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An Empowering Story: Participatory Design and Feasibility of a Recovery-Focused Narrative Group Intervention for Persons With Personality Disorders

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Enhancing personal recovery in persons with personality disorders is an important but understudied topic. Guided by the framework for developing and evaluating complex interventions of the U.K. Medical Research Council, this study follows a qualitative approach with the first aim of using the best scientific, professional, and client expertise to design a narrative intervention aiming for personal recovery in persons with personality disorders. The second aim was to assess the feasibility of the intervention in a practice setting before an effectiveness study can be conducted. The prototype included a 12-week intervention "An Empowering Story" consisting of weekly group sessions with homework and a life story book as final product. Both studies show that the overall aim and structure of the intervention are highly appreciated by professionals as well as clients. The preliminary findings pave the way to examine the effectiveness of "An Empowering Story" in a controlled study.

Public Significance Statement
The present study suggests that a 12-week group narrative intervention may be helpful in enhancing personal recovery in individuals with personality disorders. Writing assignments support the exploration of new perspectives on their lives, which are shared within the group and documented in a digital application to print a unique life story book. Both patients and clinicians appreciate the intervention, which is especially appropriate during the last part of a psychotherapeutic treatment.

Keywords: narrative identity, group intervention, personal recovery, personality disorder, life story book

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Persons with personality disorders (PDs) are a heterogeneous group with complex presentations that are characterized by significant distress and/or functional impairment across different life domains (American Psychiatric Association [APA], 2013). Personality disorders are associated with severely impaired quality of life, high rates of comorbid mental disorders, intensive use of treatment, and high societal costs (Leichsenring et al., 2023). Recent meta-analyses have shown that both comprehensive psychotherapies as well as noncomprehensive psychotherapeutic interventions are effective for reducing personality pathology with significant but small-to-moderate effect sizes (Cristea et al., 2017; Finch et al., 2019). However, problems in psychosocial functioning may persist after successful treatment of pathology and can contribute to relapse after treatment (Keuroghlian et al., 2013). Thus, offering additional interventions that aim explicitly at promoting psychosocial functioning is an important innovation in care for persons with personality disorders (Zeitler et al., 2020). To this end, we have used a recovery framework for designing an innovative narrative group intervention for persons with personality disorders.

Research on recovery has distinguished between clinical recovery with a focus on pathology on the one hand and personal recovery with a focus on broader psychosocial functioning on the other hand

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(Bohlmeijer & Westerhof, 2021; Drake & Whitley, 2014). Personal recovery is defined as a unique personal journey with components like connectedness, hope, identity, meaning, and empowerment (Leamy et al., 2011). There have been few studies on personal recovery in persons with personality disorders. Existing qualitative studies from a client perspective show that persons with personality disorders define recovery as broader than recovery from pathology: They also consider improvements in autonomy and social networks important, whereas they see identity development as an important process of change (Ng et al., 2019). This connects to the Alternative Model for Personality Disorder (AMPD; APA, 2013), in which identity and subjective meaning making are at the center of understanding and treating personality disorder. In this model, personality is no longer considered in only passive descriptive terms, but the contribution is acknowledged that humans make as agentic authors to the active, continuous, and dynamic interpretation, management, and meaning making of self and experience (Sharp & Wall, 2021).

A narrative approach allows a personalized way of working on aspects of personal recovery. First, this approach distinguishes between persons and disorders (Westerhof & Bohlmeijer, 2012). It takes the individual perspectives of clients on their own person and life as point of departure rather than a professional conceptualization. Second, a narrative approach broadens the view not only by challenging problems but also by considering alternative stories. Third, stories can empower individuals facing different challenges, including trauma survivors and older depressed adults, in themes related to personal recovery (Adler et al., 2016; Forstmeier et al., 2020; Westerhof & Bohlmeijer, 2012). The narrative approach focuses on the ideographical story of each individual, a narrative identity based on the reflection on unique events in one's life (McAdams & McLean, 2013; Westerhof et al., 2020). The approach is based on changing and developing self-narratives, helping individuals to be actively and centrally engaged in the enhancement and maintenance of their own well-being (Hutto & Gallagher, 2017). Meta-analyses have shown that autobiographical reflection can indeed support people in outcomes of both clinical and personal recovery, such as meaning in life, self-efficacy, depressive symptoms, positive well-being, and cognitive functioning (Pinquart & Forstmeier, 2012; Shin et al., 2023).

