




Exploring the Role of Narrative Reframing in Families Experiencing Trauma

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Article Info

Article type:

Original Article

How to cite this article:

Popescu, A., Chen, M., & Nasrin, S. (2025). Exploring the Role of Narrative Reframing in Families Experiencing Trauma. *Applied Family Therapy Journal*, 6(4), 1-10.

<http://dx.doi.org/10.61838/kman.aftj.4409>



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ABSTRACT

Objective: This study aimed to explore how narrative reframing functions as a coping and meaning-making mechanism among Taiwanese families experiencing trauma.

Methods and Materials: A qualitative research design was adopted using purposive sampling to recruit 26 participants from Taiwan who had directly experienced family trauma, including bereavement, illness, or sudden life disruptions. Semi-structured interviews were conducted until theoretical saturation was reached. Each interview lasted 60–90 minutes, was audio-recorded, and transcribed verbatim. Data were analyzed using thematic analysis facilitated by NVivo 14 software. An inductive coding approach was applied to identify open codes, subcategories, and overarching themes, with constant comparison used to refine findings. Research rigor was ensured through reflexive memo-writing, triangulation of coding among team members, and maintaining an audit trail.

Findings: Analysis yielded three overarching themes: (1) Emotional reconstruction through narrative reframing, where participants processed trauma-related emotions, reduced guilt and shame, regulated distress, and cultivated hope; (2) Relational transformation within the family system, including improved communication, redefined roles, conflict resolution, trust rebuilding, and strengthened intergenerational understanding; and (3) Identity and future orientation, where families reframed themselves as survivors, emphasized personal growth, redefined goals and values, and expressed aspirations to transmit resilience across generations. Participants highlighted that narrative reframing enabled them to transform suffering into continuity, strengthen bonds, and situate trauma within cultural and spiritual frameworks that emphasized endurance and meaning.

Conclusion: The findings demonstrate that narrative reframing is a powerful coping process in families experiencing trauma, allowing for emotional healing, relational adaptation, and the construction of resilient family identities. This study underscores the importance of integrating narrative approaches into therapeutic interventions to support families in navigating trauma, rebuilding trust, and envisioning hopeful futures.

Keywords: Narrative reframing; trauma; families; coping; posttraumatic growth; Taiwan; qualitative research

1. Introduction

Family systems are deeply affected by traumatic experiences, which disrupt emotional equilibrium, relational structures, and identity frameworks. Trauma within families can emerge from diverse contexts such as war, natural disasters, life-threatening illnesses, loss, or societal crises. While trauma has traditionally been associated with negative psychological consequences such as post-traumatic stress disorder (PTSD), more recent scholarship emphasizes the possibility of resilience and posttraumatic growth (PTG) through adaptive processes of coping and meaning-making (Choi, 2014; Ramos & Leal, 2013). Within this context, narrative reframing has become a critical concept, suggesting that families who reconstruct their stories around trauma are able to regulate emotions, strengthen relationships, and redefine identities (Bunkers et al., 2022; Macaulay & Angus, 2019). This study explores how narrative reframing functions in Taiwanese families experiencing trauma, adding to the growing body of literature that recognizes storytelling as both an individual and collective healing strategy.

Research consistently demonstrates that family members experience trauma not only individually but also interdependently, where distress and coping are shared within family systems (Stephenson et al., 2016; Wilson et al., 2016). Theories of PTG argue that, under certain conditions, traumatic events can catalyze positive psychological change, including enhanced appreciation of life, strengthened relationships, and new personal or collective meaning (Arënliu et al., 2017; Zebrack et al., 2014). For example, in caregivers of cancer patients, traumatic caregiving experiences have been linked to personal growth and resilience through adaptive coping strategies (Barakat et al., 2021; Choi, 2014). Similar findings have been observed among transplant recipients and their caregivers, where post-trauma coping fostered renewed strategies of relational and emotional adjustment (Pérez-San-Gregorio et al., 2017).

