# From Darkness to Light: A Case Report on Grief, Trauma, and the Search for Healing

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#### **Abstract**

This case study presents the therapeutic journey of Paula (pseudonym), a 26-year-old Zimbabwean woman struggling with grief, depression, and feelings of abandonment following the loss of her mother and grandmother, and a breakup with her boyfriend. Through a comprehensive assessment using clinical interviews, Mental State Examination, Burns Depression Checklist, and Grief Inventory, the psychologist diagnosed Paula with Other Specified Depressive Disorder (DSM-5 TR F32.89). Narrative therapy and forgiveness therapy were employed to facilitate healing, rebuild self-esteem, and promote forgiveness. A total of five therapy sessions were held, each session lasting approximately one hour. The therapy focused on reframing Paula's narrative, preserving positive memories, and fostering a sense of closure. The outcome of the therapy was positive, with Paula expressing relief and a renewed perspective of life. The case highlights the effectiveness of narrative and forgiveness therapies in addressing complex emotional issues and promoting mental well-being. It also highlights how unresolved issues impact a person's view of other issues that may arise in life.

**Keywords:** Depression, forgiveness, relationship, self-esteem, anger, grief.

#### **Case Context and Method**

The psychologist collected background information about the client, Paula (pseudonym) using the clinical interview with the client. Observations were made guided by the Mental State Examination (MSE). Assessments were done using two psychometric instruments, the Burns Depression Checklist and the Grief Inventory. Findings from the instruments were corroborated with findings from the interview, the mental status examination and then validated with the DSM VTR (APA, 2022) to come up with a diagnosis. The psychologist used the narrative therapy approach to provide therapy to the client.

**Confidentiality:** The psychologist did not disclose any confidential and personally identifiable information concerning the client in this report.

# **Client Demographic Information**

Name: Paula (pseudonym)

**Date of Birth:** 6 May 1996

**Date of Assessment:** 7 February 2023

**Chronological Age:** 26 years 9 months 1 day

**Nationality:** Zimbabwean

Marital Status: Single

**Profession:** Systems Analyst

**Academic level:** BSc. Degree in Information Technology

**Client History** 

**Referred by:** Wellness Program Manager at work

**Reason for Referral:** Heartbreak/Grief

**Referral details** The client requested for therapy through the mental wellness

program at work

**Prenatal History:** No known challenges (Normal)

**Childhood**: All developmental milestones reached successfully.

# **Background Information**

The client, Paula (pseudonym), was the last born in a family of 3. She had two older brothers, both based in South Africa. The mother died of Covid-19 in August 2021. Paula lived with her father in Hatfield, Harare. The father was absent most of her life from the time she was 8 years old. He was working in the United Kingdom and only came home a few weeks in a year. He returned in 2019, 2 years before the death of her mother. The relationship between the client and her father was civil, because they lived together but they did not have a father daughter relationship to talk about. She was close to her older brothers even though they stayed in South Africa. Her mother, with the support of her grandmother, raised both her and her two brothers. The older brother was married and had 2 children.

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**Social Status**: Comes from a middle-income family.

**Use and Abuse of Substances:** No history of substance abuse.

Forensic History: None.

**Medical History:** Client had a miscarriage in 2017 in her first year of

University.

**Mental Health History:** No history of mental illness.

#### **General Observations**

Appearance	Clean, smartly dressed
Behaviour	Normal
Attitude	Pleasant
Level of consciousness	Fully conscious
Orientation	Good
Speech and Language	Coherent
Mood	Calm
Affect	Emotional/Sad
Thought process	Coherent
Thought content	Coherent
Attention span	Good
Suicidal & homicidally	No
Intellectual functioning	Good
Memory	Good

# **History of Presenting Problem**

The client, Paula, lost maternal grandmother in December 2020. Paula had a good relationship with her grandmother and was devastated by her death. In August 2021, that is, 8 months later, the client contracted Covid-19 and her mother was taking care of her while she was sick. Unfortunately, the mother also contracted Covid-19 and died at the end of August. Apart from being grief-stricken from the loss of the 2 women she looked up to, the client was feeling responsible for the death of her mother because she felt her mother contracted the infection from her, which eventually caused her mother's death.