Life stories are operationalized in the field of personality psychology as internalized stories of an individual's past, present, and future life that contribute to coherence and purpose in life (McAdams, 1996). Current research evidence regarding empowering narratives is summarized in (systematic) reviews on the relation of life stories to mental health and well-being (Westerhof & Bohlmeijer, 2012), narrative identity development (Adler et al., 2016), autobiographical memory (Singer et al., 2012), and narrative change process research (Smink et al., 2019). Important characteristics like the emotional tone of stories, their coherence and integration, the fulfillment of central themes of agency and communion, emotional expression, and autobiographical reflection as well as recognition of innovative moments are related to mental health and well-being. The study of life stories of persons with personality disorders has recently been gaining interest (Adler et al., 2012; Lind et al., 2020; Pol et al., 2023; Steen et al., 2023). In a systematic review of 14 of these studies, Lind et al. (2020) found that narrative identities of persons with personality disorders tend to reveal disturbances like negative affective valence, thwarted motivational themes of agency and communion, lack of coherence and integration and negative self-inferences when reflecting on the meaning of experiences. They conclude that it is important to better integrate this knowledge in treatment for personality disorders.

Current treatments for personality disorder mainly address emotional dysregulation (dialectical behavioral therapy), maladaptive schemes (schema therapy), poor mentalization (mentalization-based therapy), and primitive object relations (transference-based therapy). An intervention for persons with personality disorders focused on personal recovery offers a new approach by working directly with narrative identity in the form of an add-on to regular treatment. Using a narrative approach, a triptych is introduced stemming from biographical work, to write about the past, a turning point, and the present and future, stimulating explicitly the

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All data are available on request to the corresponding author. The participatory design study was approved by the Institutional Review Board of the Faculty Behavioral, Social, and Management Sciences of the University of Twente (18372). The feasibility study was approved by the medical-ethical review committee Twente (NL67907.044.18).

All participants (patients and professionals) signed an informed consent. Clinical trial registration: The feasibility study was preregistered in the Dutch Trial Register (7698); NTR-new NL7456, NTR-old NTR7698. The study was registered on December 20th, 2018, https://onderzoekmetmensen.nl/en/trial/24545.

Silvia M. Pol played a supporting role in conceptualization, data curation, and methodology and an equal role in formal analysis, investigation, validation, writing–original draft, and writing–review and editing. Christina Ullrich played a lead role in data curation and project administration, a supporting role in methodology, and an equal role in formal analysis, investigation, validation, and writing–original draft. Farid Chakhssi played a supporting role in conceptualization, methodology, supervision, and writing–review and editing. Zillah Loderus played a supporting role in data curation, investigation, project administration, and validation. Gerben J. Westerhof played a lead role in conceptualization, funding acquisition, methodology, and supervision and a supporting role in writing–review and editing.

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development of a narrative identity that offers better support for the future. This manualized intervention differs from already accepted interventions in the treatment of mental illness such as narrative therapy (creating an alternative story), journaling or expressive writing (writing about strong thoughts and feelings without writing rules), or creative writing (i.e., storytelling, fiction, and poetry), or life review therapy (elaborating memories, balancing positive and negative reminiscence).

The current article reports two independent studies that respectively address the development and feasibility—the first two phases in designing complex interventions (Craig et al., 2008)—of an innovative narrative group intervention that focuses on personal recovery of persons with personality disorders, by focusing on narrative identity, to ensure relevance, acceptability, and feasibility before an random clinical trial can be attempted. The aim of the first study was to integrate the best available scientific evidence with expertise of professionals and clients (APA, 2013) in a participatory design study involving end users in the design process to create a product that better meets the needs and expectations of users by applying their knowledge and experiences (Vaughn & Jacquez, 2020). The aim of the second study was to assess the feasibility of the intervention added on treatment as usual in a practice setting by assessing evaluations of clients and counselors, life stories, and changes in personal recovery during the intervention.

Study 1: Participatory Design Study

Study 1: Method

Context

For the first study, a participatory design study (Spinuzzi, 2005) was conducted for the development of a complex intervention at Scelta (GGNet), a psychotherapeutic treatment center for persons with personality disorders in the Netherlands. This center offers residential or day-hospital multidisciplinary group treatment based on dialectical behavioral therapy (Linehan, 1993; Oostendorp & Chakhssi, 2017) and schema therapy (Schaap et al., 2016; J. E. Young et al., 2003).

Participants

Clients. Purposive sampling was used to include clients as much as possible with a variety of backgrounds (gender, race, age, educational level, diagnosis, treatment program). Exclusion criteria were limited language proficiency in Dutch, severe instability or acute crisis (General Assessment of Functioning score lower than 50), presence of psychosis, or acute suicidality. Four male and four female clients in treatment at Scelta for at least one *DSM*–5 personality disorder were approached by email and included (63% borderline and 50% avoidant personality disorder; APA, 2013). The most common comorbid disorder was depressive disorder (38%). The mean age was 36 years (SD = 13.2, range = 19–58 years). Thirty-seven percent received higher education. All had a Caucasian background. Three clients missed the focus group, or the member check, because they felt ill or had forgotten the appointment.

Professionals. Purposive sampling was used to include professionals with a variety of backgrounds (gender, race, age, occupation, treatment program, experience). Four male and six female professionals were approached by email and included two psychologist, two psychiatrists, two art therapists, two psychiatric nurses, an occupational coach, and a recovery coach. Their mean age was 48 years (SD = 7.4, range = 37–58 years), and their average years of experience in mental health care was 21 years (SD = 9.1, range = 8–34 years). Nine professionals had a Caucasian background, one an Asian background. Two professionals missed the focus group, but not the individual member check thereafter, due to work commitments.

