Narrative Processing: A Brief Introduction

Narrative Processing (NP) arose out of the Russo-Ukrainian War as a new paradigm for therapeutic writing related to living through war to include all members of the population from soldiers to civilians to volunteers. Narrative Processing encompasses the cognitive and emotional mechanisms through which individuals interpret life events by constructing, interpreting, and reinterpreting personal narratives. NP utilizes instruction in creative writing alongside specific Bibliotherapy Case Studies. This method creates opportunities and prompts for individuals who have experienced war or other traumatic events to write through their experiences. NP is designed for flexibility depending on the intended audience. Curriculum and Case Studies can be targeted at various affected groups (combat veterans, first responders, war survivors, natural disaster survivors, domestic\sexual Abuse Survivors). NP can also be tailored for those of diverse spiritual beliefs (Judaism, Eastern Orthodoxy, Catholic, Protestant, Muslim) utilizing specific references and examples. It can also be utilized for atheists, agnostics and neo-pagans.

Psychology uses various narratives to include Narrative Therapy (NT), Written Exposure Therapy (WET), and Bibliotherapy to treat various psychological disorders (anxiety, depression, trauma\PTSD, eating disorders, and addiction). Some of these do not require an actual therapist and can be taught or led at a peer-to-peer level. PTSD and Complex PTSD typically require a clinical setting.

Narrative processing—the process of organizing life events into structured and meaningful narratives—has been identified as a crucial psychological mechanism for coping and recovery (Bruner, 1990). Through the medium of storytelling, individuals can reconstruct coherence within their disrupted self-concept, integrate traumatic memories, and reestablish a sense of agency (McAdams, 2001).

Moral Injury and Story

NP originally was designed more for those suffering from moral injury than it was for those suffering from PTSD, Complex PTSD and other disorders. However, those psychological disorders such as addiction and eating disorders that may have a moral component may also benefit.

All human populations have a moral code from which they draw whether it be religious, civilizational, familial, or organizational. Much of what we draw our moral code from are narratives to include religious writings, stories, legend, and myth. Some are drawn from the organizations we belong or have belonged to. Most of our moral code is a soup containing ingredients from multiple sources. We choose the personal ingredients from each source and combine them to develop what we then form as our own personal moral code. Some elements of these codes we are willing to compromise while others are unwavering. We sometimes have a choice to compromise certain elements of a code. This is a moral

decision not made under pressure. Let's call that a minor moral injury because we consciously decided it. All injuries must be treated in order to heal.

In combat or faced with existential threats, we often make choices for survival that violate our core moral code. We can also witness the breaking of those codes by others. We may be the object and victim of the breaking of a core moral code while not under duress but simply because someone we know, trust, respect, took an action that affected us. Any of these can be classified as a serious injury. No serious injury heals without treatment.

"*There is such a thing as moral value, and this can be attached to anything, from an object to a human being. The moral value of something like a life is usually predetermined at a young age. However, with training, this neurological standpoint can be altered.*" *– Ted Shirley.*

Moral Injury Classification

Can we use medical terminology to determine the status of serious moral injury?

For example, the Abbreviated Injury Scale (AIS) as determined by the Association of the Advancement of Automotive Medicine is as follows:

1. Minor
2. Moderate
3. Serious
4. Severe
5. Critical
6. Unsurvivable

We could expect those with Minor and Moderate moral injury to self-treat through apps, online classes, informal online\offline groups, and other very basic sources. We enter a whole different world when we reach those who we would classify as Serious, Severe, and\or Critical each with their own level of attention and therapeutic practices. Unsurvivable would be extremely difficult to determine or treat because that individual is most likely on the very edge of suicide while Serious, Severe, and Critical can also quickly progress to that same point.

How to we then diagnose the level of moral injury? Is it even possible to diagnose it on an injury scale? Are those who have it even seeking healing or treatment? What is our triage protocol?

Moral Injury Triage

Here we are using the Emergency Severity Index (ESI) as determined by the Emergency Nurses Association (ENA):

Level 1. Resuscitation-Immediate, life-saving intervention required.
Level 2. Emergent-High risk situation. Potential threat to life. (surgery)
Level 3. Urgent-Stable, but requires multiple resources. (fractures)
Level 4. Semi-Urgent. Stable, requires one resource. (Simple laceration)
Level 5. Non-urgent. Stable requires no resources. (Sore throat, over the counter)

The military uses a different classification system based on the battlefield, and we should also take this into account when we are assisting veterans versus civilians. Meaning that a different approach and more immediate treatment may be needed for veterans because they have a higher likelihood of getting to suicide simply because of their comfort with death, weapons, and quick decisions.

