UNIVERSITY TWENTE

A Qualitative Comparison of Two Interventions from the Participants' Point of View

The Stories we Live by vs. Expressive Writing Intervention

Alicia Müller
s0210145

First Tutor: **Dr. S. M. A. Lamers**

Second Tutor: **Dr. A. Sools**

October 2012

Abstract

The interest in narrative psychology has risen in the last few decades. It was found that characteristics of narratives have a positive relation to well-being and can help to improve it. Based on this relation, different interventions were developed to improve well-being. Today is only partly known which specific elements in such interventions lead to high well-being. It is assumed that a combination of elements is responsible for the positive effect on well-being. Until now, established theories failed to explain the whole working mechanism. Maybe due to the fact that they primarily tried to answer the question from a theoretical point of view. Therefore, the current study is concerned with the participants' view on two interventions: "Expressive Writing" and "The Stories we Live by". The study focuses on how participants experienced the interventions and what are differences in the experience between the interventions. Participants (N=89) were randomly assigned to one of the interventions and were afterwards asked which elements they experienced as helpful and important. The so gained data was analyzed by the grounded theory approach. The developed theoretical model states reciprocal relationships between the most elements, implying that the whole interventions were experienced as important and helpful from most participants. Furthermore, it was found that participants mentioned the elements *self-knowledge, reminiscence, writing, coping strategies* and *specific elements* such as particular tasks most often. Only few differences between the interventions could be shown, implying that the experiences in the interventions were almost similar. Obvious was that in the "Expressive Writing" intervention the element writing was mentioned most often. Contrary, in "The Stories we Live by" *self-knowledge* was mentioned the most and *reminiscence* was mentioned more often than writing. This shows that the main differences between the interventions could be found in the methodology, namely between the elements *writing* and *reminiscence*. Further research is needed to test the developed theoretical model and specify the relationships between the elements. For future interventions can be suggested not to use individual elements, instead using the interventions as a whole and integrate at least the elements participants mentioned most often as valuable.

Abstract

Het interesse voor de narratieve psychologie heeft in de laatste decennia toegenomen. Het bleek dat de karakteristieken van narratieven een positieve relatie tot welbevinden hebben en kunnen helpen deze te verbeteren. Baserend op deze relatie zijn interventies ontwikkeld om het welbevinden te vergroten. Nu is nog niet helemaal bekend welke specifieke elementen in narratieven verbonden zijn met welbevinden. Het wordt ervan uitgegaan, dat een combinatie van elementen verantwoordelijk is voor het positieve effect op welbevinden. Tot nut toe, zijn alle ontwikkelde theorieën over de werkingsmechanismen niet in staat het hele proces te verklaren. Misschien omdat ze van uit een theoretische kader een verklaring zochten. Om deze reden houdt zich het actuele onderzoek bezig met de deelnemers perspectief van twee interventies: "Expressief schrijven" en "Op verhaal komen". Het onderzoek onderzocht hoe de deelnemers de interventies hebben ervaren en welke verschillen in de ervaringen tussen de interventies bestaan. Deelnemers (N=89) werden random toegewezen aan een van de interventies en naar afloop gevraagd welke elementen ze als belangrijk en hulprijk hadden ervaren. De zo verzamelde data werd geanalyseerd met de gefundeerde theorie benadering. Het ontwikkelt theoretisch model wijst erop, dat wederzijdse relaties bestaan tussen de meeste elementen. Dit impliceert dat de interventies in hun geheel door de meeste deelnemers als belangrijk en behulpzaam werden ervaren. De resultaten lieten zien dat deelnemers de elementen *zelfkennis*, *schrijven*, *coping strategieën*, *reminiscentie* en *specifieke elementen* het meest noemden. Er konden maar weinig verschillen tussen de interventies aangetoond worden, dit liet zien dat de ervaringen in de interventies soortgelijk waren. Opvallend was, dat in de "Expressief schrijven" interventie schrijven het meest genoemde element was. In tegendeel tot "Op verhaal komen", waar het meest genoemde element *zelfkennis* was en *reminiscentie* vaker werd genoemd dan schrijven. Dit impliceert dat het grootste verschil tussen de interventies in de methodiek te vinden is, met name bij *schrijven* en *reminiscentie*. Verder onderzoek is nodig om het theoretisch model te toetsen en de relaties tussen de elementen verder the specificeren. Voor toekomstige interventies wordt voorgesteld om niet aparte elementen te gebruiken maar de interventies als geheel toe te passen en tenminste die elementen te integreren, die deelnemers het vaakst hebben genoemd.

Table of Content

1. Introduction

We are surrounded by many different narratives and stories during daily life. It already starts in the morning, with reading the newspaper and being confronted with a story about the divorce of some celebrity. During lunch, one of the colleagues tells how his adolescent son has changed. Finally, while having dinner, the mother tells the children about her own childhood and when she brings them to bed, they insist to hear a fairy tale. It seems that the narrative element has an important role in life. Most people are interested in hearing stories about others or telling one themselves (Pasupathi, 2001).

Therefore, it seems only natural to let participants tell their individual experiences during the two interventions, which will be examined in this study. There are already many theories about which elements in narratives can enhance well-being and which can be used in interventions, as we will see later (Adler, Skalina, & McAdams, 2008; Gergen & Gergen, 1987; McAdams, Reynolds, Lewis, Patten, & Bowman, 2001). The state of well-being is in this context defined as necessary component for mental health, in which every individual realises it potential, can cope with stress, can work and make a contribution to the community (WHO, 2005). Research showed, that interventions using narratives have positive effects for the health of the individual, but it is not completely clear how the interventions work (Pennebaker & Chung, in press; Smyth, 1998; Westerhof, Bohlmeijer, & Webster, 2010). In order to get to know more about the working mechanism the current study compared the participants' experiences of two interventions. Thereby, the focus is on helpful and important elements from the participants' point of view. More knowledge about this topic is valuable for future interventions. Moreover, it is necessary to know which elements lead to improvement to understand how such interventions can be helpful. This in turn can help to improve the well-being in a relatively easy and cost-effective way. People in a process of transition or other stressful life events are at higher risk for depression (Kendler, Karkowski, & Prescott, 1999). Especially, in an ageing society people are often confronted with stressful changes that force them to reconsider their life, like quitting a hobby due to health issues or losing a partner (Cole & Dendukuri, 2003). Therefore, interventions helping people to go through these processes, preventing a depressive episode and enhancing well-being are highly valuable (Spijker & Schoemaker, 2010). Furthermore, people without psychopathology and with

high well-being get sick less often and are therefore desirable for the health system and society as a whole (Aneshensel, Frerichs, & Huba, 1984; Druss, Rosenheck, & Sledge, 2000; Keyes, 2005). In the following, we take a closer look at narratives' characteristics and meanings to get a basic understanding of the narrative psychology. Then, we examine a special kind of narratives namely life narratives and their link to well-being. This is important to understand the two interventions better, which are compared in this study. Next, we take a closer look at the two different interventions, before we move on to the research questions.

2. Narratives

A narrative is a form of telling something that has happened. It can occur in different ways: oral, written or visual. Despite the fact that a narrative tells something, it is not the same as a story. A story reflects exactly what has happened. In contrast, in a narrative the narrator has the freedom to neglect insignificant things and emphasize other things that are more important in his view. Therefore, the narrator shapes with his perspective the narrative and thus the message he sends to the listener. This is an important characteristic of narratives; they carry a message or viewpoint. In our everyday language we mainly do not make any difference between a narrative and a story. So, for fluent readability, the terms will be used interchangeable in this paper (Huhn, Pier, Schmid, & Schönert, 2009).

The typical characteristics of a narrative let us already get an idea of the different functions of it. In all cultures and at all times in humanity narratives were used to transport a message. For example, fairy tales often carry an ethical value or important social rule. That can also explain why stories always have to be considered in the social context they are told in. When telling our mother about our new partner, we will probably emphasize some things and omit others that we would only tell our best friend. Furthermore, the habit to tell narratives has probably not only an educational function. It is one of the first forms of entertainment (Huhn et al., 2009; McAdams, 2001).