Expert Group. The expert group, representing expertise in therapeutic treatment, biographical coaching, and narrative research, consisted of six members that participated as part of their regular profession. A professor in narrative psychology (chair), one clinical psychologist working with clients at the treatment center, two master-level psychologists, one PhD-level psychologist, and a biographical coach. The mean age was 46.2 years (SD = 9.6, range = 30–54), 40% was male, 60% was female. The mean years of working experience in the current profession were 13.6 (SD = 10.1, range = 4–25).

Procedure

The participatory design study was approved by the Institutional Review Board of the Faculty Behavioral, Social, and Management Sciences of the University of Twente (18372). The expert group made an initial prototype, as a first draft of the manual, based on the best available scientific evidence summarized in (systematic) reviews on narrative research (Adler et al., 2016; Singer et al., 2012; Westerhof & Bohlmeijer, 2012). A master-level psychologist (C. U.; female, age 30 years, 4 years of experience with narrative research, MSc) was recruited to conduct interviews, focus groups, and member checks. A participatory approach was used to include expertise from professionals and clients in the design of the intervention. The expert group was responsible for subsequent improvements of the intervention during three rounds of iteration: The initial prototype and subsequent improvements were discussed in an individual semistructured interview with clients and professionals (30 min), followed by one focus group for clients and one focus group for professionals (60 min), and ended with a final individual member check for all participants (30 min). No other person was present during the interviews, focus groups, and member checks. The materials used included examples of the texts written by a biographical coach, a first version of the manual for counselors and the workbook for clients, a first version of a digital platform and a first layout made by a graphic designer (see Supplemental Figure 1–3, for examples from the workbook and the manual). Questions were asked with regard to (a) acceptance of the general aim and structure of the intervention, (b) specific content and characteristics of the intervention, and (c) attractiveness of wording and layout.

Materials

The prototype described the manualized intervention as a narrative approach to promote personal recovery in persons with personality disorders, added on treatment as usual. To empower persons in their narrative identity development as the integration of past, present, and future (McAdams & McLean, 2013), the prototype of the intervention was a triptych, based on biographical writing interventions (Prinsenberg, 2010): The first part represents

the past, the second part a turning point toward recovery, and the third part the present in relation to the future. The prototype included a group intervention with 12 participants, 11 sessions (later increased to 12) of 1.5 hr and writing assignments in 12 weeks (see Supplemental Table 1 and Figure 1: Overview of the sessions and assignments). At the end of the intervention, clients could make use of a digital platform to upload their assignments as well as a limited number of photos, or other forms of expression for example, poems or drawings, and print their own life story books. Clients followed a digital format but could also deviate from it according to their own needs. The sessions included introducing the group intervention, explaining writing assignments, sharing stories from the writing assignments, and giving short feedback to each other in a few words or a phrase, motivating clients to continue, and explaining the online platform for making the life story book. Two sessions exclusively devoted time to writing assignments. All assignments included supporting questions to support the writing process of clients. Participants were advised to do the assignments in handwriting before making a digital version for their final life story book.

Analysis

A thematic content analysis was carried out on interviews, focus groups, and member checks (Krueger & Casey, 2015). A verifiable process had been gone through in seven steps: (1) Audio data were collected during all feedback rounds; (2) individual interviews, focus groups, and individual member checks were processed in abbreviated transcriptions; (3) the resulting answers to the presented topics were categorized as "consensus has been reached" or "new suggestions"; (4) when consensus was not reached, answers had been taken into consideration for the further development of the prototype; (5) in the member check participants could say whether they agreed or disagreed with the adjustments; and (6) further input was taken into account in order to improve the prototype. During this process (7), discussion within the expert group led to consensus on themes.

Study 1: Results

The content analysis resulted in four themes; general acceptance, balancing workload, support in assignments for writing stories, and support in sharing stories during sessions.

General Acceptance

All 18 participants commented very positive on the general aim: They thought the intervention would provide a new perspective on a person's life story, which would be valuable in the process of clients' recovery. Participants were also positive about the feasibility of the 12-week intervention, although some advice to work in a smaller group or add extra sessions could not be followed due to practical and financial constraints. Most participants valued the structure of the intervention and the use of a triptych: They thought the clear structure is helpful and supportive in writing. Most participants were positive about the workbook texts and appreciated the tone of voice as "pleasant," "friendly," "clear," "informative," "easy to understand," and "encouraging." "The intervention is complete, also in that it is focused on the positive, because people find that difficult. You are guided along your own path. I think it can offer a lot" (client, female, age 27). They found the design of the workbook "playful," "inviting," and "beautifully structured" and liked the "fresh, friendly and warm colors." Participants valued the printed book as an end product. They appreciated possibilities to personalize the title and pages. "I think clients rarely see anything like this [in mental care], where they can create their own thing and set out their own line, follow their own story" (clinical psychologist/psychotherapist, female, age 37). All agreed that counselors should be positive, stimulating, and supportive but also be able to structure sessions and set limits to direct group processes. Professionals advised on clear instructions for the counselors to keep the sessions structured and not work analytically, including a specific goal, focus of the session, mindset and possible pitfalls, and to clearly distinguish the instruction for counselors and clients. "You have clear homework assignments, it is very structured, you do not go into it too deeply, but it certainly has a therapeutic effect, and that is allowed" (psychiatrist, female, age 54).