"What lingers after the shock wears off is the deep moral injury of grief, perhaps the most common psychological wound of the generation that fought in Iraq and Afghanistan." – David Wood

Narrative Processing in Diagnosis of Moral Injury

Those with moral injury are often unaware that they even have one. Often, it's manifested within symptoms associated with PTSD. NP can be used here in the diagnosis stage by both psychologists and those who assist with moral injury. The other problem is the ability to vocally express what's at the core and thus, it's difficult to determine if there is a psychological disorder or a moral injury. NP can alleviate some of the difficulty by creating a pathway to non-verbal communication at an individual or group level. Results at both levels have been observed in Ukraine from soldiers and civilians alike. (Sennett, J. et al. 2026).

Creating an environment of safety and privacy allows potentially affected individuals to take a "class" in Narrative Processing. This helps them create an identity as an author, artist, or historian of their own experience. It takes away the identity of a victim and thus begins a step on a healing journey.

A triage evaluation can be utilized in a shorter format using a non-fiction\essay lesson format that can be conducted a few hours a day over several days. Experience in Zhytomyr has shown that it is best conducted on consecutive days. Based on this, a three-to-five-day class is optimal, but it also could be done over two longer days.

Clearly, this writing is most effective if a professional is given permission to review it. Here, a code and clinical protocols must be stressed and communicated clearly. Without their writing being made available to a professional, no diagnosis or steps to diagnosis can be made. Not all populations and individuals will respond to NP. Essentially, it's best when offered as an educational option for free as part of a larger first aid or treatment kit.

Complete privacy and confidentiality must be established so that class participants willingly submit their writing to the instructor\therapist\clergy.

Participant writing should be reviewed by one-two people with a background in psychology and moral injury. The importance of a theological basis or background along with psychological training is optimal. This will have to be disclosed to those who take the class and submit their work. Each reader of the material would then privately and independently write an assessment, and both would submit these to a panel to determine potential next steps for individual treatment. The instructor(s) would be the best to deliver this assessment to the potential affected party in direct private meetings after the conclusion of the class. A personal rapport will have been developed in most cases and delivery by the instructor perhaps accompanied by another professional would be best. A code and standard practices need to be developed in with feedback, divulgence, and suggested treatment sphere.

Narrative Processing in the Treatment of Moral Injury

In essence, NP can be a confession to oneself through the writing and development of a personal narrative. These personal narratives are not written for the purpose of publication although some might choose that route. Healing begins with the self and then grows beyond that. NP is designed to help individuals process their own experience in a meaningful way through creative writing while providing examples (Bibliotherapy Case Studies) from others who have gone through the same or similar experiences.

Meaning-making constitutes a vital component of psychological adaptation in the aftermath of trauma, and narrative processing serves as a fundamental mechanism for facilitating this process. According to Park's (2010) integrative meaning-making model, there is a distinction between global meaning, which encompasses core beliefs, life objectives, and assumptions regarding the world, and situational meaning, which pertains to the evaluation of specific events. Traumatic experiences frequently disrupt the alignment between these two levels, resulting in psychological distress when an event challenges an individual's global meaning framework. Narrative processing promotes healing by empowering individuals to reconstruct their narratives in ways that resolve this incongruence. Narrative-based interventions, including structured storytelling, guided autobiography, and expressive writing programs, have demonstrated efficacy in facilitating post- traumatic growth (PTG) by fostering meaning-making, emotional processing, and coherent identity reconstruction (Neimeyer, 2006; Pennebaker & Seagal, 1999).

Narrative Processing is a pathway to healing from moral injury because it gives an individual tools and time to construct their story whether it be confessional or simply as a chronicle. Writing is an exercise that utilizes the deeper recesses of both the physical brain and the soul. The writer then has time to look at their work, edit if needed, and face some of the demons that might not arise in talk therapy simply because they are deeply hidden.

NP can be utilized both at the individual and group level depending on the participants and their willingness or interests.

Narrative Processing at the treatment level is often delivered in a longer and more intensive manner than the initial class utilized for diagnosis which focuses on creative non-fiction as the primary form of writing. In this phase, we employ the *Creative Voices* (CV) as developed by Barbara Nickless and Erin Fowler at the Lyda Hill Institute for Human Resilience at the University of Colorado-Colorado Springs who are the co-creators of the Narrative Processing technique. They normally teach the class over the course of a standard university semester. Time and funding constraints could make this difficult and the classes could be taught in shorter timeframe.