Beside fictional stories, people also tell non-fictional stories, e.g. as their life stories. For a long time these stories were not of interest for evidence-based psychology. However, in the 1980s personality psychologist turned their interest to broader issues of the human life. They were interested in motivation for intrinsic-goals and understanding life in general. Thereby, they found life narratives to be very useful to get knowledge of how people create coherence and meaning of life. That was the onset of narrative psychology, which examines the stories people tell about their life (McAdams, 2001). Narrative psychology states that people create meaning in their life by telling stories about experiences. They can thereby connect experiences to a sequence of events, e.g. give them meaning and a place in their personal development (Angus & McLeod, 2004). People who experience no or little meaning in life also experience less well-being and even more psychopathology (Debats, 1996; Zika & Chamberlain, 1992).

Therefore, it is not surprising that the knowledge about functions of narratives in people's life have inspired the idea to develop interventions based on narratives. Before we take a look at some of these interventions we consider an important kind of narratives – life narratives.

2.1 Characteristics of Life Narratives

McAdams (2009) defines a life story as: "an internalized and evolving narrative of the self that incorporates the reconstructed past, perceived present, and anticipated future in order to provide a life with a sense of unity and purpose" (p.10). People tell these stories amongst others to form a narrative identity, in which they can integrate and connect different traits of themselves. As mentioned above narratives are used to connect experiences, too. Those narratives do not reflect the pure facts of the events, but merely try to form a coherent plot that considers the present and future circumstances (McAdams, 2001). Thus, narratives represent the individual reality of their narrator.

Life stories can be built up very differently, which is explained next. People can have different main topics in their life stories and these topics can be associated with well-being (McAdams, 2001). In narratives in which people describe themselves as individual, independent and responsible for their own happiness is *agency* a theme of significance. Such stories are often

about control, autonomy, self-mastery, empowerment and achievements and are linked to higher well-being (Baerger & McAdams, 1999; McAdams et al., 2001). Another theme is *communion*, which is about love, friendship, communication with others, caring and togetherness. People with a great part of communion in their narrative also experience more well-being than people with less communion (McAdams, Hoffman, Day, & Mansfield, 1996). In addition, six further criteria in narratives are identified that are linked to well-being. These are *coherence*, *openness*, *credibility*, *reconciliation*, *generative integration* and *differentiation*. People who tell stories with these criteria are often better able to make sense of their life (McAdams, 1996). This suggests that a relation between narratives and well-being exists and raises the question of which kind the relationship is. Furthermore, it is interesting to examine how this relation can be influenced, e.g. to enhance well-being.

3. The Interventions

Thus, there is knowledge about which characteristics are linked to high well-being within someone's story of life. How can those elements be used, in order to lead to a successful intervention? The link between well-being and the theoretical elements, of which the interventions consist, is already examined to some extent. The results of different studies prove the effects of life-review and expressive writing interventions (Smyth, 1998; Westerhof et al., 2010). However, less is known about the helpful elements in the actual context of successful interventions and especially about the elements that are experienced as helpful and important by the participants. Next, we examine two interventions, which have shown to have a positive influence on well-being, and their theoretical background (Elfrink, 2011; Linden van, 2012).

3.1 Expressive Writing

One of the interventions that is examined in this study is based on the writing paradigm of Pennebaker (1997). We consider now some research results and ideas about the mode of action of this method. Those findings are for the writing paradigm of Pennebaker (1997), but conclusions for the expressive writing intervention, used in this study, can surely be deduced from it. Subsequent to the research results, we look shortly at the current intervention.

3.1.1 Expressive Writing According to Pennebaker

Writing about emotional experiences, also called expressive writing, has shown to improve physical and mental health. Expressive writing involves that people write about their deepest thoughts and feelings, sometimes in the context of a traumatic-experience in their life. People show improved physical health after the treatment. (Pennebaker, 2010).It has been demonstrated, that writing about emotional issues is more effective than writing in general e.g. writing about the plans for the weekend (Pennebaker & Chung, in press). In several meta-analyses varying effect-sizes were found for physical and mental health. Expressive writing is most effective for physical health outcomes but positive effects on participants with vulnerability for depression were also shown (Frisina, Borod, & Lepore, 2004; Gortner, Rude, & Pennebaker, 2006; Smyth, 1998). Some possible moderator variables are personality traits as e.g. being an optimist or splitter (people seeing things all bad or all good) (Baikie, 2008; Pennebaker & Chung, in press) Overall, the process of writing about emotional issues itself can have a positive effect for well-being in general. Expressive writing was originally not developed as a narrative intervention, but it fits well with the idea of narrative psychology because, it gives people the space to tell their story, too.

What are elements making expressive writing effective for physical and mental measures? Different answers exist for this question and all seem to explain just a part of the whole underlying process. This is not surprising, because the effects develop over a longer period of time and so it is only logical that the underlying process is more than the sum of its parts, too

(Pennebaker & Chung, in press). For a successful intervention it is important to know how to enhance elements that are responsible for the success of the intervention.

One of the early explanations for the effect of expressive writing is the general *theory of inhibition.* This theory implies that people who inhibit thoughts and feelings about an experience are more likely to suffer from health problems or from a similar physiological activity as is observed by stressed individuals. Therefore, the idea was developed that the opposite behaviour, thus expressing feelings and thoughts, must have a positive effect (Greenberg & Stone, 1992; Pennebaker & Chung, in press). That implies it could be helpful during interventions to motivate people to express their feelings and thoughts about experiences.

Another explanation for the improvement of mental health by expressive writing is the *expression of emotion*. In one study was found that it is not enough to simply write about the facts of an event but that it is also necessary to express emotions in a way that requires cognitive work, so as the translation from emotions into language does (Krantz & Pennebaker, 2007). It is assumed that an emotional reaction of an event, which is not translated into language, cannot be understood and become meaningful (Schwarz, 1990). Therefore, writing itself must be an element of an intervention.

A further idea is that *habituation* is the key to explain expressive writing's success. Writing about an experience will lead to distinguishing the conditioned link between the event and peoples reaction to it (Esterling, Antoni, Fletcher, Margulies, & Schneiderman, 1994; Meadows & Foa, 1999). As shown in the successful daily practice of exposure in cases of anxiety disorders, repeated confrontation can change people's representation and therefore conditioned links (Deacon & Abramowitz, 2004). So, in matters of intervention it is necessary that people write regularly and over a longer period.

Furthermore, it is suggested that the way people *structure* their story leads to improvements. This brings us back to one of the six characteristics of a story associated with well-being, namely coherence (McAdams, 1996). It is rather possible that it is helpful to give meaning to life events or reorganize experiences when writing about it (Pennebaker & Chung, in press). So people, who write a more coherent story, could show more health improvement. For an intervention this would involve to help people structuring their own story.

Many answers to the question of the underlying mechanisms are possible but none of them is able to explain the effects of expressive writing fully. In addition, it is also not clear which elements are responsible for a successful intervention, but it seems that the combination of elements have influence on the effectivity (Pennebaker & Chung, in press).

3.1.2 The Current Expressive Writing Intervention

The expressive writing intervention in this study is based on the described paradigm of Pennebaker (1997) and is extended with psychoeducation about emotion regulation. Furthermore, the intervention provides more structure and support by a personal counselor via e-mail. It is assumed that the intervention will help people to regulate their emotions. On the one hand by expressing their feelings and becoming aware of them, on the other hand by additional suggestions for better emotion regulation. Participants are invited to write about negative and positive events in their life over 10 weeks.

Within the present intervention many of the above mentioned functions are implemented. Of course, the focus of the intervention is on the general process of writing and, therefore, the translation into language. In addition, participants are motivated to express negative and positive emotions. To help participants to structure their writing clear instructions suggest how to write about emotional events. Furthermore, the duration of the intervention and the recommendation to write at least three times per week support the process of habituation. The effectivity of the designed intervention could already be proven in reducing depressive symptoms (Linden van, 2012). It will be interesting to look if participants also mention the described working elements as helpful and important or if the elements are rather theoretical constructions, which cannot be found in the individual experience.