Balancing Workload

Participants achieved consensus that writing assignments should be offered as homework. There was some discussion about what is a manageable amount of homework, but a suggestion of maximum 1 hr was followed. The limited time for sharing stories during the sessions and the limited space in the final book were made explicit to support this decision. "It is clear, orderly and well-organized that way, you know where to start but also that you cannot get stuck in it because there are clear limits" (client, female, age 19). Before the start, it is necessary to explain that participation brings along responsibility for homework. At the start and in each session, attention must be paid to managing homework. The idea to include writing sessions in the intervention was embraced. Most participants agreed that additional individual support for homework is not necessary, but two clients would have liked individual support like a walk-in hour or working in pairs. However, this would make the intervention much more difficult to implement.

Support in Assignments for Writing Stories

Although writing assignments about one's experiences can pose a difficult and emotionally burdensome task for persons with personality disorders, they were seen as helpful. Participants liked the structure offered by the assignments and recognized their main functions. For example, they valued creating order with a lifeline, writing about both difficult and valuable moments of the past, stimulating awareness and autonomy in the turning point, and adding a future perspective. "It is also very nice that you have to write down both difficult and valuable moments, because almost no attention is paid to these valuable moments in regular treatment" (psychiatrist, female, age 54). All agreed that the supporting questions to the assignments are helpful and create a broader picture, although some gave advice to add, rewrite, and/or cluster supporting questions. On the one hand, to get in touch with one's inner world, the assignment advised to write by hand and then convert the text to the digital format. "Writing by hand brings you more in connection with your story, but maybe that changes more and more, because people start writing by hand less and less" (occupational coach, male, age 52). On the other hand, to keep enough distance from problematic stories, the assignments had specific instructions, such

as writing about the past in the third person or writing a sympathetic letter in the second person. This sparked some discussion, but in the end, there was consensus to keep these particular instructions. During several feedback rounds, participants had suggestions for improving the texts of the intervention. Some wordings, like loved ones, self-compassion, recovery, or turning point might cause resistance as they confront clients with their problems. Some wordings were changed, "compassionate letter" became "letter to yourself." Other wordings were kept due to their theoretical importance, but better explained: Recovery is an essential aim, but it was explained that they do not need to be recovered yet; a turning point, no matter how small, is necessary to support feelings of agency.

Support in Sharing Stories During Sessions

There was some discussion whether sharing should be considered a normal or even an obligatory part, despite of the difficulties that some participants would have with sharing parts of their life story. Several participants remarked that even though it might be difficult, sharing can be helpful in the recovery process and contribute to compassion for others. Consensus was reached that sharing is an important aspect that should be the norm in the group sessions. It was argued that it is important to announce the sharing in the beginning of the intervention, to promote support and understanding in the group, and to invite people to share during the sessions. In order to make sharing feasible for all participants, it is necessary to limit the amount of shared text, so it was decided to share one paragraph. "Good idea to ask people in the group to share something, then everyone is seen and nobody is forgotten. It makes it easier to say something" (client, female, age 27). It was generally appreciated to keep the feedback limited to a few words or a phrase rather than analyze the stories in depth. Participants mentioned challenges in the involvement of their social network as important others may also play a complex role in their life story. Most of them preferred to have a limited involvement of the social network, for example, when information about the past is needed or for the feedback assignment. Some participants thought network involvement is not easy but still helpful. They wanted to leave the initiative to the clients if and how they were going to present or share their final book in their network.

> There are also plenty of people who no longer have contact with their parents, uncles and aunts, and who have no photos at all, so it is fine if this [the inclusion of photos in the printed book] remains flexible (client, female, age 27).

Study 1: Conclusion

The first study showed overall acceptance of the intervention. The workload of the homework assignments was considered an issue that was resolved by limiting time, managing expectations, and providing support during (writing) sessions. Writing and sharing stories were seen as not easy, emotionally demanding, yet helpful. Specific arrangements were deemed necessary to support clients in writing and sharing their life stories. Several suggestions were taken along, but not all of them could be rewarded due to practical limitations or theoretical considerations. At the end, during the member checks, all participants were positive that the intervention is motivating to work with: Some professionals and clients even said explicitly they look forward to work with the intervention.

Study 2: Feasibility Study

Study 2: Method

Context

For the second study, the feasibility of the intervention was assessed in the same context as the first participatory design study. The feasibility study was preregistered (trial registration: NTR-new NL7456, NTR-old NTR7698, https://onderzoekmetmensen.nl/en/trial/24545).