The client was also in a relationship with a man who was responsible for the pregnancy that she miscarried in 2017. The man stood by her and comforted her through her losses, from the miscarriage to her grandmother and mother's deaths. With his support, the client was learning to cope with the grief and slowly learning to live with her losses. Unfortunately, 2 months later the boyfriend broke off their relationship. They were having some relationship problems, but she thought they would deal with them and continue with their relationship. The boyfriend was also not willing to make a long-term marriage commitment. The client felt they had been dating for a long time and needed to start planning their life together.

The breakup caused the client to slip back into grief and depression. She did not socialise with others, but decided to work long hours so that by the time she was very tired she would go straight to sleep. She sometimes had nightmares and woke up crying.

#### **Assessment**

#### **Assessment tools**

- Burns Depression Checklist
- Grief/Depression Inventory

#### **Results**

**Burns Depression Checklist** 

- Raw Score = 20
- Interpretation of score: Indication of mild depression.

Grief/Depression Checklist

- Raw Score = 20
- Interpretation of score: Indication of mild depression.

**Key symptoms:** Sad most of the time, emotional, guilt, angry, low self-esteem, lack of sleep.

## **Analysis of Assessment/ Diagnosis**

The client was feeling sad most of the time and struggled to sleep. The client also had low self-esteem, most likely brought about because she felt abandoned by her father and ex-boyfriend. Her symptoms were in line with those listed in DSM-5 TR (APA, 2022) for criteria (Other Specified Depressive Disorder F32.89) as follows:

- Depressed mood most of the day, nearly every day, as indicated by assessment report (e.g., felt sad, empty, hopeless) and observation (e.g., appears tearful).
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
- Insomnia or hypersomnia nearly every day.
- Feelings of worthlessness and low self-esteem.
- Irritability.

The symptoms did not meet the full criteria for any of the disorders in the depressive disorders diagnostic class.

# **Problem Formulation and Goals of Therapy**

- **Predisposing factor**: The earlier absence by her father had contributed to the feelings and sense of loss and abandonment.
- **Precipitating factors:** The client had not dealt with the loss of the influential women in her life and this was re-triggered by the heartbreak.
- **Perpetuating factors**: The break-up with the boyfriend had amplified the emotions of losing her loved ones.
- **Protective factors:** The wellness program at work helped the client to realise that she needed help to deal with her multiple losses and was also providing her access to mental health service providers.

**Formulation summary**: The client was still processing her losses; and the breakup with the boyfriend triggered feelings of loss and depressive symptoms.

# **Goals of counselling**

- Facilitate healing process for the client to get her to acceptance.
- Rebuild client self-esteem.
- Forgive the father and boyfriend for being absent when she needed them.
- Moving on after break-up.

# **Course of Therapy**

The therapist used narrative therapy to help the client focus on the positive aspects of her life (Pilkington, 2021). The therapist listened to the client as she was telling the story of her life. Although there were some good and positive aspects, the client focused more on the hardships

and losses she had encountered. The therapist then probed the client on the positive highlights to get her to talk about them in detail, such as how she managed to attain her degree, and the job which she seemed to enjoy. The therapist then asked the client to tell her story again, but this time focusing on her achievements.

For grief, the therapist used the Kubler Ross Change Curve Model (João, 2024). From the presenting symptoms, it was evident that the client was stuck between anger and depression. The therapist provided emotional support by validating her feelings and helping the client to work through sadness and despair. To help the client move towards acceptance, the therapist and the client talked about ways of preserving the good memories she had of her mother and grandmother in order to help her move from the depression stage into acceptance. The client liked the idea of keeping a memorial journal about the life lessons she learnt from the two important women in her life. The journal would continue to be used for positive change in her life.

#### **Follow-up sessions**

The therapist took the client through forgiveness therapy, in particular the Process Model of Forgiveness by Enright (Freedman & Enright, 2019). This sought to help the client get closure for the heartbreak and to deal with the abandonment issues she had with her father. There are four basic phases to the treatment, which include uncovering, commitment, action and; finally, the cosmic perspective phase.