3.2 "The Stories we Live by" a Life-Review Intervention

The second intervention, "The Stories we Live by", is based on life review, which is also known as instrumental reminiscence. First, instrumental reminiscence is considered and then the current intervention is described in more detail.

3.2.1 Instrumental Reminiscence

Rreminiscence is the process of recollecting memories of the self in the past. It is a naturally occurring process and can take place unintended. Moreover, it is a process that can wilfully be initiated and whereby memories can be recalled, which seemed forgotten. During this process not only recalling of the original event takes place, but it is also a merely veridical reconstruction of the events due to the individual's self-schema and generally admitted values. The wilfully and structured process of recalling memories is called instrumental reminiscence or life-review. In the past, it was thought that this process is a typical phenomenon of the elderly. Erikson (1956) saw the review of life as the end of our psychosocial development and as a preparation for death. Butler (1963) also shared this opinion. Today, it is known that also younger people engage in life-review. However, it was found that younger people use reminiscence e.g. for identity construction, whereas older people use reminiscence more e.g. for death preparation (Webster & McCall, 1999). Instrumental reminiscence levers the content for narratives and can help to structure the own life story. Thereby, it can provide the frame to integrate the six criteria (McAdams, 1996) that are associated with higher well-being, into the own life story. Thus, interventions based on instrumental reminiscence fit well in the tradition of narrative psychology.

There are very different taxonomies about instrumental reminiscence, that all have different backgrounds. We will focus on the analysis of Webster and McCall (1999) that has the function of life-review in mind and is thus the most interesting for this study. As stated above, narrative

interventions can have influence on well-being. The functions of instrumental reminiscence are also differently associated with well-being. Therefore, those relation can be used in interventions, e.g. "The Stories we Live by" to improve mental health. This is possible by supporting functions that are positively related to well-being and by reducing functions that are negatively associated. So far, eight different functions are identified wherefore people use instrumental reminiscence. The question is, if people will experience these functions as important and helpful elements in the intervention. To gain knowledge to asses this, the different functions will be considered now. One of them is identity forming, whereby the past is used to get an understanding of who we are as a person (*identity*). Recalling memories can help us to confirm existing self-concepts or change them, e.g. when new material is found in forgotten memories (Webster & McCall, 1999). The changing of self-concepts is a process which occurs only seldom and has not to be a corollary of the recalling of forgotten memory (Bluck & Levine, 1998). The results of the link between identity function and well-being are inconsistent. For example, one study found a positive link (Cappeliez & O'Rourke, 2006) whereas another found a negative link (Webster & McCall, 1999). Furthermore, the recalled memory can be used to find coping strategies that have worked in the past to solve problems in the present (*problem solving*). Problem solving is an important goal of life-review interventions as well. Studies about the link to well-being show also inconsistent results for this function (Cappeliez & O'Rourke, 2006; Webster & McCall, 1999). In addition, the process of instrumental reminiscence can be used to get a more acceptable and calm attitude towards the upcoming death (*death preparation*). If the relation between death preparation and well-being is a positive or negative one, is also inconsistently answered by research (Westerhof et al., 2010). Instrumental reminiscence has an entertaining function and can help to face boredom (*boredom reduction)*. The recall of unfair or other negative events that still cause bitterness can legitimate negative emotions (*bitterness revival*). These two functions are relatively consistently associated with less well-being (Westerhof et al., 2010). Memories about deceased friends and family members help to maintain an emotional and cognitive representation of those people (*intimacy maintenance*). Furthermore, narratives are used for educational goals. Memories can be used to teach somebody something (*teaching/informing*). Finally, instrumental reminiscence is used in a social context as a way of making contact with others (*conversation*) (Webster & McCall, 1999). Similar to the most functions, it is not clear for the last three functions what kind of relation exists to well-being, because results are inconsistent. This may be due to the use of

different measures and definitions (Cappeliez & O'Rourke, 2006; Webster & McCall, 1999; Westerhof et al., 2010).

All these very different things can be a function of instrumental reminiscence and therefore a possible helpful or important element in interventions. So, the question is which identified functions are experienced as important and helpful elements in interventions by participants and if some of them are less important in the individual experience.

3.2.2 "The Stories we Live by" Intervention

Three different interventions based on reminiscence can be identified: simple reminiscence, life-review and life-review therapy (for detailed information see Bohlmeijer, Smit, & Cuijpers, 2003; Westerhof et al., 2010). The intervention "The Stories we Live by" can be classified as life-review intervention. Those are suited for people who have problems with transitions, negative life events or finding meaning in life. Life-review is proven to be effective, e.g. positive effects on psychological well-being could be found with the method, but not by clinical depression measures (Haight, 1992).

Life-review interventions aim on identity development, problem solving and death preparation. Those functions are supported by focusing on the whole life span and promoting the integration of positive and negative events. This helps people to understand how they developed as a person and in turn to explore which coping strategies were useful in the past (Westerhof et al., 2010).

These are also goals of the current self-help intervention with counselling via e-mail. Together with psychoeducation and mindfulness elements, it is tried to reduce negative and depressive feelings of participants, enhance successful coping strategies and understanding of the self-development. In the first part of the intervention, participants are guided to remember events that are important for their identity. This helps them to get a better understanding of their identity and personal development. Furthermore, they are motivated to deal with painful memories and find alternative explanations for them. In the second part, participants try to find goals and values in

their life to reinforce the acquired insights (Bohlmeijer & Westerhof, 2010). The effectivity of this intervention was already proven by Elfrink (2011).

4. Research Questions

So far we have seen that the link between well-being and elements of the intervention is already partly established. Less is known about the specific elements that are experienced as helpful and important by the participants. Furthermore, less is known about what specific elements lead to successful interventions. Theories that have tried to answer this question mainly failed to explain the whole underlying process to satisfaction (Pennebaker & Chung, in press; Westerhof et al., 2010). That could be due to the fact that they primarily tried to answer the questions from a theoretical point of view. Therefore, it seems necessary to consider the actual experience of participants in a qualitative way.

The present study examines which elements of the described interventions were experienced as helpful and important by the participants. In a second step we look at differences of helpful/important elements between the two interventions. This is particularly interesting, because both interventions have effects on well-being but have different goals and structure. The research questions are:

1. What do participants experience as helpful and as important elements in the interventions?

It is expected that at least some elements, which are described in theory as possible mechanisms, are also experienced as helpful and important by the participants. Therefore, the following sensitizing concepts were developed: *a) writing, b) expressing emotions, c) structuring texts/experiences, d) experiencing habituation,* f) *getting insight in own identity,* g) *finding ways of problem solving, h) changing the attitude towards the upcoming death* and i) *experiencing integration of memories.*

2. Which kind of differences between the interventions can be found in the participants' views?

From a theoretical perspective, it is expected, that there will be differences between the interventions.

For the "Expressive Writing" intervention it can be expected that more participants will experience that it is important/helpful: *a) to write b) to express emotions c) to experience habituation* and *d) to structure texts/experiences.*

In "The Stories we Live by" intervention it is expected that more participants will find it helpful and important: *a) to get insight in own identity b) to experience integration of memories, c) to find ways of problem solving* and *d) to change the attitude towards the upcoming death.*

5. Method

5.1 Participants

In total, data of 116 participants was available. 27 participants dropped out because of not answering both of the questions. Each of the remaining 89 participants answered two questions, so that in total 178 answers were analyzed. In the "Expressive Writing" intervention N=42 people participated and 79,3% of them followed the whole intervention. In "The Stories we Live by" N=47 people participated and 75,9% of them completed the intervention.