Participants

Clients. An inclusion criterion was that clients had to be involved in regular treatment within the setting for a few months and had at least once given proof of their competence to reflect on their lives. Exclusion criteria were limited language proficiency in Dutch, severe instability or acute crisis (General Assessment of Functioning score lower than 50), presence of psychosis, or acute suicidality. Five male and eight female clients with at least one personality disorder were recruited for voluntary participation through flyers and a plenary presentation (avoidant 38.5%, borderline 30.8%, not otherwise specified 38.5%; APA, 2013). The most frequent comorbidities were depression and posttraumatic stress disorder. The mean age was 33 years (range = 23–48, $SD = 7.1$), the mean number of years in treatment before treatment in the current setting was 5 (range = 1–10, $SD = 2.4$). Thirty-nine percent received higher education. None of them participated in the design study.

Professionals. Two counselors offered the intervention and participated in the study: a licensed clinical psychologist (S. M. P.; female, age 50 years, 25 years of clinical experience, MSc, working at Scelta) and a master-level psychologist (C. U.; female, age 30 years, 4 years of experience with narrative research, MSc, working at Twente University). Another psychologist (Z. L.; female, age 28 years, 4 years of clinical experience, MSc, working at Scelta) was recruited and involved as an independent observer.

Instruments

To assess the *general evaluation* of the intervention, the Client Satisfaction Questionnaire–8 was used, a reliable and valid questionnaire to assess the satisfaction with psychological interventions (Larsen et al., 1979; Dutch version: de Brey, 1983). It contains eight general questions with a 4-point Likert scale. Two open questions were added about strengths and possible areas for improvement. Two questions were added for clients about the duration of the intervention and the personal commitment of participants. One question was added for counselors about time during the sessions.

To assess *each session separately*, the Helpful Aspects of Therapy Form was used (Llewelyn et al., 1988; Dutch version: Vanaerschot, 1997). This is a self-report questionnaire that uses nine open-ended questions to help clients write down their experiences of helpful and hindering therapy events.

To assess *characteristics of life stories*, the life story books of clients were collected.

To assess *changes in personal recovery*, the Mental Health Recovery Measure was used, a reliable and valid self-report instrument designed to assess the recovery process of persons with severe mental illness (S. Young & Bullock, 2005; Dutch version: van Nieuwenhuizen et al., 2013). It contains 30 questions about personal recovery measured on a 5-point Likert scale ranging from *strongly disagree* to *strongly agree* (S. Young & Bullock, 2005).

Procedure and Analysis

The feasibility study was approved by the medical-ethical review committee Twente (NL67907.044.18). The Client Satisfaction Questionnaire was completed by clients at the end of the intervention. Clients who dropped out were asked to voluntarily share the reasons for dropout in a short interview. The Helpful Aspects of Therapy Form was completed anonymously at the end of each session. Counselors completed a variant of the Client Satisfaction Questionnaire–8 at the end of each session and noted what was helpful and what needed improvement. All questionnaires were completed on article and entered into SPSS Version 27 for analysis.

The observer attended every session and scored treatment integrity of counselors (scale 0–100: conforming to session theme; instructions in the manual) and adherence of clients (presence, homework, sharing stories, giving feedback to other clients).

With participants informed consent, the life story books were analyzed after the intervention ended and were systematically coded in MSWord for Windows. First, meaning units (i.e., sentences or paragraphs containing related aspects in content and context; Graneheim & Lundman, 2004) were demarcated in consensus by two researchers (S. P. and C. U.). Second, a codebook for deductive analysis was developed based on the narrative themes described here after. The emotional tone (positive, negative, ambivalent, neutral) and coherence ("chronological," "thematical," and "causal"; Habermas & Bluck, 2000) were coded in the stories about the first part of the triptych (the past). The second part of the triptych (turning point) was coded on innovative moments ("action," "reflection," "reconceptualization," "protest," and "performing change"; Gonçalves et al., 2009). The third part of the triptych (present and future) was coded on "integration" ("no link to the previous parts" vs. "(in)direct links to the previous part"). All meaning units were coded on narrative processes ("descriptive," "emotional," and "reflective"; Angus et al., 2012) as well as on central themes ("agency" and "communion"; Adler et al., 2012, 2016). Three randomly selected parts out of three different life story books were coded by a third researcher (Z. L.): Interrater reliability was substantial with a median Cohen's κ of .74, ranging from moderate ($k = .61$, for narrative processes) to perfect ($k = 1.00$, for innovative moments).

The Mental Health Recovery Measure was completed at the start (T0), after 5 weeks (T1), and at the end of the intervention (T2). Differences in personal recovery across time were analyzed by means of a t test and an effect size measurement (Cohen's d) for completers only.