Studies with survivors of war and political conflict also highlight that families exposed to severe trauma may develop forms of resilience that are strongly tied to social support and community involvement (Arënliu et al., 2017; Ochu et al., 2018). In such contexts, collective narratives serve to sustain cultural values, reinforce belonging, and maintain hope in conditions of uncertainty. At the same time, trauma often creates significant risks of psychological distress and maladaptive coping, including rumination, guilt,

and strained family dynamics (Ogińska-Bulik, 2016; Záhorcová & Prielomková, 2020). The balance between destructive and constructive outcomes often depends on how trauma is communicated, interpreted, and integrated into family narratives.

The narrative turn in psychology and family therapy has emphasized the role of storytelling in reshaping traumatic experiences (Macaulay & Angus, 2019; Rolbiecki et al., 2019). Narrative reframing allows individuals and families to reinterpret adverse events in ways that highlight resilience, hope, and continuity rather than fragmentation. By reconstructing traumatic experiences as survivable or even transformative, families create shared scripts that reduce isolation and foster empathy (Bunkers et al., 2022). Digital storytelling interventions, for instance, have shown effectiveness in helping bereaved family members process grief, transform sorrow into memory, and construct new life narratives (Rolbiecki et al., 2019).

This process is not limited to clinical interventions but extends to everyday meaning-making practices. Families often engage in collective rituals, religious storytelling, or intergenerational conversations to transmit narratives that contextualize trauma within broader cultural or spiritual frameworks (Ochu et al., 2018; Yoo et al., 2017). Religious and cultural anchors have been documented as significant protective factors, enabling reframed narratives that emphasize forgiveness, endurance, and moral duty (Ochu et al., 2018). Similarly, interventions grounded in the Humanbecoming Family Model underline that storytelling can support the integration of trauma into a family's sense of identity (Bunkers et al., 2022).

Scholars have investigated trauma and narrative processes across multiple family contexts. In the aftermath of natural disasters, the degree of family closeness and reciprocal support has been found to predict more positive psychological outcomes (Cong et al., 2016; Khatimah & Pudjiati, 2022). Similarly, studies in the context of pediatric cancer reveal that both patients and their families simultaneously navigate trauma and growth, with narrative reframing helping them cope with ongoing uncertainty (Barakat et al., 2021; Wilson et al., 2016). Caregivers of critically ill or ICU patients also report complex trajectories of distress and recovery, where narratives influence the integration of trauma into daily life (Wendlandt et al., 2021).

Postpartum contexts provide additional insight, where mothers experiencing postpartum psychosis or depression have demonstrated growth when they are able to reconstruct narratives around survival and caregiving (Beck & Twomey,

2023). Even nurses exposed to vicarious trauma in neonatal intensive care units describe how narrative reframing fosters meaning-making and personal development (Beck & Casavant, 2019). These findings highlight the wide applicability of narrative approaches, cutting across family roles and relational settings.

Cultural perspectives significantly shape how trauma is narrated and reframed. Studies among survivors of the Great East Japan Earthquake show that collective and culturally specific forms of narration facilitate resilience and PTG (Yoo et al., 2017). Likewise, family members of breast cancer survivors in Korea relied on shared coping narratives to navigate mutual growth and adjustment (Lee et al., 2017). In Kosovo, families of missing persons demonstrated posttraumatic growth through community rituals and social support, reflecting how culturally situated narratives support recovery (Arënliu et al., 2017).

In Western contexts, researchers have also explored how storytelling can be adapted to specific cultural or minority communities. For example, LGBTQ+ communities engage in narrative reframing as a means of transforming histories of trauma into pathways for thriving, thereby reinforcing identity and intergenerational solidarity (Weststrate et al., 2024). Similarly, therapeutic recreation and community activities, such as the kayak fishing program for U.S. veterans, illustrate how trauma narratives can be reconstructed through nontraditional storytelling forms (Sharpe et al., 2023).