In both interventions most participants were women (in total 70%) and 60,7% of all participants were older than 55 years. Most participants (40,4%) had a job or were freelancers. 15,7% were already in pension and 15,7% were unemployed (see Table 1). The most participants (53,9%) had visited a form of higher education, 40,6% had visited a form of secondary education and 5,5 % had visited lower education. The level of education was predominantly even between the

interventions, whereas slightly more people had higher degrees in "The Stories we Live by"(see Table 1).

Table 1

Demographic data of the participants per intervention

	Stories we Live by	Expressive Writing
Gender		
Male	23,4%	19%
Female	76,6%	81%
Education		
Primary School*	-	2,4%
Lower Vocational Education*	4,31%	4,8%
High School**	4,9%	19%
Secondary Vocational Education**	21,3%	26,2%
Higher Education***	12,8%	7,1%
Higher Vocational Education***	29,8 %	31%
Scientific Education***	17%	9,5%
Current Occupation		
Paid Job or Freelancer	38,3%	42,9%
In Pension	21,3%	9,5%
House Work	6,4%	7,1%
Volunteer Work	10,6%	14,3%
(Long term) Incapable of Work	17%	14,3%
Unemployed	6,4%	11,9%

Note. ***form of higher education, **secondary education, *lower education

5.2 Procedure

The current study is a part of a randomized, controlled study about the effects of the intervention "The Stories we Live by". To rate the effects of the intervention a control group was created, which followed the "Expressive Writing" intervention. Participants of both interventions were gathered via advertisements in magazines, newspapers and on websites targeting the older population. In the advertisement the interventions were stated as self-help courses and interested people were referred to a website with further information about the study. On the website, participants had the opportunity to get more information via registration. Then they got a letter of information with details about the concept of the study and the informed consent. If participants decided to take part in the study they had to return the informed consent and fill out some screening-questionnaires. Further, they were interviewed by telephone to check for the in- and exclusion criteria. Inclusion criteria were an age of minimal 40 years, the presence of some mild to moderate symptoms of depression, to have enough time for the intervention, sufficient Dutch language skills and to have an e-mail address. Participants were not allowed to take part if they had a severe depressive disorder, anxiety disorder or had started medical- or psychotherapy. Furthermore, they were excluded when they had a moderate to high risk of suicidal acts.

Next, People were informed via e-mail about the results of the screening questionnaires and whether they were allowed to take part in the study. The randomization between the groups was made with the help of a computer and participants were informed about the results via e-mail. After 10 weeks of the interventions people received follow up measures and after nine month they had to answer retrospective questions, on which this study is based on (see 5.5).

5.3 The Stories we Live by (SwLb) Intervention

The intervention "The Stories we Live by" (SwLb) is based on instrumental reminiscence and was developed at the University of Twente by Bohlmeijer and Westerhof (2010). It consists of eight modules, divided in three parts. In the first part, the concept of the self-help intervention is considered. Information about the method of autobiographical writing and information about the

process of remembering are given to the participants. The five modules of the second part are each intended for reflecting and writing about one period of life. Every module can be completed within one week and consists always of a psychoeducational lesson, a reflection and writing task, a well-being exercise and a suggestion for a creative exercise.

The first module was intended to reflect the childhood and family, whereas participants were confronted with their adolescence and the young adult years in the second module. The next module dealt with working and care. The topics love and friendship were considered in the fourth module. Finally, participants got the chance to write about a topic of their choice in the last module. The central topics of part three of the intervention were wisdom and the life as a whole. Further, participants were motivated to think about their goals in life in the sixth module. In the seventh module "The Art of Living", new goals could be formulated and it was dealt with the issue of loss. Next, in module eight, participants looked for their central theme in life. The modules of part three needed more than one week to be completed, as could be shown in a prior pilot study. Therefore, participants had two weeks to finish these modules.

During the intervention, participants were supported by email-feedback provided by a trained student (personal counselor). After each week, the personal counselor sent an e-mail with questions about the experiences with the current task and possible problems to the participant. The participant was expected to fill in the questions at the arranged day and to send his writing partly. Afterwards, the personal counselor provided feedback on the content and development and planned the next e-mail contact.

5.4 The Expressive Writing (EW) Intervention

As already mentioned in section 2.1.2 the "Expressive Writing" (EW) intervention of this study is based on the expressive writing paradigm of Pennebaker (1997) and was further developed at the University of Twente (Bohlmeijer, Westerhof, Lamers, & Korte, 2011). Participants in this intervention got the task to write regularly about emotional events that they experienced in the past or in the present. The writing process was supported by different tasks and

psychoeducational information about emotion regulation. In every lesson, participants also got advice for changing or improving their emotion regulation in everyday life.

The seven lessons of the intervention were divided in two parts and a stock-taking. In the first three lessons, participants were motivated to write about their negative emotional experiences. This helped them to get a better understanding about their own behaviour in relation to emotions and events. In the fourth lesson participants took a stock by rereading their written texts and analyzing them with focus on repeating situations, emotions and thoughts. During the second part, in lesson five and six, participants were encouraged to write about positive emotions. In the last lesson, participants took a look at their future. It was advised, that participants would write minimally three days in a week for 15-30 minutes. Participants were also free to spend more than a week for writing on some topics, but they had to complete the intervention within 10 weeks.

Also in this intervention, all participants received personal feedback via e-mail from a personal counselor. Within each e-mail, the counselor asked the participants to describe their point of view about their development, and they were encouraged to ask questions. Participants had to send some of their writing to the personal counselor and mention what they had experienced as difficulty during the writing process. As a result, the counselor would give feedback on the written text and answer the questions.

5.5 Measures

The answers on the following retrospective questions were the base of the present data. These questions were based on the format of Bauer and McAdams (2004) of five different scenes in therapy. In the original study participants wrote retrospectively about their experience in therapy (Adler et al., 2008; Bauer & McAdams, 2004) With those scenes in mind the following tasks for the current data were developed:

- Write about the most important session from the course "The Stories we Live by"/ "Expressive Writing".

- Describe the insight from the course "The Stories we Live by"/ "Expressive Writing" that has helped you the most.

Participants had to write their answers online in a description field that was not limited for a defined amount of words.

5.6 Analysis of Data

For the qualitative analysis of the data the grounded theory approach combined with open-coding was used. That resulted in the use of sensitizing concepts, which were supplemented by thematic codes (Boeije, 2008). So, it was tried to avoid that the individual experience would be biased by too much theoretical input. First, the whole data was examined per participant, thus both answers of one participant simultaneously. When participants mentioned more than one element in their answers, they also got more than one code. It was not possible to code the data with being blind to the participants' intervention. Before the final code list was developed inter-rater-reliability was assessed. 63,5% of the given codes from the second coder (Theresa Blässe) were similar to codes of the first coder. For the final code list was decided to establish sub-codes for some codes, because the different aspects participants mentioned were considered as important and should not get lost in the broader main-codes. The frequency of codes in relation to the total amount of codes was assessed with percentages. After the coding, frequencies of codes between the interventions were compared.

6. Results

6.1 What Do Participants Experience as Helpful and Important Elements in the Narrative Interventions?

In the following, the established codes and their frequencies (in Table 2) will be considered to answers the first research question.

First, the expected sensitizing concepts "Structuring texts/experiences", (called "Structuring" in Table 2) "Experiencing habituation" (called "Habituation" in Table 2), "Changing the attitude towards the upcoming death" (called "Death Preparation" in Table 2) were not found in the data. The results suggested that participants did not value these sensitizing concepts.

