type: none"> A contamination narrative portrays a sequence in which a good situation (e.g., opportunity, love) turns into a negative outcome (e.g., disappointment, hurt) <p>Psychoeducation autobiographical reasoning and wellness</p> <p>Write about self-event connections</p> <ul style="list-style-type: none"> Write about an event that captures a stable attribute of yourself. Please elaborate on how that event illustrates that attribute.
Dominant Narratives	7	<p>Psychoeducation on dominant narratives</p> <p>Write deviation narrative (McLean et al., 2017)</p> <ul style="list-style-type: none"> We all have our own personal life story made up of our experiences and interpretations of those experiences. Sometimes stories from our lives, or aspects of our lives, don't completely match the storyline that others (society, culture, family, friends, etc.) expect us to have, or what is considered appropriate, normal, or accepted. Have you ever felt that your story diverged from what was considered to be normal, expected, or accepted? Please describe it in the space provided below, including how it made you feel, and its significance to you (if any). This could be something that was a discrete event, something more general about yourself or your life, or anything in between. Please write between 150-300 words. <p>Psychoeducation on dominant narratives and power</p> <p>Write on racial/ethnic identity (Syed & Azmitia, 2008)</p> <ul style="list-style-type: none"> Please recall an instance in which you became particularly aware of your <i>race</i> or <i>ethnicity</i>. What was your age at the time of the event? Who were you with? How did you react to this event? What did you do to handle, resolve, or otherwise make sense of this event? How did you feel when this event occurred? Did this event affect how you view your own race or ethnicity? Did this event affect how you view race or ethnicity in general? Please write between 150-300 words.
	8	<p>Psychoeducation on dominant narratives regarding sex/gender and sexuality</p> <p>Write on sex/gender identity (McLean, Shucard, & Syed, 2017)</p> <ul style="list-style-type: none"> Please recall an instance in which you became particularly aware of your <i>sex</i> or <i>gender</i>. What was your age at the time of the event? Who were you with? How did you react to this event? What did you do to handle, resolve, or otherwise make sense of this event? How did you feel when this event occurred? Did this event affect how you view your own <i>sex</i> or <i>gender</i>? Did

		<p>this event affect how you view <i>sex or gender</i> in general?" Please recall an instance in which you became particularly aware of your <i>sex or gender</i>. What was your age at the time of the event? Who were you with? How did you react to this event? What did you do to handle, resolve, or otherwise make sense of this event? How did you feel when this event occurred? Did this event affect how you view your own <i>sex or gender</i>? Did this event affect how you view <i>sex or gender</i> in general?"</p> <p>Write on sexual identity (Syed & Azmitia, 2008)</p> <ul style="list-style-type: none"> Please recall an instance in which you became particularly aware of your <i>sexuality</i>. What was your age at the time of the event? Who were you with? How did you react to this event? What did you do to handle, resolve, or otherwise make sense of this event? How did you feel when this event occurred? Did this event affect how you view your own <i>sexuality</i>? Did this event affect how you view <i>sexuality</i> in general
PHASE III: POSITIVE PSYCHOLOGY		
Expressive Writing	9	<p>Psychoeducation on expressive writing 20-30 minutes of independent expressive writing per day for the next 5 days (Pennebaker & Chung, 2012)</p> <ul style="list-style-type: none"> For the next 5 days, I would like for you to write for 20 minutes about your very deepest thoughts and feelings about the most traumatic experience of your entire life. In your writing, I'd like you to really let go and explore your very deepest emotions and thoughts. You might tie this trauma to your childhood, your relationships with others, including parents, lovers, friends, or relatives. You may also link this event to your past, your present, or your future, or to who you have been, who you are now, or who you would like to be. You may write about the same general issues or experiences on all days of writing or on different topics each day. Not everyone has had a single trauma but all of us have had major conflicts or stressors--and you can write about these as well. all of your writing will be completely confidential. Don't worry about spelling, sentence structure, or grammar. The only rule is that once you begin writing, continue to do so until your time is up.
	10	Psychoeducation on expressive writing continued
Savoring	11	<p>Psychoeducation on savoring the present moment Savoring a specific food</p> <ul style="list-style-type: none"> Eat three grapes while being aware of all sensory aspects of the experience. Use savoring strategies as outlined by Bryant (2007)
	12	<p>Psychoeducation on savoring the past and future Reminiscence write</p> <ul style="list-style-type: none"> Recall a specific moment when you overflowed with joy. Please describe that moment. Were any of the 5 senses a part of that moment? If so, please write about what you were sensing. Were relationships or interactions with others a part of that moment? If so, please write about those relationships or interactions. Were internal experiences (e.g., insight, creativity, thought) a part of that moment? If so, please write about them. Please write <i>at minimum</i> 150 words.