While much literature emphasizes the positive potential of narrative reframing, scholars caution that this process is neither linear nor universally accessible (Roebuck et al., 2023; Záhorcová & Prielomková, 2020). Trauma can lead to oscillations between growth and distress, with narratives often containing contradictions and unresolved elements. For instance, ICU caregivers may display both declining distress and ongoing PTSD symptoms, reflecting the complex trajectories of recovery (Wendlandt et al., 2021). Similarly, parents coping with unexpected loss during COVID-19 revealed that narrative reframing enabled some sense of PTG, though grief and distress persisted in varying intensities (Donohue, 2024).

The relationship between narrative reframing and PTG is also mediated by factors such as family communication style, resilience, and emotional regulation. Families with open communication are better able to co-construct supportive narratives that reduce blame and increase empathy (Acuna & Kataoka, 2017). Conversely, families with rigid or avoidant communication styles may struggle to

integrate trauma into shared stories, leaving unresolved tensions and fragmented identities. Thus, narrative reframing should be understood as a dynamic and context-dependent process, not as an automatic outcome of trauma.

Narrative reframing has been associated with diverse coping strategies, including meaning-making, forgiveness, and symbolic rituals (Ferrari & Munroe, 2024; Ochu et al., 2018). Survivors of crises often describe how reframing allowed them to situate personal suffering within broader political, cultural, or moral frameworks (Ferrari & Munroe, 2024). Families experiencing cancer or chronic illness also emphasized the importance of caregiver narratives in sustaining resilience across the long trajectory of treatment and recovery (Tahory et al., 2016). Moreover, vicarious trauma contexts, such as nurses caring for critically ill infants, illustrate that reframing is essential for professional resilience and relational continuity (Beck & Casavant, 2019).

The role of rumination in narrative processes has been particularly emphasized. While maladaptive rumination tends to sustain distress, constructive or deliberate rumination can facilitate reframing, allowing individuals to explore meanings and reconstruct personal or family identity (Ogińska-Bulik, 2016; Záhorcová & Prielomková, 2020). Hence, interventions designed to support families in reframing their trauma narratives must account for both risks and opportunities inherent in the process.

Despite substantial research on PTG and trauma coping, gaps remain in understanding how families specifically use narrative reframing to navigate trauma in non-Western cultural settings. Taiwan presents a valuable context for this inquiry, as family systems are strongly shaped by collectivist traditions, intergenerational ties, and cultural-spiritual frameworks that influence how trauma is narrated and remembered (Liao et al., 2024). While previous studies have investigated coping among Asian cancer survivors, disaster survivors, and caregivers (Cong et al., 2016; Yoo et al., 2017), little is known about how Taiwanese families reframe trauma through narratives in ways that balance emotional reconstruction, relational transformation, and identity redefinition.

This study aims to address these gaps by qualitatively exploring how families in Taiwan reconstruct traumatic experiences through narrative reframing. By focusing on the interplay between emotional, relational, and identity processes, the study highlights the cultural and psychological mechanisms through which trauma narratives are transformed. Building on existing research across diverse

family contexts (Barakat et al., 2021; Sharpe et al., 2023; Weststrate et al., 2024; Zebrack et al., 2014), the present work seeks to deepen our understanding of narrative reframing as a process that not only supports coping but also fosters resilience, continuity, and growth in the aftermath of trauma. The goal of this research is to examine the role of narrative reframing in helping families integrate trauma into their collective stories, thereby promoting healing, strengthening bonds, and envisioning hopeful futures.

2. Methods

2.1. Study Design and Participants

This study employed a qualitative research design with the aim of exploring the role of narrative reframing in families experiencing trauma. A purposive sampling strategy was used to ensure the inclusion of participants who had relevant lived experiences. A total of 26 participants from Taiwan were recruited, consisting of parents and adult children who had directly encountered traumatic family events such as bereavement, serious illness, or sudden life disruptions. The sample was diverse in terms of age, gender, and family backgrounds to capture multiple perspectives. Participation continued until theoretical saturation was reached, meaning that no new themes emerged from subsequent interviews and data collection no longer added significant insights.