The remaining concepts were well found and are considered in the following. It was expected that participants would get new insights in their own identity. This sensitizing concept was assimilated under the code "Self-Knowledge" and its sub-codes, those show in which different areas self-knowledge was gained (see Table 2). "Self-Knowledge" was the most frequent code of all codes, implying that it was considered as an important element by most of the participants. Furthermore, a frequent code was "Writing", indicating that it was a fundamental part in both interventions. "Writing" was subdivided in further sub-codes to show the different facets of the code. One of the sub-codes, "Writing about/Expressing Emotion", was developed from the sensitizing concept "Expressing emotions". Expressing emotions had to be combined with writing, because both interventions gave participants the space to express emotions mainly by writing. Therefore, writing about emotions and expressing emotions was often mentioned inseparable from each other. In addition, "Coping Strategies" was another frequent code, developed from the sensitizing concept "Problem solving". It showed that participants valued to find new ways of coping during the interventions and gave, with help of its sub-codes, insight in which different ways participants started to cope with problems(see Table 2). The code represented an outcome of the interventions e.g. could participants develop coping strategies during the intervention and benefit from them still after the intervention. Moreover, it was expected that participants would describe to experience integration of memories. This sensitizing concept was difficult to find clearly in the data. It is represented by "Closure" as well as by

"Reminiscence". The meaning of "Closure" comes close to integration but it was rejected to name the code like this, because the word closure represented the the word usage of participants better. "Reminiscence" can be seen as representative for the sensitizing concept too, because it has to be assumed that recalling memories is a previous step before integrating memories. The two codes differ in the way they allow to make a conclusion about the intervention. Whereas "Closure" was a code that described more an outcome of the intervention, "Reminiscence" was a frequent methodical code, indicating that "Reminiscences" was more valued by participants (see Table 2).

Beside the expected sensitizing concepts, new codes arose from the data. The second most frequent code was "Specific Elements", showing that participants valued very different, but specific methodical elements of the interventions (see for examples Table 2). Similar codes classified as methodical elements were "Feedback", "Nonspecific Elements" and "The Whole Intervention was Important" (see Table 2). The latter implied that participants valued the ensemble. Less frequent occurring codes in terms of outcome elements were "Changing General Attitudes", "Agency", "Interpersonal Understanding" and "Reflecting" therefore it can be concluded that participants valued these codes less.

"Not Satisfied/No Effect" was not mentioned often by participants, showing that most participants had a positive experience during the intervention. The code cannot be assigned to outcome or methodical elements, but is of value in regard to draw conclusions about the interventions.

Generally speaking, only some main tendencies could be shown, mostly concerning sensitizing concepts with the exception of "Specific Elements". The occurrence of the remaining codes was very homogenous with only small differences in percentages. A tendency of participants to describe on the one hand methodical elements and on the other hand outcome elements was shown by the codes.

Table 2

Presentation of codes with definition, example and percentage of total codes

Code	Definition	Example	Percentage of total codes
Self-Knowledge[1]	Describes getting insights of the self.	"[…] it brought me much closer to myself." (participant 68)	16,3%
Self-Knwoledge in Development[2]	Describes insights in the area of the own development as a person.	"The insight that all the feelings of cheerlessness and deficit of self-worth can be directly related to my early youth." (participant 9)	6,5%
Self-Knwoledge in Emotions[2]	Describes the awareness about the own emotion and the reason for or the development of the emotions.	"It is more that you have attention for how it feels […]" (participant 12)	4,5%
Self-Knwoledge in Behavior[2]	Describes the insight in one´s own behavior and its influences in situations.	"I think that I recognized, that I often have the affinity to accommodate myself to others. Also when this is not always the best for me" (participant 71)	3.7%
Specific Elements[2]	Describes specific elements from the interventions, such as lessons or particular tasks.	" What helped me the most, was the formulation of identities memories. […] Also, the rule of six helped me to see things from another perspective. Furthermore, I found the creative tasks and the mindfulness very valuable." (participant 101)	11,6%
Writing[1]	Describes the process of writing itself	"Writing gives insight and teaching" (participant 68)	11,2%
Writing About/Expressing Emotions[1]	Describes writing about emotions or expressing them in general.	"To write endless about your emotions […]"(participant 6)	2,8%

Code	Definition	Example	Percentage of total codes
Writing About Positive Things[2]	Describes writing about positive things in one´s life.	"The writing about positive sides of the awkward things we experienced in our family." (participant 22)	2,3%
To Write it off One`s Chest[2]	Was only used when people mentioned by themselves the term: to write it off once chest.	"Writing it off my chest."(participant 23)	1,9%
Coping Strategies[1]	Describes remembering things that helped to cope with problems earlier in life. It was also used when new ways were found to cope with problems. It concerns an active way of coping with the problem or a direct effect and not only an insight.	"I got clearly the feeling that writing about your life works curative and convalescence." (participant 98)	9,3%
Being Active[2]	Describes becoming more active again and starting with new things, as a way of coping.	"[…] I started to read books about self-complacent, loneliness and about getting my life together" (participant 57)	2,8%
Healthy Egoism[2]	Describes coping strategies that focus on the needs of the own person or on putting oneself first.	"[…] I place myself first" (participant 44)	1,9%
To Put into Perspective[2]	Describes seeing things differently by reactivating the situation more.	"[…] and relativize everything more"(participant 36)	1,9%
Reminiscence[1]	Describes remembering of periods in life. The code contains different objects of reminiscence like youth, marriage or work but also reminiscence in general.	"Going back in time." (participant 13)	8,8%
Changing General Attitudes[2]	Describes seeing things from another perspective or getting a new attitude. This new view or insight was not directly related to the own self.	"The insight that a story has different viewpoints, perspectives, was for me very instructional […]" (participant 67)	7,9%

Code	Definition	Example	Percentage of total codes
The Whole Intervention was Important[2]	Describes that the whole intervention had helped, was important or useful.	"The whole course was important."(participant 19)	6,1%
Agency[2]	Describes to have control over events. The code applied, when control was experienced as well as when the impression was to have no influence on things. It was also used when participants experienced power in their self to change things and cope with problems.	"[…]'have to' gives the feeling that others appoint me, whereas 'I choose for' gives me the feeling that I steer the boot." (participant 41)	4,2%
No Effect/Not Satisfied[2]	Describes not to have experienced effects by the intervention or dissatisfaction.	" I am very disappointed about the course and have no lesson experienced as important." (participant 109)	3,7%
Feedback[2]	Describes the feedback from the personal counselor.	"The personal feedback from my counselor Linda gave me a feeling of support, as if somebody was thinking with me and gave positive stimulation that I was on the right way" (participant 65)	2,8%
Nonspecific Elements[2]	Describes a point of importance during the intervention, but not a specific element..	"Do not know in detail. Somewhere in the middle, when the relation between the tasks became clear." (participant 69)	2,3%
Interpersonal Understanding[2]	Describes changing things in the contact with others or getting better understanding of other people.	"That I understand people better […]" (participant 111)	2,3%
Reflecting[2]	Describes reflecting over situations, behavior or other things.	"Going through your life by writing, you see it before you again and you relive things again." (participant 29)	1,9%

Code	Definition	Example	Percentage of total codes
Closure[1]	Describes the feeling to put something behind and implies to overcome an experiences. In addition it can describe that things from the past are released.	"Though placing and releasing awkward experiences from the past there is more space for growth and development" (participant 58)	1,7%
Death Preparation[3]	Describes the change of attitudes towards death.		
Habituation[3]	Describes habituating to a past event by writing.		
Structuring[3]	Describes to structure experiences and own writing more.		

Note. [1] sensitizing concepts, [2] new found elements, [3] sensitizing concept not found in data

6.2 Which Kind of Differences between the Interventions Can Be Found in the Participants' Views?

In order to answers the second research question, the frequency of codes per intervention and their distribution between the interventions are considered (see Table 3).

As expected reminiscence occurred, as representation of the sensitizing concept "Integration", more often in the SwLB intervention, which indicates that participants of this intervention valued the code much more than EW participants. According to the expectations was "Writing" and its sub-codes the most frequent code in the EW intervention and occurred more often in this intervention than in the SwLB intervention, so did the sub-codes (see Table 3). Especially the sub-code "Writing about/Expressing Emotions" has to be noted, because as expected it was only found in the EW intervention. It shows that "Writing" was more central for EW participants. Both codes, "Writing" and "Reminiscence" described methical elements. "Feedback" also a methical element, was more often found in the EW intervention (see Table 3). Considering the further methical elements, it is remarkable that most of them were mentioned more often as valuable in the EW intervention than in the SwLb intervention, as the following results show. Specific Elements" and "The Whole Intervention was Important" were slightly more often mentioned in the EW intervention than in the SwLB intervention (see Table 3). This shows on the one hand that participants experienced very different things as important and on the other hand that participants valued the whole. Furthermore, "Nonspecific Elements", was slightly more often found in the SwLb intervention (see Table 3), reflecting that participants experienced some parts as important, but could not specify them.