Study 2: Results

Client Perspectives

Eight clients evaluated the intervention with a score of 36 on average (range 30–39) out of 40 on the Consumer Satisfaction Questionnaire. On the open question on satisfaction with the intervention, the participants mentioned the triptych in a positive way. The writing assignments with supporting questions offered a good opportunity for self-reflection, and the overall method helped to get their story on article. The opportunity to share one's stories was seen as an added value. The attention for positivity in addition to difficult events in the past was appreciated.

> By also focusing on the positive sides of my life and my own qualities while writing, I have come to see the future more brightly. I see more possibilities and I am more aware of what I have to offer the world (client, female, 28 years).

It was also valued that there was much room for a positive outlook on the future. Some assignments were especially mentioned as being helpful: the life story line, writing about the past in the third person, reactions of other participants on shared stories, feedback of important others, and writing a letter to oneself. Participants were pleased with a beautiful life story book as a result of the intervention. Counselors were seen as dedicated during and in between sessions. The group was experienced as actively participating. The intervention had a good structure. Throughout the intervention, it was helpful to feel the acceptance for oneself and others. "I really liked the acceptance and connection. It was clear and doable and gave me a lot of positive feedback. It felt good to invest this time in myself" (client, female, 26 years).

In answer to the open question about possible areas for improvement, participants made remarks on the intervention that concerned mainly difficulties in time management, difficulties in writing, and difficulties in sharing. Several participants found the time estimated for homework too tight and the time pressure in several sessions too high. Some mentioned they needed more time for writing about a positive and a negative moment from the past and for sharing both moments in the group. One participant had difficulties with writing in the group and with the digital platform. One participant felt that, due to the emotional involvement in these assignments, more emotional recovery time was needed.

All participants mentioned helpful aspects (114) across all sessions, whereas not all mentioned hindering aspects (27). Helpful aspects mostly covered working on writing assignments in the group, sharing stories in the group, and attention to the writing process. "Making the lifeline gave me more insight into my life, I started to appreciate certain events more. I also got a more positive feeling about my life as a whole" (client male 40 years, about Session 2).

> Hearing stories from others gives me the feeling that I am not alone. That gives me strength. I feel less shame, I don't blame myself for my past. I get a strong feeling and dare to be more present and feel becoming who I am (client, female, 31 years, about Session 3).

Hindering aspects mostly covered difficulties in time management, difficulties in writing, and difficulties in sharing; the experience of too little time in some sessions, homework that sometimes took too much time, and in one session, too many impressive stories were being shared (e.g., experiences with emotional abandonment, bereavement, or violence). And for some, the deadline for the digital format was at first unclear.

Counselor Perspective

The two counselors completed the Client Satisfaction Questionnaire after the intervention and valued the intervention with scores of 30

and 35, respectively, out of a maximum of 36 on their version of the instrument. In answer to the open question about satisfaction with the intervention, the counselors positively evaluated the intervention as a whole. The intervention proved to be very helpful for the development of self-compassion by structuring and describing the past and for the development of self-respect by realizing and describing one's own turning point. "In the end, the intervention proved very helpful in developing more self-compassion, as emerged in the letters written to oneself, by organizing and describing the past, and in developing more self-respect by describing one's turning point" (female counselor, 50 years). Sharing and offering feedback to each other were a valuable part of the intervention. The group setting was experienced as supportive, safe, and helpful. "The group is very supportive for the participants, everyone is willing to make themselves vulnerable" (female counselor, 30 years). Offering the intervention with two counselors was experienced as both needed and pleasant. The manual was supportive for the counselors. The counselors felt that the intervention really helped participants in their recovery process.

In answer to the open question about possible areas for improvement, the counselors remarked mainly difficulties in time management and in writing and sharing stories. The workload over the sessions was not evenly distributed, and the homework took more time than previously estimated. At several occasions, there was too much time pressure during a session; therefore, sharing about the past was spread over two sessions. Next to that, sometimes a connecting start and end moment was missed in the structure of the session and was therefore added. Instability of participants led to some absence (regular treatment, holiday week, illness) and interruptions (delaying homework, difficulty with sharing).

On the consumer satisfaction questionnaire per session, the counselors' mean score of all sessions was 30.3 out of 36 (range from 26 in Session 5 to 33 in Sessions 11 and 12). Counselors valued that clients could work together in writing sessions. They thought the sharing yielded appreciative and powerful feedback, which contributed to a positive group feeling that brought about respect for the clients' own process and that of their fellow participants. Shared stories were inspiring and hopeful. "There was some resistance and procrastination around the writing task, yet the shared stories were inspiring and hopeful" (female counselor, 30 years, about Session 8). Remarks were made on difficulties in time management, difficulties in writing, and difficulties in sharing. The time schedule was tight, and the homework took longer than expected. For feasibility, Sessions 6 and 7 had to be turned around, and a writing session was additionally inserted in Week 9, which helped to better balance the workload throughout the intervention. There was sometimes resistance and procrastination around the writing task. Reading aloud to an unknown group brought along tension and needed guidance and reassurance, and sometimes, more emotions were evoked than could be paid attention to.