2.2. Measures

Data collection was conducted through semi-structured interviews, which allowed participants to share their narratives while also providing space for the interviewer to probe and clarify emerging issues. Each interview lasted between 60 and 90 minutes and was conducted in a setting chosen by the participant to ensure comfort and privacy. The interview protocol focused on participants' experiences of trauma, the ways in which family narratives were reframed during or after the events, and the perceived impact of these reframed stories on coping, meaning-making, and family

relationships. Interviews were audio-recorded with consent and transcribed verbatim for analysis.

2.3. Data Analysis

The data were analyzed using thematic analysis facilitated by NVivo 14 software. Transcripts were imported into the software for systematic coding. An inductive coding approach was applied to allow themes to emerge organically from the data rather than being imposed a priori. The process began with open coding of meaningful units, which were then grouped into broader categories and eventually distilled into core themes. Constant comparison was applied throughout the analysis to refine categories and ensure consistency across transcripts. To enhance trustworthiness, coding was reviewed by multiple members of the research team, and any discrepancies were resolved through discussion until consensus was reached. Reflexivity was maintained through memo writing, and an audit trail of coding decisions was documented.

3. Findings and Results

The study sample consisted of 26 participants from Taiwan, recruited purposively to reflect diversity in family roles and experiences with trauma. Participants ranged in age from 22 to 61 years ($M = 39.5$), with 15 women (57.7%) and 11 men (42.3%). In terms of family position, the group included 12 parents (46.2%), 9 adult children (34.6%), and 5 extended family members such as siblings or grandparents (19.2%). Regarding educational background, 10 participants (38.5%) had completed university degrees, 9 (34.6%) had secondary education, and 7 (26.9%) reported vocational or other forms of education. All participants had direct experience of at least one traumatic family event, including bereavement ($n = 11$, 42.3%), chronic illness in a family member ($n = 8$, 30.8%), and sudden accidents or life disruptions ($n = 7$, 26.9%). This distribution provided a varied set of perspectives while ensuring representation across different family contexts.

Table 1

Main Themes, Subthemes, and Concepts

Category (Main Theme)	Subcategory	Concepts (Open Codes)
1. Emotional Reconstruction through Narrative Reframing	Processing Traumatic Emotions	Fear articulation, Emotional numbness, Anger release, Shame disclosure, Crying episodes
	Meaning-Making of Suffering	Redefining loss, Searching for purpose, Religious interpretations, Acceptance of destiny, Personal growth through hardship

2. Relational Transformation in the Family System	Shifting Negative Self-Perceptions	From guilt to responsibility, Self-forgiveness, Reclaiming self-worth, Reducing blame
	Emotional Regulation Strategies	Storytelling as catharsis, Journaling, Use of humor, Breathing/relaxation during sharing
	Building Hope	Imagining better future, Emphasizing resilience, Constructing new life story, Faith in recovery
	Acknowledgment of Vulnerability	Expressing helplessness, Sharing insecurities, Recognition of emotional wounds
	Strengthening Communication	Open dialogue, Active listening, Joint storytelling, Nonjudgmental responses
	Redefining Family Roles	Role shifting after trauma, Caregiver role expansion, Children's maturity, Adjusting parental authority
	Conflict Resolution through Reframing	Reducing blame cycles, Negotiating meanings, Softening criticism, Empathy development
	Collective Coping Narratives	"We survived together," Sharing symbolic rituals, Family memory reconstruction
	Intergenerational Understanding	Bridging generational gaps, Explaining trauma to children, Elders' wisdom sharing
	Rebuilding Trust	Transparency in dialogue, Reducing secrecy, Promises to move forward
3. Identity and Future Orientation	Strengthening Emotional Bonds	Expressing love verbally, Physical affection, Celebrating small victories
	Redefining Family Identity	"We are survivors," New collective identity, Honoring lost family members
	Personal Growth Narratives	Seeing self as resilient, Learning from adversity, Life redirection, Empowerment stories
	Shaping Future Goals	Reprioritizing values, Setting new family goals, Redefining success, Career or education redirection
	Social Integration and Belonging	Sharing stories in community, Finding support groups, Reducing stigma, Social acknowledgment
	Cultural and Spiritual Anchors	Relying on traditions, Spiritual rituals, Community ceremonies, Moral duty
	Intergenerational Hopes	Transmitting resilience lessons, Protecting children from repetition, Encouraging independence