Other differences between the interventions in terms of outcome elements are seen by "Closure" and "Interpersonal Understanding". Those were more often found in the SwLb intervention, showing that they were considered as more valuable in this intervention. This result was expected for "Closure" as representative of the sensitizing concept "Integration", but not for "Interpersonal Understanding". Overall, the results imply that the differences between the interventions are primarily in methical elements, especially in "Writing" and "Reminiscence".

More similarities or slightly deviations than clear differences were found between the interventions, indicated by the following results. The distributions of "Coping Strategies" and its

sub-code "Healthy Egoism" were even, which was unexpected. It was assumed that "Coping Strategies" would be mentioned more often by SwLb participants. This was at least true for the sub-codes "Being Active" and "To Put it into Perspective". "Self-Knowledge" was the most mentioned code in the SwLb intervention and only the third most mentioned code in the EW intervention (see Table 3). Although, it was expected that gaining self-knowledge would occur mostly in the SwLB intervention, the majority of the code only slightly belonged to the intervention. In contrast, the majority of the sub-codes "Self-Knowledge in Development" and "Self-Knowledge in Behavior" belonged to the SwLb intervention, according more to the expectations (see Table 3). Nearly similar often in both interventions occurred "Reflecting", "Agency", "No Effect/Not Satisfied", "Closure" and "Changing General Attitudes".

All in all, the results show that many similarities between the interventions exist, particularly in the elements describing the outcomes. The differences are mainly to see in the methodical elements such as "Writing" and "Reminiscence".

Table 3

Relevance of codes within the individual intervention and majority proportion based on all codes

Code	Percentage of code in SwLb	Percentage of code in EW	Proportion of code[1]
Self-Knowledge	20,2%	12%	SwLb 65,7%
Self-Knowledge in Development	14,8%	1%	SwLb 92,8%
Self-Knowledge in Behavior	5,3%	2%	SwLb 75%
Self-Knowledge in Emotions	1,7%	2%	even
Specific Elements	10,4%	13%	EW 54,7%
Writing	4,4%	19%	EW 80,8%
To Write it off Once Chest	0,9%	3%	EW 75%
Writing About/Expressing Emotions		6%	EW 100%
Writing About Positive Things	1,7%	3%	EW 60%
Coping Strategies	8,7%	10%	even
Healthy Egoism	1,7%	2%	even

Code	Percentage of code in SwLb	Percentage of code in EW	Proportion of code[1]
Being Active	3,5%	2%	SwLb 66,7%
To Put into Perspective	2,6%	1%	SwLb 75%
Reminiscence	15,7%	1%	SwLb 94,7%
Changing General Attitudes	7,9%	8%	SwLb 52,9%
The Whole Intervention was Important	4,4%	8%	EW 61,5%
Agency	4,4%	4%	SwLb 55,6%
No Effect/Not Satisfied	3,5%	4 %	even
Feedback	0,9%	5%	EW 83,3%
Nonspecific Elements	2,6%	2%	SwLb 60%
Interpersonal Understanding	3,5%	1%	SwLb 80%
Reflecting	1,7%	2%	Even
Closure	2,6%	1%	SwLb 75%

Note. Italian= sub-codes,

[1] displays the intervention with major proportion of the code: $\frac{number\ of\ code\ X\ in\ the\ majoritarian\ intervention}{total\ number\ of\ code\ X} \times 100\%$
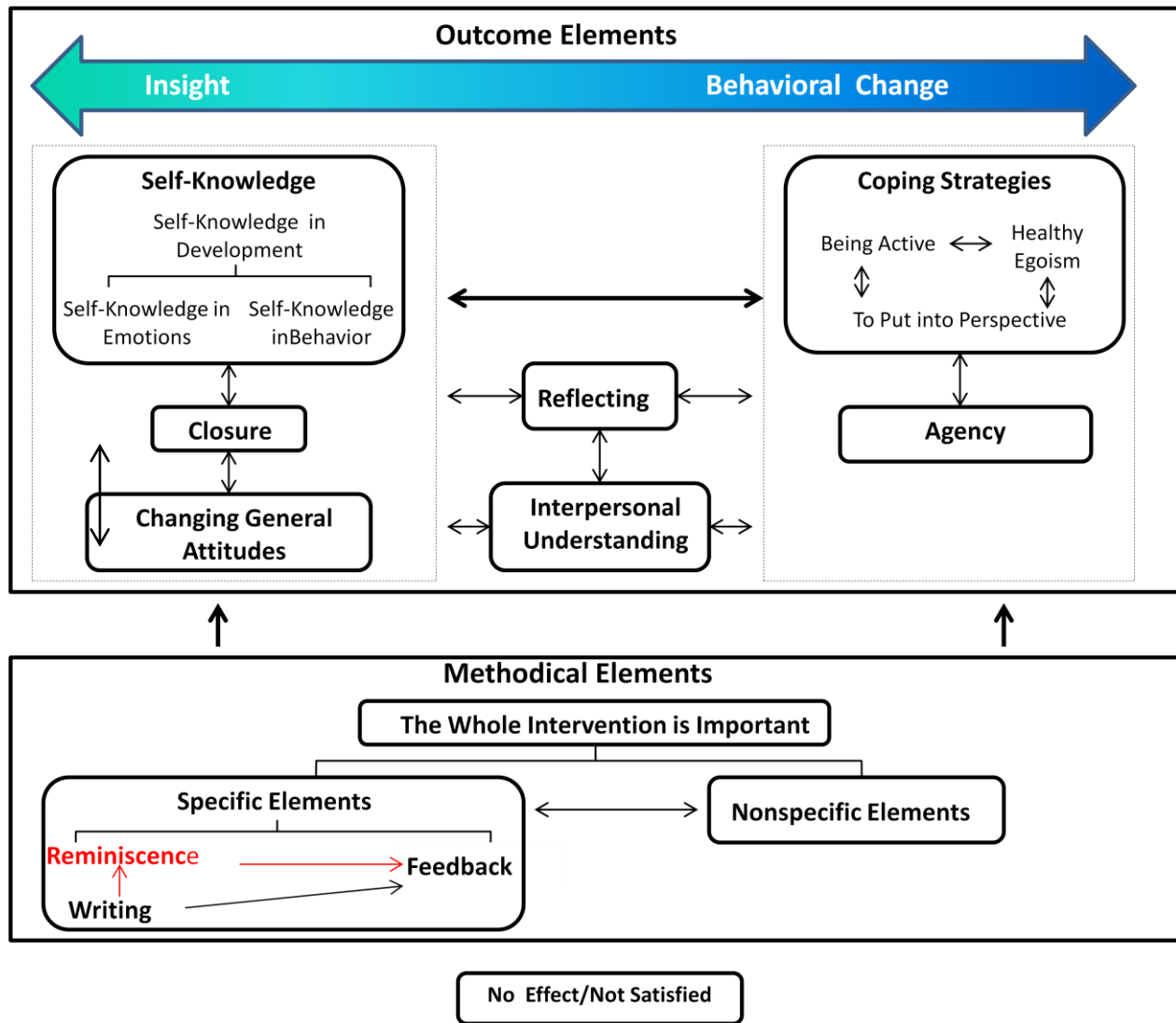
6.4 Theoretical Model

Figure 1. Theoretical Model for the Interrelation between Elements of Both Interventions

Note. red= only for SwLB

As a result of the codes a theoretical model was developed to show the relationships between the found elements (see Figure 1). The elements were subdivided into two main categories, namely the "Outcome Elements" and the "Methodical Elements". Within the section of "Outcome Elements" elements were organized that showed changes of participants in terms of behaviour

and insights. "Methodical Elements" contained elements describing methodical parts of the interventions.