> The intervention is being offered for the first time, which meant that sometimes we encountered tricky points, such as sharing a difficult and a valuable moment and having to give feedback about both right away. This proved too much to ask, a session that was too packed (female counselor, 50 years).

Treatment Integrity, Dropout, and Adherence

Treatment integrity as scored by the observer was at most sessions 100% (mean score 89%, range 50–100) meaning that all topics had been covered and the instructions in the manual were followed. Most deviation was observed in some sessions due to a shortage of time and concerned adaptations to the needs of the clients (inserting an extra writing session, spreading sharing the past over two sessions; first sharing difficult moments and then positive moments, instead of alternating between them).

Five participants out of 13 dropped out of the intervention. After the first session, one participant decided not to come back, as she felt too much burden to continue because of trouble dealing with emotions after writing and too much homework. One participant attended the first five sessions, missed three, attended one, and missed the last three sessions again, and although determined, he did not finish his life story book. Three participants dropped out after Sessions 4, 6, and 7 and were interviewed. They valued the intervention and appreciated the idea of a life story book, but the process went too fast, the timing was not right, and the investment asked too much at this time. However, they mentioned that participation helped them to become milder toward themselves.

Adherence to treatment was further observed on the topics presence, homework, and sharing. Eight out of 13 participants finished their life story books and were present at Sessions 9–12. Almost all participants did their homework as planned. Reasons for not doing homework were that participants had a lot on their mind, that the homework evoked too much emotions, or that looking back or ahead was too confronting. In some sessions, participants did not complete the intended homework on time but did finish the homework of the previous session. Some struggled with finalizing the digital book format on time. Most participants shared their written texts in the session as planned, others shared their text in the next one or two sessions when they did not finish their homework on time. During the sessions, participants always reacted on shared stories of each other.

Analysis of Life Story Books

The first part of the triptych (past) showed about equal percentages of positive events (39%) and negative events (42%), besides ambivalent (18%) or neutral (2%) events. The coherence analysis showed that 98% of the first part of the triptych were arranged chronologically; the remaining 2% were organized thematically. The results of the content analysis of Part 2 of the triptych (turning point) almost always showed an explicit turning point (97%). These could be coded as innovative moments of reflection (38%), action (26%), protest (19%), or performing change (14%). The content analysis of Part 3 of the triptych (present and future) on integration showed that in 89%, the present and future were related to the past and/or the turning point.

With regard to narrative processes, 100% of the texts were descriptive in the first part (the past), 47% was also emotional, and 60% also reflective. In total, 40% consisted of all of three of these narrative processes. In Part 2 (turning point), 96% of the texts were descriptive, 40% also emotional, 72% also reflective, and 32% a combination of all three processes. In Part 3 (present and future), 81% of the text were descriptive, 50% were also emotional, and 99% were also reflective with 44% consisted of all three narrative processes. Hence, especially reflection increased from Part 1 to Part 3 of the life story book.

A last analysis was conducted on agency and communion as central themes in narrative identity. Results showed that agency did

increase along the three parts of the tryptic (Part 1 50%; Part 2 65%; Part 3 81%). Communion stayed relatively constant (58%; 55%; 57%), but the absence of communion decreased (42%; 24%; 15%), and instead, stories became more neutral.

Personal Recovery

The question about changes in personal recovery during the intervention was answered through the analysis of scores on the Mental Health Recovery Measure. The paired t test for completers revealed an almost significant weak change between start ($M = 65.6$; $SD = 13.5$) and 5 weeks ($M = 72.0$; $SD = 20{,}2$; $t_9 = 1.98$, $p = .079$; Cohen's $d = -0.30$) and a significant moderate change between start ($M = 68.2$; $SD = 9.5$) and end of the intervention ($M = 78.2$; $SD = 12.9$; $t_5 = 3.58$, $p = .016$; Cohen's $d = -0.58$).

Study 2: Conclusion

In the feasibility study, both clients and counselors rated the intervention and the sessions positively, although time pressure and the emotional load of writing and sharing stories came to the fore as barriers. Therefore, some adjustments had to be made to meet the needs of the clients (among others inserting an extra writing session). The manual was followed closely and although there was dropout (see General Discussion), the remaining clients were adherent in being present, doing their homework assignments, and sharing and giving feedback on each other's stories. The life story books fulfill several characteristics of stories related to mental health and well-being. Last, participants showed significant changes in personal recovery from the start to the end of the intervention.

General Discussion

This article describes the participatory design and feasibility of the narrative group intervention "An Empowering Story" that is focused on personal recovery for persons with personality disorders. Across both studies, professionals and clients were positive about the general aim and structure of the intervention. The two studies led to improvements in the intervention design, although some reasonable suggestions like increasing the number of sessions or decreasing the number of 12 participants could not be followed due to practical limitations. Most suggestions could be solved well by adding explanations and expectation management, so they did not come back in the feasibility study. The feasibility study additionally showed that life stories mostly fulfilled the expected characteristics, and changes in personal recovery were observed. Nevertheless, the workload as well as support in writing and sharing stories were the most important themes in both studies.