Category 1: Emotional Reconstruction through Narrative Reframing

Processing Traumatic Emotions. Participants revealed that one of the first outcomes of narrative reframing was the ability to articulate difficult emotions such as fear, anger, and shame. Sharing stories allowed them to move beyond emotional numbness and express vulnerability. As one participant explained, *"When I told the story of what happened, I finally allowed myself to cry, and the fear that was stuck inside started to loosen."* Another noted, *"I felt so much shame at first, but putting it into words made me feel less alone."*

Meaning-Making of Suffering. A central subtheme involved searching for meaning in painful experiences. Families reframed suffering by attributing it to personal growth, destiny, or spiritual belief. For example, a father remarked, *"Losing my brother made no sense until I realized it pushed me to appreciate life more deeply."* Similarly, another participant reflected, *"I believe this was God's test, and telling it as part of my journey gave me strength."*

Shifting Negative Self-Perceptions. Many participants described moving away from guilt and self-blame toward acceptance and forgiveness. Narrative reframing helped them recognize responsibility without collapsing into self-

condemnation. A mother shared, *"For years I thought it was my fault, but retelling the story helped me see I did the best I could."* Another said, *"I am not just a victim; I can be someone strong who carries the memory differently."*

Emotional Regulation Strategies. Storytelling itself emerged as a regulatory strategy, allowing participants to manage overwhelming emotions. They combined narration with practical techniques such as journaling, humor, or breathing exercises. One participant commented, *"Every time I wrote my story in my diary, I felt lighter."* Another added, *"Sometimes I even joked about the worst parts, and it gave me back some control."*

Building Hope. Reframing also created space for hope and resilience. Participants emphasized that stories of trauma could evolve into stories of survival. As one young woman explained, *"When I told my story as a chapter, not the whole book, I could imagine my future again."* Others expressed faith in recovery, with a participant noting, *"Narratives gave me a way to believe tomorrow could be different."*

Acknowledgment of Vulnerability. Finally, participants reported that reframing allowed them to acknowledge vulnerability without perceiving it as weakness. This openness fostered authenticity in both individual and family dialogues. *"I admitted to my children that I felt helpless*

too,” one father explained, *“and that honesty made us closer.”* Another described, *“For the first time, I told my husband how insecure I felt inside.”*

Category 2: Relational Transformation in the Family System

Strengthening Communication. Narrative reframing encouraged families to speak more openly about trauma. Active listening and nonjudgmental responses became central to this shift. A participant said, *“Before, we avoided talking about it. Now, we sit together and listen without interrupting.”* Another noted, *“We started telling the story together instead of separately, and it made a difference.”*

Redefining Family Roles. Trauma often required families to renegotiate roles, with children stepping into mature positions and parents redefining their authority. A mother shared, *“After my husband’s illness, my son became the one reminding us to stay calm.”* Another participant explained, *“I had to accept that my daughter took on responsibilities I never expected.”*

Conflict Resolution through Reframing. Several participants described how reframing stories helped reduce cycles of blame and conflict. By changing the way events were narrated, criticism softened and empathy increased. One woman reflected, *“We used to argue about who was at fault, but retelling the story helped us understand we were all suffering.”* Another said, *“I learned to listen without attacking, and that saved many fights.”*

Collective Coping Narratives. Families created collective stories emphasizing survival and togetherness. Shared rituals and symbolic acts supported this process. For instance, a participant explained, *“We light a candle together every year; it is our way of saying we survived.”* Another recalled, *“We reconstructed the memory of the accident as a moment we all overcame, not just a tragedy.”*

Intergenerational Understanding. Bridging generational gaps was also significant, especially in explaining traumatic experiences to children or learning from elders’ wisdom. *“I finally told my daughter why I get anxious,”* one parent explained. An elder participant shared, *“In our culture, we keep silent, but I realized my grandchildren needed to hear our story to understand themselves.”*