First, we look at the content of the category "Outcome Elements". It was split in "Insight" and "Behavioral Change". Elements concerned with actual change of behavior were placed in the category "Behavioral Change" and elements concerned with personal perspectives or attitudes were considered as "Insight". Thereby, the two terms have to be seen as a continuum, because "Insight" and "Behavioral Change" have a reciprocal relationship with each other and could not be separated clearly. As for example by participant 83: *"The Insight in the events of my youth, for which I felt responsible [...] I have got a new perspective and [...] don`t want to regret things I drop by not taking action. Thus, I have become more active!"*. The insight in the own person leads to taking action in the present. Vice versa, taking action in the present can lead to more insight in the own self, e.g. in past behaviour. "Insight" was represented by the interrelated elements "Self-Knowledge", "Closure" and "Changing General Attitudes". Within "Self-Knowledge" sub-codes existed: "Self-Knowledge in Emotions" and "Self-Knowledge in Behavior" can be seen as part of the experienced "Self-Knowledge in Development" (see Figure 1). Beside the interrelationships within the category, the elements were also reciprocally related to "Reflecting", "Interpersonal Understanding" and "Behavioral Change" (see Figure 1). "Behavioral Change" was made up of the interrelated elements "Coping Strategies" and "Agency". "Coping Strategies" was subdivided into three sub-codes, which had interrelations with each other (see Figure 1). For example "Healthy Egoism" could lead to more awareness of the own needs and in this way open possibilities to be more active. Vice versa, an increased activity e.g. in sport could lead to a healthy egoistic attitude, that reassures that there is enough time for sport. This can be seen by participant 58: *"Now I give myself more time to do things from which I get happy, those who give me a good feeling"*.

"Interpersonal Understanding" and "Reflecting" were placed between "Insight" and "Behavioral Change". Both elements had characteristics of insights, but as well of behavioural change. Under the term "Interpersonal Understanding" the understanding for someone in form of an action as well as form of an insight were assimilated. Furthermore, by "Reflecting" the differentiation between behavior and insight is difficult to make, because reflection is on the one hand a thing one is engaged in and on the other hand it can be a product of this process. Thus, the line when to

speak of a behavior and when of an insight is not clear to draw. In addition, both elements were interrelated to all "Outcome Elements". For example, reflecting can lead to more insight in the own person. Insight in the own person can in turn lead to reflection on the own behavior. *"By reflecting you learn to look at yourself. You can put things better into perspective and see the pattern of your thoughts and failures."* (participant 86).

In the other category "Methodical Elements", elements were placed describing methodology of the interventions. The elements "Reminiscence" and "Writing" had a similar and central function, representing the main difference between the interventions. When considering the model only for the EW intervention, "Reminiscence" does not fit the theoretical model (see Figure 1 without the red parts). In the SwLb intervention "Reminiscence" had a superior role over "Writing" (see Figure 1 with red parts). It was resigned to present the sub-codes of "Writing" in the model, because no underlying relationships between them could be assumed. "Reminiscence" and "Writing" had a relation to "Feedback". All three elements were inferior to "Specific Elements", because they were parts of specific elements. Furthermore, they were interrelated to "Nonspecific Elements". Moreover, "The Whole Intervention was Important" contained the other elements and thus was superior to them.

It is assumed that "Methodical Elements" were a first and necessary step to gain "Outcome Elements", because changing an attitude is a more complex cognitive experience than experiencing a method as helpful. For example, a helpful method as „Feedback" might be necessary for changing an attitude. Therefore, a causal relationship between "Methodical Elements" and "Outcome Elements" is suggested (see Figure 1).

"No Effect/Not Satisfied" remained without relation to other elements (see Figure 1), showing that it was a loose experience and unconnected to the rest of elements.

7. Discussion

The current study tried to answer the question which elements from "The Stories we Live by" (SwLb) and the "Expressive Writing" (EW) intervention would be experienced as most helpful and important by the participants. Furthermore, it was examined if differences exist in the

participants' experiences between the interventions. To answers these questions the grounded theory approach combined with open-coding was used to develop a coding-system and theoretical model. Finally, the percentages of the individual codes were assessed. Subsequently, we discuss the results, examine the strengths and limitations of the study and look at suggestions for further research and practice, and will turn to the conclusion.

The results show that many elements that were expected after the literature research, as "Self-Knowledge" and "Coping Strategies", were also found in the current data, implying that the assumed theoretical mechanisms were experienced by the individuals. Nevertheless, the results showed some unexpected elements. Contrary to the expectations habituation, death preparation and structuring were not found in the experiences of participants. This could imply that participants were not able to identify the processes as e.g. death preparation, because they had not the necessary understanding of the term or experienced it unconsciously. Maybe people also changed attitudes that were only indirectly related to death. It might be possible that a general change in attitudes could lead to a different attitude towards death (Franke & Durlak, 1990; Kalish, 1963). Another explanation could be that death preparation was not yet important for the sample, because death preparation is more relevant for older people and the average age of the sample was lower than usual in such interventions (Webster & McCall, 1999; Westerhof et al., 2010).

Besides some exceptions it becomes clear that the interventions have more similarities than differences. The two most often mentioned outcome elements in both interventions were to gain self-knowledge and to find ways of coping, suggesting that the perceived outcomes of participants were similar in the interventions. All in all, only few clear tendencies could be seen in the similarities, implying that very different elements were considered as important and helpful by the participants. This suggests that the differences in outcomes for different persons vary widely and that not all people benefit from the same elements. Therefore, the results support other studies, supposing that personal characteristics as e.g. personality determine which elements are helpful for the participant (Baikie, 2008; Westerhof et al., 2010).

Overall, the results show that the main difference of the interventions lies in the methodical elements, especially in writing and reminiscence as supposed in the theoretical model. Writing

was a fundamental medium in both interventions. However, it was more central in the EW intervention, explaining the difference between interventions. Nevertheless, both methods were considered as important by the participants and seem to have the same function. So, the question arises what both have in common so that they can have the same function in interventions. Research has already shown that writing about emotional issues is more effective than writing about non-emotional issues (Pennebaker & Chung, in press) and that the cognitive work during writing is required for effectivity (Krantz & Pennebaker, 2007). Thus, it can be assumed that writing and reminiscence, require both cognitive work. Furthermore, many insights that were mentioned as important could be the results of interpreting and integrating the recalled memories, thus of reminiscence (Webster & McCall, 1999; Westerhof et al., 2010). In contrast to the SwLB intervention, participants in the EW intervention were not guided to engage directly in reminiscence, but to write about their emotions and to report their own behavior. Hence they could get insight in these topics, which may depend on what people are encouraged to write about (Sloan & Marx, 2004). It can be concluded that reminiscence and writing both have the function to facilitate reflection of events, behavior and emotions. Therefore, forming the base for further insights and behavioral changes. It is possible that the process of reflection is mediating between the different elements and has a key role for the interventions outcomes (Grant, 2001; Nesbit, 2012).

Similar to the above discussed main difference between writing and reminiscence, the other few clear differences between the interventions are mainly explained by the structure of the interventions. For example, it was no surprising that expressing emotions was not found in the SwLb intervention, because the intervention focused more on processing life-events and describing them, rather than on focusing on expression of emotions. Therefore, participants may have been primed in their answers by the focus of the intervention. Likewise, the differences in structure can explain why in the SwLb intervention more complex outcome elements were mentioned instead of the less complex methical elements. The more guided approach in the SwLb intervention may have led to more awareness for the outcomes of the intervention. Contrary, the less guided approach in the EW intervention may have led to less awareness for outcomes.

However, the only clear difference between the interventions was found in the methical elements. It seems that this methical variation does not make a difference for the perceived

helpfulness in the participants' view. It is to conclude that both interventions are effective (Elfrink, 2011; Linden van, 2012) and lead to similar outcome experiences by the participants.