It is known from previous research that persons with personality disorders tend to have negative affective valence, thwarted motivational themes of agency and communion, lack of coherence and integration and negative self-inferences when reflecting on the meaning of experiences (Lind et al., 2020). The present studies show that writing and sharing stories therefore take time as well as emotional effort. Sometimes, participation in this recovery-focused narrative group intervention came too early in the process of participants. This could be seen in the dropout of five out of 13 participants (38%). Nevertheless, four of them appreciated the intervention. Although this kind of dropout is usual in treatment of personality disorders (Barnicot et al., 2011), a solution might be the use of stricter inclusion criteria, for example, in terms of a shared decision between client and professional about the emotional competence (being able to confront and cope with negative or traumatic experiences of the participants themselves and their peers in the group; being able to look ahead for the future), social competence (being able to listen to stories in an open and responsive way and being able to provide appreciative feedback), and clear expectations about the investment in homework assignments (1 hr a week) and group sessions (1.5 hr a week). Furthermore, within both studies, writing and sharing stories were described and evaluated as a challenging process. Therefore, "hygiene" measures for writing and sharing stories as well as short meditation and mindfulness exercise were added to avoid becoming emotionally overwhelmed when writing and sharing stories. Interestingly, although writing and sharing stories were seen as challenging, they were also experienced as especially helping and rewarding.

The analysis of the life stories showed that participants were able to write stories that included innovative moments as well as evaluation and reflection beyond description. Moving from a turning point (Part 2), looking back to the past (Part 1), and looking to the present and future (Part 3) seemed to support the reflective process. Stories showed coherence and integration with a balance between positive and negative emotional tone and increasing agency and communion from past to present and future. According to the research evidence summarized in (systematic) reviews (Adler et al., 2016; Singer et al., 2012; Westerhof & Bohlmeijer, 2012), these characteristics of life stories are related to better psychosocial function, mental health, and well-being. Clients indeed improved in personal recovery during the intervention. Sharp and Wall (2021) expect that evidence-based psychotherapeutic interventions, that explicitly target at better personality functioning in terms of building self- and other-reflective capacity (mentalizing) and identity consolidation, will prove to be critical. In line with the AMPD, the method in this recovery-focused narrative group intervention acknowledges that persons with personality disorder are agentic authors to an active and dynamic interpretation and meaning making of self and experience. As Diefenbeck et al. (2014) found over the course of a peer-led support group, some of Yalom's therapeutic factors can emerge in a nontherapeutic intervention. Although this structured group intervention differed from an unstructured group psychotherapy, the supportive experiences in the group seem to connect to several of Yalom's therapeutic factors: (a) universality (members of the group can feel understood and similar to others rather than being an outsider among their peers), (b) altruism (by sharing their story and helping others on their path to recovery, members of the group can regain their self-esteem and sense of self-worth), (c) group cohesiveness (participating in the group can provide belonging and acceptance for its members), and (d) existential factors (members in the group can work together at understanding life's uncertainties, such as life, death, grief, loss, and love.). This supports the idea that clients have gone through the intervention in a constructive way.

A limitation is that the feasibility study included only three measurements on recovery within the participants of the intervention (start, after 5 weeks, and end; no follow-up) with no control group, so it could not provide answers about the effectiveness of the intervention in promoting personal recovery. Furthermore, the present studies were conducted in a specific context of specialized

treatment for persons with personality disorders. Evidence-based personality disorder treatments are dominated by interventions targeting borderline PD, although clinical populations characteristically include different PD features and severity. It is a dilemma to choose between specific diagnoses, practical feasibility, and changing insights in PD, when putting identity and subjective meaning making at the center of understanding and treating personality disorder (AMPD; APA, 2013).

Further research is needed to determine whether and how narrative interventions actually work on symptoms of personality disorders and correlated high comorbidity. Some specific characteristics of the intervention, like the interaction with the current treatment program or the choice for two counselors (one of which with expertise in this setting), need to be validated in other settings as well, for example, in less specialized settings. On the other hand, the participants had complex personality disorders and previously did not benefit from the often years of treatment, so the intervention might be feasible as well for less severe personality disorders. To conclude, according to guidelines for complex interventions (Craig et al., 2008), next studies should therefore address the (cost-) effectiveness and implementation of the intervention in other settings.

To conclude, "An Empowering Story" is the first example of a narrative group intervention promoting personal recovery in persons with personality disorders. It is designed according to the best available scientific evidence on narrative psychology and personal recovery combined with clinical expertise of professionals and values and preferences of client. The last round of improvements made on the basis of the feasibility study resulted in four products, currently available in Dutch: a manual and train the trainer for counselors and a workbook and digital application for clients. A study on the effectiveness of the intervention as well as a project focusing on the implementation of the intervention in Dutch mental health care are the next steps. An English translation will become available.

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