Online classes have been shown to be effective in the delivery of Written Exposure Therapy. The stress here being that for those who have been diagnosed, a live facilitator may be better than simply making a class available online. In some cases, an online class that is not facilitated might be effective for those who fall lower on a diagnosis scale. However, those who require feedback will need to be enrolled in an online class that allows them to turn in assignments and receive feedback. A experimental non-fiction Narrative Processing class for active-duty and military has been made available for free on YouTube at https://www.youtube.com/playlist?list=PL3hxNfGlBtPANPmMHJ8qYQ48A6iQULBld

CV utilizes the various genres of creative writing which are essential in the healing of moral injury. For instance, fiction is often employed because writing a non-fiction account requires placing the self within the moral injury story. This is often especially difficult when the self has broken the moral code. Writing fiction allows the morally injured person to create a character other than self to tell the story. However, it's also utilized when one observes the breaking of the moral code by a country, organization, or institution that the morally injured person thought stood for something. We see this in Kurt Vonnegut's *Slaughterhouse Five*.

NP employs all the tenets of CV with the only major difference being the use of tailored Bibliotherapy Case Studies for the audience it is being delivered to. Additionally, a longer programme and deeper instruction also creates a "tribe" in the sense that classmates become comfortable and open up more as the class progresses. Participants also begin to identify more as writers, authors, poets than victims. Results from Zhytomyr Polytechnic State University (ZPU) showed that using case studies greatly motivated the participants to write and share their own stories on a deeper level than they had in the genre related classes. This is what one might call shared trauma through literature.

Narrative Processing as a Preemptive Strike

One of the founding principles of the Narrative Processing Programme is that it can be utilized as a preemptive strike against PTSD and moral injury for military, police, firefighters, EMTs, and trauma nurses\doctors in the form of structured training for those already

working in those fields and especially for those who are currently entering the profession as trainees. The basics of NP can be easily and efficiently taught in order to provide both a self-treatment and treatment outlet for these professions.

Soldiers, police, firefighters, EMTs are issued a First Aid Kit (FAK) early in their training and prior to any deployment. Or they are assigned to a vehicle or facility that is equipped with one. Almost all trainees of these professions are taught first aid and must pass tests related to it. It's a core part of their initial. There are specific pieces of equipment within these first aid kits, and they are trained on how to use each piece within the kit.

Narrative Processing would be a piece of equipment in their professional psychological, moral, and ethical first aid kit. Most of these professions are given instructions on resilience, reaction, and other relevant psychological coping mechanisms specific to their professions and/or assignments. NP could be part of that kit as it is effective for psychological and moral injury as well as having the potential to build an ethical framework.

For example, a trained professional in the field who has received basic NP training can begin the cycle for themselves or can teach the basics to someone who has suffered a traumatic event. A soldier in the field often treats themselves first if they are able. It's standard operating procedure (SOP) when a medic is not available. Anyone treating or sitting with the wounded or trauma affected can teach the basic tenets of NP. In this sense, NP is used as a dressing on a wound to begin the process and can be employed in the triage stage.

Recruits in boot camp and police academies could greatly benefit from Narrative Processing for psychological, moral, and ethical foundations. Developing this type of model at the basic training level instills these three mechanisms at an institutional level that trickles up into existing commands. This creates an organization wide programme which can be part of a required continuing education model. Basically, NP creates a culture within an organization or institution which then becomes part of its core values.

Conclusion

Ted Shirley spent twelve years fighting his demons which were diagnosed initially as PTSD. In his tenth year of therapy, he was diagnosed with moral injury. Twelve years of life went by in a haze before he actually felt cured. This is far too long and heavy a burden for people to carry regardless of the initiating event or experience. We can ask if Ted had understood moral injury in the beginning, would his time to healing been shorter? Studies show that many diagnosed with PTSD really have more of what is defined as moral injury. How do we catch that earlier so it can be treated? Narrative Processing is one tool that can be used because it creates a creative outlet which facilitates more direct communication of the traumatic experience. Those who take years to speak might only take months to write.

Experts who are properly trained could have a better tool for diagnosis and treatment of moral injury if NP is properly developed.

Narrative Processing is evolving in a warzone that is defined by Ukraine's adaptability, iteration, and in-person validation. It is still being developed and currently is primarily focused on veterans and their families to include those who have lost family members due to the war. Results from ZPU did show that some participants utilized NP to help begin the healing process from past abuse unrelated to the war. This shows that the potential for further development of NP that is tailored to specific trauma\disaster\abuse audiences is worth exploring and developing. Additionally, the potential for basic NP training for those professions most likely to experience trauma\disaster and or respond to them has crucial potential for all of those. Funding, curriculum, development, and testing are all necessary in the psychology, psychosocial, and moral injury fields for Narrative Processing.

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