First, the therapist enquired how the absence of her father affected her. This question sought to help in uncovering the roots of her anger. The client explained that she envied her friends who were picked up and dropped off at school by their dads. She also played basketball at school, and she would always hope to see him in the crowd cheering for her, yet this never happened. For a long time, her mother worked very hard to take care of her and her brothers without any financial support from the father. She was angry with him for not being there for his family when they needed him most. The client was also angry with the boyfriend for leaving her when she was so vulnerable. She had gotten used to depend on him for emotional support from the time she had a miscarriage. It was like history was repeating itself.

The second phase was the commitment to forgive. The therapist asked the client to talk about how the actions of her father and ex-boyfriend made her feel. The client explained that it made her angry and sad. The therapist discussed with the client how letting go of the anger could help the client to heal and how forgiveness was about her and not her father or the boyfriend.

The client understood that forgiving was about letting go of the anger and resentment she had for the two people whom she trusted, but had let her down. She understood it was going to be a process, but she committed to doing it for her own benefit. The therapist commended her for committing to do that and the progress is discussed in the follow up sessions.

In the third session, the therapist and the client focused on the cognitive process of forgiveness by shifting the mindset from concentrating on the hurt and focusing on the reasons for the hurtful behaviour by her father and boyfriend. The client revealed that her father did not know his father and his mother remarried when he was 6 and moved leaving him with his grandparents. The client now understood that her father had a difficult upbringing and never experienced parental love and that would explain why he also struggled to connect with his children. The boyfriend was also going through family issues at the time of their breakup that could explain why he could not console her. The therapist asked the client how she felt about the 2 after exploring their past experiences. The client revealed that she was now more understanding of their behaviours and more willing to forgive. She felt less judgemental and knowing that she did not do anything wrong to bring about the behaviour made her feel better already.

In the last stage of the process model of forgiveness, the client and the therapist discussed how the process could be applied to other situations by the client. This is called the cosmic perspective. The client explained that she had learned that people's behaviours, no matter how hurtful, have an explanation and that she was learning that another person's behaviour reflects on who they are and their struggles and not her fault. After this, the psychotherapist helped the client to see the good in people, including the offending person, by understanding that they may be fighting their own battles. So, instead of being vengeful, the client learnt to be more understanding.

# Concluding Evaluation of the Therapy's Process and Outcome

The forgiveness therapy also helped the client to have a positive view of herself. The client expressed how relieved she felt after the sessions. The therapist commended the client for seeking a healthier way of dealing with her mental health issues by seeking professional help. The relationship was terminated when the client felt she was positioned to positively deal with her issues better than before the therapy sessions.

# Recommendations

## To client

- 1) Continue practising forgiveness and letting go of resentment.
- 2) Practise self-care activities to promote relaxation and mental wellness.
- 3) Maintain connections with supportive family and friends.
- 4) Family therapy with father.
- 5) Continue writing in memorial journal to process grief in a health way.
- 6) Reach out to the psychologist, if needs be in the future.

# To other practitioners

- i) Culturally sensitive practice: Consider cultural background and values in therapy.
- ii) Regular progress monitoring: Regularly assess client's progress and adjust therapy accordingly.

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## **Biodata of Author**

Nellie Maziya is a Counselling Psychologist registered with the Allied Health Practitioners Council of Zimbabwe (AHPCZ). She is also a member of the Zimbabwe Psychological Association (ZPA) and the American Psychological Association (APA). Nellie holds a MSc in Counselling Psychology from Great Zimbabwe University and BSc (Honours) in Psychology from the Women's University in Africa. Nellie has experience working with individuals, families and groups experiencing various life stressors including trauma to achieve mental wellness. She has also facilitated various mental health workshops and training. Apart from practising as a psychologist, Nellie also serves as the TV Show Host for a programme called Grief Uncensored that focuses on sensitising the public on mental health issues surrounding grief and how to navigate them. Nellie has practised as a psychologist for three years.