Rebuilding Trust. Reframing facilitated transparency and reduced secrecy within families. Promises to move forward were seen as markers of renewed trust. One participant explained, *“I told my wife everything I had hidden, and it was painful, but it rebuilt our trust.”* Another

emphasized, *“Trust returned when we promised each other we would not hide our fears anymore.”*

Strengthening Emotional Bonds. Participants described how reframed narratives allowed them to express affection more openly, celebrating small steps in recovery. As one respondent noted, *“I started telling my children I love them every night, something I never did before.”* Another added, *“Even hugging became part of our story of healing.”*

Category 3: Identity and Future Orientation

Redefining Family Identity. Narrative reframing reshaped families’ sense of who they were, shifting from victimhood to survival. One participant stated, *“Now we say we are survivors, not broken people.”* Another said, *“We keep the memory of our lost family member alive, but we also define ourselves by our resilience.”*

Personal Growth Narratives. Participants highlighted personal transformation as they retold their experiences. Stories shifted toward empowerment and life redirection. *“I used to see myself as weak, but now I tell my story as proof of my strength,”* one woman shared. Another participant reflected, *“The trauma made me change my career path, and I’m grateful for that.”*

Shaping Future Goals. Families often reframed trauma as an opportunity to re-prioritize values and goals. One father said, *“We stopped chasing money and decided to spend more time together.”* Another participant explained, *“I began to see education differently; I wanted my children to succeed because of what we endured.”*

Social Integration and Belonging. Sharing reframed stories with the wider community reduced stigma and fostered belonging. One participant explained, *“Joining a support group made me feel normal again.”* Another added, *“When the community acknowledged our pain, we stopped feeling ashamed.”*

Cultural and Spiritual Anchors. Traditional and spiritual practices provided meaning and continuity in narrative reframing. A mother explained, *“Every ritual gave us a sense of peace and kept us connected.”* Another participant said, *“Our temple ceremonies reminded us that suffering is shared, not individual.”*

Intergenerational Hopes. Finally, participants expressed hopes of passing resilience to the next generation. Stories became lessons to protect children from repeating cycles of trauma. One father stated, *“I told my son that no matter what happens, he can be stronger than me.”* Another mother emphasized, *“I want my daughter to inherit strength, not fear.”*

4. Discussion and Conclusion

The findings of this study highlighted three overarching themes: emotional reconstruction through narrative reframing, relational transformation within the family system, and identity and future orientation. These themes collectively illustrate how Taiwanese families experiencing trauma draw upon narrative processes to regulate emotions, redefine family roles, strengthen relationships, and construct hopeful trajectories for the future. The results confirm that narrative reframing functions as both an individual and collective coping strategy, allowing families not only to process suffering but also to integrate trauma into meaningful and adaptive stories.

The first theme emphasized that narrative reframing enables emotional processing, transforming experiences of fear, shame, and helplessness into opportunities for catharsis and regulation. Participants described storytelling, journaling, and shared rituals as central strategies for expressing vulnerability and releasing emotional burdens. This finding aligns with research showing that deliberate narration of trauma fosters posttraumatic growth (PTG) by enabling individuals to reframe suffering as meaningful rather than destructive (Ramos & Leal, 2013; Zebrack et al., 2014). For instance, bereaved family caregivers have reported that recounting traumatic experiences supported the release of anger and facilitated emotional adaptation (Choi, 2014). Similarly, ICU caregivers exhibited fluctuating but adaptive trajectories when they engaged in storytelling that reframed distress into survival narratives (Wendlandt et al., 2021).

This study also revealed that families shifted away from negative self-perceptions, moving from guilt and blame to acceptance and forgiveness. Such findings echo evidence that rumination can either hinder or enhance recovery depending on whether it remains intrusive or becomes constructive. Constructive rumination, often facilitated by narrative practices, has been found to promote meaning-making and growth among individuals experiencing domestic violence or bereavement (Ogińska-Bulik, 2016; Záhorecová & Prielomková, 2020). Likewise, women recovering from postpartum psychosis reframed their traumatic stories to emphasize survival and resilience, highlighting the transformative potential of narrative reframing (Beck & Twomey, 2023).