		<p>Anticipation write</p> <ul style="list-style-type: none"> Imagine a time in the distant future when you are 70 years old. Think about a possible joy-filled moment during that year of your life. Please describe that moment. Were any of the 5 senses a part of that moment? If so, please write about what you were sensing. Were relationships or interactions with others a part of that moment? If so, please write about those relationships or interactions. Were internal experiences (e.g., insight, creativity, thought) a part of that moment? If so, please write about them. Please use <i>at minimum</i> 150 words.
Forgiveness	13	<p>Psychoeducation forgiveness and wellness</p> <p>Students complete forgiveness writing for the next four days</p> <ul style="list-style-type: none"> Day 1: Forgiveness Reflection: What does forgiveness mean to you? <ul style="list-style-type: none"> In class, we spent time discussing forgiveness in depth. Now I would like you to reflect on what you have learned and consider how it applies to your life. Begin by writing about your experience with forgiveness in your life so far. Even if you have not yet encountered forgiveness, you can write your thoughts about it. Think about what forgiveness means to you, and how you might have developed that meaning. What life experiences have influenced how you think about forgiveness? What has forgiveness meant to you so far, and what might it mean for you in the future? Give as much detail as you can. Day 2: Telling the Injustice Story <ol style="list-style-type: none"> Please tell a story of a time in your life when you were hurt by someone. This can be anything caused by another person (or group of people) that affected you negatively. Your story might include (but is not limited to), a relationship in which you were betrayed, a time you experienced unfair treatment, or an experience you had growing up that caused you harm. Begin by writing the events of the story in as much detail as possible. Next, write about the thoughts and feelings you have toward the person(s) who caused the harm, and toward the offense itself. How did you feel when it happened? What feelings do you currently have about the situation? Now, consider how it might have impacted your life story. How has this experience affected who you are as a person, for better or for worse? Day 3: Perspective-Taking <ul style="list-style-type: none"> Today I want you to think about the person or people you wrote about in your injustice story, specifically, those responsible for causing you harm. What do you think their experience was with the event(s)? Why do you think they acted or responded in the ways that they did? What emotions could they have been feeling? As you think about their experience, try to imagine yourself in their shoes. Think about what kinds of factors in their own lives might have caused them to act or respond how they did. Please write as much as you can to address these questions. Day 4: Considering Forgiveness in the Injustice Story <ul style="list-style-type: none"> Today I want you to revisit the story you told about an injustice or hurt you experienced. As you think about that story, consider what might happen if you were to forgive the person(s) responsible for the hurt. If

		<p>you have forgiven the offender, write about your experience with forgiving. Remember that forgiveness does not require reconciliation. You need not allow the person back into your life or restore the relationship to forgive them. As you imagine forgiving, how does that make you feel? Consider the possible benefits to yourself and to others in the story if forgiveness were to take place.</p>
	14	Discussion forgiveness
Gratitude	15	<p>Psychoeducation gratitude</p> <p>Gratitude letter</p> <ul style="list-style-type: none"> ○ Think about someone who positively influenced your life story. Write them a letter thanking them for the positive impact they had on your life story. In your letter, make sure to do two things, using <i>at minimum</i> 150 words: <p>1) Narrate a specific episode that exemplifies the positive impact they have had on your life story. (E.g., "I remember this one time where we...[insert what happened]."</p> <p>2) Elaborate on the overall impact the person has had on your life story and who you are at this point in your life. (E.g., "This memory exemplifies how [elaborate on their positive impact]."</p>
	16	<p>Second gratitude letter</p> <ul style="list-style-type: none"> ○ As with your last letter, please think about someone who positively influenced your life story. Write them a letter thanking them for the positive impact they had on your life story. This time, however, <u>please choose either a different person or a different episode</u> that exemplifies a separate positive impact on you. In your letter, make sure to do two things: <p>1) Narrate a specific episode that exemplifies the positive impact they have had on your life story. (E.g., "I remember this one time where we...[insert what happened]."</p> <p>2) Elaborate on the overall impact the person has had on your life story and who you are at this point in your life. (E.g., "This memory exemplifies how [elaborate on their positive impact]").</p> <p>Please write <i>at minimum</i> 150 words.</p>
PHASE IV: POST- INTERVENTION /DEBRIEFING		
	17	No activities
	18	No activities
Debrief	19	Discuss intervention experiences and feedback

Appendix D

Original Coding Systems for Agency & Communion (Reproduced from Adler, The Study of Lives Research Group, 2022)

Agency:

Code 0-4, where 4 = highest agency

- 0- Protagonist is completely powerless, at mercy of circumstances; all action is motivated by external powers; or narrative is not written in first person (rare).
- 1- Protagonist is somewhat at the mercy of circumstances, with primary control of the plot at the hands of external powers.
- 2- Recorded where there is no code-able language pertaining to the theme of agency (quite rare), or when narrative displays equal amounts of both agentic and non-agentic elements.
- 3- Protagonist is minimally at the mercy of circumstances, with the majority of the control of the plot in the hands of the protagonist.
- 4- Protagonist is agentic, able to affect their own life, initiate changes on their own, and achieves some degree of control over the course of their experiences; may or may not include description of some struggle to achieve agentic status.

Communion:

Code 0-4, where 4 = highest communion

- 0- Protagonist is completely disconnected, isolated, or rejected and strong disconnection language is predominant.
- 1- Protagonist is mostly disconnected from others, and disconnection language is predominant, though some connection language is present; or only mildly negative connection language is used.

- 2- Recorded where there is no code-able language pertaining to the theme of communion (quite rare), or when narrative displays both communal and non-communal elements.
- 3- Protagonist is mostly connected to others and rich connection language is predominant, although some disconnection language is present; or only mildly positive connection language is used.
- 4- Protagonist is highly connected to others and rich connection language is predominant.

Appendix E*Adapted Coding Systems for Agency & Communion*

Agency:

Code 1-3, where 3 = highest agency

- 1 - Narrative demonstrates a lack of agency. The narrator appears at the mercy of their circumstances. Their actions are motivated by external powers, and the plot seems to be controlled by outside forces.
- 2 - The narrative is equally agentic and non-agentic, OR the narrative does not include any language that indicates either high or low agency.
- 3 - Narrative includes evidence of agency. The narrator demonstrates control of their own fate and appears to have power over their environment. Actions appear to be driven by their own decisions and influence.

Communion:

Code 0-4, where 4 = highest communion

- 1 - The narrative shows evidence that the author is disconnected, isolated, or rejected. Mild connection language may be present; however, disconnection language is predominant.
- 2 - The narrative contains equal amounts of communal and non-communal language, OR the narrative does not have evidence indicating high or low communion.
- 3 - Narrative shows evidence that the author is connected to others. Mild disconnection may be present, but connection language is predominant.