Another significant finding was the role of hope-building in reframed narratives. Participants consistently described how telling their stories as “chapters” rather than definitive

life scripts allowed them to envision new futures. This aligns with studies showing that reframing promotes a reorientation toward future possibilities, such as in liver transplant patients and caregivers who reframed illness as an opportunity for renewed purpose (Pérez-San-Gregorio et al., 2017). Similarly, trauma survivors in religious and cultural contexts reframed suffering through spiritual interpretations, enabling a sense of hope and continuity (Ochu et al., 2018; Yoo et al., 2017). These convergences demonstrate that emotional reconstruction through narrative reframing is a universal yet culturally nuanced process.

The second theme emphasized that trauma narratives are not only intrapersonal but also deeply relational. Families used narrative reframing to improve communication, rebuild trust, and reconfigure roles. Participants emphasized that sharing stories openly reduced secrecy, softened conflict, and fostered empathy across generations. This resonates with evidence that family communication style is a crucial predictor of resilience and PTG. Open and supportive family communication has been shown to foster adaptive coping among adolescents (Acuna & Kataoka, 2017), while poor communication exacerbates distress and fragmentation.

The findings mirror research showing that trauma often necessitates shifts in family roles. For example, in pediatric cancer contexts, siblings and parents must renegotiate roles, and such role redefinitions are associated with caregiver resilience and PTG (Barakat et al., 2021; Stephenson et al., 2016). Similarly, in families coping with missing persons in Kosovo, role adaptation was facilitated by shared narratives and community rituals, which created new relational equilibriums (Arënlju et al., 2017). Our participants echoed these dynamics, describing how children assumed maturity and responsibility while parents renegotiated authority, demonstrating how trauma reframing restructures family dynamics.

Trust rebuilding also emerged as a key outcome of narrative reframing. By reducing secrecy and fostering transparency, families cultivated new bonds of solidarity. This is consistent with studies showing that digital storytelling interventions for bereaved family members enhanced relational openness and trust, reducing feelings of isolation (Rolbiecki et al., 2019). Likewise, resilience among survivors of liquefaction in Indonesia was mediated by family hardiness, underscoring the relational dimension of reframing (Khatimah & Pudjiati, 2022).

Intergenerational understanding was another crucial dimension. Participants described how narrating trauma across generations facilitated empathy and the transmission

of resilience. These findings align with evidence from both Eastern and Western contexts. In Korea, breast cancer survivors and their spouses co-constructed narratives that allowed mutual understanding and shared growth (Lee et al., 2017). In Japan, disaster survivors engaged in collective narratives that bridged generational experiences, reinforcing continuity (Yoo et al., 2017). The present findings suggest that reframing within Taiwanese families similarly functions as a bridge between past and future, connecting generational wisdom with contemporary resilience.

The third theme revealed how narrative reframing reshaped identity at both individual and family levels. Families came to describe themselves not as victims but as survivors, integrating trauma into a collective identity that emphasized resilience. This is consistent with research demonstrating that posttraumatic identity reconstruction is central to PTG. For example, adolescents and young adults with cancer reframed their identities by positioning trauma as part of a survivorship narrative (Zebrack et al., 2014). Similarly, LGBTQ+ communities have shown that reframing collective trauma enables thriving by affirming shared identities (Weststrate et al., 2024).

Personal growth narratives also emerged prominently, with participants describing empowerment, redirection of life goals, and lessons learned from adversity. This resonates with studies among NICU nurses who described vicarious posttraumatic growth when they reframed traumatic work experiences into meaningful personal development (Beck & Casavant, 2019). Likewise, military veterans engaged in community recreation programs reframed trauma as a source of personal growth and transformation (Sharpe et al., 2023). These findings collectively underscore the transformative potential of narrative reframing in reshaping identity after trauma.

Future orientation was equally salient. Families reframed trauma as an impetus to reprioritize values, emphasizing relational closeness, educational aspirations, and life redirection. Such forward-looking narratives are mirrored in families coping with critical illness, who reconstructed trauma into renewed goals and commitments (Tahory et al., 2016; Wilson et al., 2016). Moreover, cultural and spiritual anchors, such as rituals and ceremonies, were reported by participants as stabilizing forces for the future. These align with findings that religious coping and moral narratives can provide continuity and meaning for survivors of political violence or disaster (Ferrari & Munroe, 2024; Ochu et al., 2018).

Intergenerational hopes represented the final subtheme, with families emphasizing the desire to transmit resilience rather than fear to their children. This echoes prior findings that PTG involves not only personal change but also a commitment to fostering resilience in others, as shown among caregivers of pediatric cancer patients and family caregivers in Asian contexts (Cong et al., 2016; Wilson et al., 2016). Taken together, these findings highlight that identity and future orientation are critical domains in which narrative reframing enables families to transcend trauma and envision continuity.

Overall, this study contributes to the growing body of evidence that trauma does not inevitably result in psychological deterioration but can, through narrative reframing, catalyze transformation. Our findings corroborate prior research that identifies storytelling, community rituals, and relational openness as mechanisms for integrating trauma into coherent life narratives (Bunkers et al., 2022; Macaulay & Angus, 2019; Roebuck et al., 2023). They also underscore that narrative reframing is culturally embedded, influenced by collectivist traditions, intergenerational obligations, and spiritual frameworks, as highlighted in studies from Kosovo, Japan, and Korea (Arënliu et al., 2017; Lee et al., 2017; Yoo et al., 2017). By focusing on Taiwanese families, this study provides fresh insight into the cultural contours of reframing, revealing both universal patterns and culturally specific nuances in how trauma is re-narrated.

5. Suggestions and Limitations

This study has several limitations that warrant caution in interpretation. First, the sample was limited to 26 participants from Taiwan, which constrains the generalizability of findings to other cultural or national contexts. While the purposive sampling strategy ensured diversity of family roles and trauma types, the relatively small size may have excluded other significant perspectives. Second, data were collected through semi-structured interviews, which, while rich in depth, are subject to recall bias and social desirability effects. Participants may have narrated their experiences in ways they perceived as socially acceptable or therapeutic, potentially underreporting unresolved distress. Third, the study's qualitative design precludes causal inferences about the relationship between narrative reframing and posttraumatic growth. Finally, the analysis was conducted using thematic coding in NVivo, which, despite efforts to ensure reliability, remains interpretive and shaped by researcher subjectivity.

Future research should expand the cultural and demographic scope of inquiry. Comparative studies across different cultural settings could reveal how collectivist versus individualist values shape the reframing of trauma narratives. Longitudinal research is also needed to examine how narrative reframing evolves over time, particularly in relation to sustained resilience or delayed distress. Additionally, future studies could integrate mixed-methods approaches, combining qualitative narratives with quantitative measures of PTG, emotional regulation, and family functioning. This would allow for more comprehensive understanding of the mechanisms through which reframing influences outcomes. Finally, intervention-based research should test structured narrative approaches, such as digital storytelling or family-based narrative therapy, to evaluate their efficacy in supporting families experiencing trauma.

For practitioners, the findings emphasize the importance of fostering spaces where families can safely narrate and reframe traumatic experiences. Therapists and counselors should encourage open communication and collaborative storytelling that includes all family members, thereby reducing secrecy and fostering empathy. Rituals and symbolic practices can be integrated into therapy to anchor narratives within cultural and spiritual frameworks that are meaningful to families. Practitioners should also support families in recognizing and reshaping negative self-perceptions, guiding them toward more hopeful and empowering identities. Finally, interventions should focus not only on immediate emotional recovery but also on long-term identity reconstruction and intergenerational resilience, ensuring that trauma narratives are transformed into sources of continuity and strength.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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