A possible explanation for this can be that methodical elements are the first step to acquire more complex outcome elements and that interrelations of the elements are more important for the results than the pure accumulation of elements. This assumption is supported by the fact that participants valued the interventions as a whole and by the shown interrelations in the theoretical model. Therefore, it can be assumed that the experiences could not easily be divided in particular elements, due to the complexity and relationships. This is in line with Pennebaker's and Chung's (in press) assumption, that the key to the underlying processes lies in a combination of them. In a similar direction points the idea that elements like self-knowledge and coping strategies are so closely related that they may have the same function (Westerhof et al., 2010). This suggests not to see the interventions as accumulation of individual elements, because they are more than the sum of their parts.

7.1 Strengths and Limitations

The results may also partly be influenced by the method of data collection and analyzes which will be considered in the following.

Participants answered the questions in varying length and richness. Therefore, the answers were less comparable, which in turn might have impaired the reliability. This could have been avoided with a minimum word requirement. On the one hand, participants answers may have differed in their richness and length, because the experience was very complex and they valued different elements. On the other hand, the fact that the retrospective questions were asked nine months after the intervention must also be taken into account. Thus, a memory bias cannot be ruled out and was reflected by some answers of participants. For further research it will be of advantage to give the questions earlier.

In the current study the step of developing codes, validating them with new data and developing them than further and validating them again was missed. This may have caused a low inter-rater-

reliability and has to be integrated in future studies. Another disadvantage was that the fragments could not be coded blind to the intervention. This had some influence on the process of code development and coding of answeres. The risk of an attention bias in favor for characteristic codes of the intervention, the participant was part of, increased with knowing which intervention the participant had done. Unfortunately, it is not possible to be blind to the intervention and simultaneously work with the open answers of participants.

The questions that were used to gain the data may have promoted the tendency of participants to answer with methodical and outcome elements, because it was asked about important/helpful insights and sessions. To draw clearer conclusion about the answer-tendency it would be of advantage to ask just one question, which is more openly formulated and does not prime one of the aspects more. However, such a question is difficult to develop and has to be tested in a sample, because word-meaning can differ between individuals.

It was of advantage that enough data was available and that the total drop-out was only small. Therefore, also the distribution of participants between the interventions remained relatively even. In addition, the current study was the first focusing on individual experiences of the intervention process rather on focusing on effect outcomes. This brings a whole new aspect to the research of narrative interventions. It can help to improve interventions in a way that participants benefit directly from. Furthermore, it can provide new ideas for important aspects in further research and practice, as will be seen now. Unfortunately, research only seldom focuses on the actual experiences of participants and misses thereby important aspects.

7.2 Suggestion for Further Research

The results give a good overview of which elements are helpful and important for the participants. Still new questions evolve after this first approach, which have to be examined in further research.

It would be interesting to focus further on the relationships between the elements and especially on the assumed mediating function of reflection. Insights in this area would help to understand the working mechanism better and therefore could help to improve interventions further. Additionally, the few clear tendencies for helpful elements suggest that different people value

very different elements. Therefore, it would be of additional value to examine which factors influence the individual perceived importance or helpfulness of an element. Similar to other studies, it is thus suggested to examine the relation between personal characteristics and valued elements (Pennebaker & Chung, in press; Westerhof et al., 2010). This could help to establish interventions that fit the needs of different personalities.

7.3 Suggestion for the Practice

Although further research is needed to confirm results from this study, some suggestions for the practice of the interventions can be made already. The study has shown that the elements to gain self-knowledge, to have specific tasks and lessons, to write, to develop coping strategies, and to engage in reminiscence were considered as most valuable. Therefore, it is suggested to make sure that those elements are part of future interventions.

Participants seemed in most instances to be satisfied with the intervention and to have experienced positive effects. Furthermore, elements of both interventions were helpful for participants and the interventions were valued as whole, suggesting not to split up the interventions. Furthermore, the results show that the importance and helpfulness of a particular element differs widely between participants. As long as we do not know in detail, which factors influence the perceived helpfulness of elements it should be tried to combine both interventions to provide more elements. The chances that the participant encounters one element that suits him and is helpful would thereby increase. For example each lesson of the EW intervention could be extended with a thematically similar session of the SwLb intervention. However, such a combination must be tried carefully, because we also do not know enough about the interrelations between elements and their influence on the successful application of the interventions.

7.4 Conclusion

With the results of the current study it is shown that many mechanisms, which are also discussed in the literature, were illustrated in the individual experience of the participants. However, it shows also that participants sometimes use other terms and that their experiences are not always clear to assign to a theoretical concept. All in all, participants experienced it as important to gain self-knowledge, to engage in reminiscence, to write, to develop coping strategies and to have other specific elements. It appeared that elements could be differentiated in two categories, the one concerned with outcomes and those concerned with methods.

The many similarities between the interventions show that both interventions have similar outcomes for participants, although they differ partly in the methodical execution. The greatest difference could be seen between reminiscence and writing. In general, differences are to great extend due to variations in the structure and focus of the intervention. However, it seems that those methodical variations do not make a difference for the perceived helpfulness from the participants' view. A possible explanation can be that the methodical elements are the first step to acquire more complex outcome elements and that interrelations of the elements are more important for the results than the pure accumulation of elements. Implying not to split the intervention and to pay more attention to the reason of the perceived differences in importance for some elements.

8. References

Adler, J. M., Skalina, L. M., & McAdams, D. P. (2008). The narrative reconstruction of psychotherapy and psychological health. *Psychotherapy Research, 18*(6), 719-734.

Aneshensel, C. S., Frerichs, R. R., & Huba, G. J. (1984). Depression and physical illness: A multiwave, nonrecursive causal model. *Journal of Health and Social Behavior*, 350-371.

Angus, L. E., & McLeod, J. (2004). *The handbook of narrative and psychotherapy: Practice, theory, and research.* (n.p): Sage Publications.

Baerger, D. R., & McAdams, D. P. (1999). Life story coherence and its relation to psychological well-being. *Narrative Inquiry, 9*(1), 69-96.

Baikie, K. A. (2008). Who does expressive writing work for? Examination of alexithymia, splitting, and repressive coping style as moderators of the expressive writing paradigm. *British Journal of Health Psychology, 13*(1), 61-66.

Bauer, J. J., & McAdams, D. P. (2004). Growth goals, maturity, and well-being. *Developmental Psychology, 40*(1), 114-127.

Bluck, S., & Levine, L. J. (1998). Reminiscence as autobiographical memory: A catalyst for reminiscence theory development. *Ageing and Society, 18*(2), 185-208.

Boeije, H. (2008). *Analyseren in kwalitatief onderzoek.* Amsterdam: Boom.

Bohlmeijer, E. T., Smit, F., & Cuijpers, P. (2003). Effects of reminiscence and life review on late-life depression: a meta-analysis. *International Journal of Geriatric Psychiatry, 18*(12), 1088-1094.

Bohlmeijer, E. T., & Westerhof, G. J. (2010). *Op verhaal komen: je autobiografie als bron van wijsheid.* Amsterdam: Boom.

Bohlmeijer, E. T., Westerhof, G. J., Lamers, S. M. A., & Korte, J. (2011). Cursus Expressief Schrijven *Part of the study "Schrijven over je leven" from the University Twente*.

Butler, R. N. (1963). The life review: An interpretation of reminiscence in the aged. *Psychiatry, 26*(1), 65-76.

Cappeliez, P., & O'Rourke, N. (2006). Empirical Validation of a Model of Reminiscence and Health in Later Life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 61*(4), 237-244.

Cole, M. G., & Dendukuri, N. (2003). Risk factors for depression among elderly community subjects: a systematic review and meta-analysis. *American Journal of Psychiatry, 160*(6), 1147-1156.

Deacon, B. J., & Abramowitz, J. S. (2004). Cognitive and behavioral treatments for anxiety disorders: A review of meta-analytic findings. *Journal of Clinical Psychology, 60*(4), 429-441.

Debats, D. L. (1996). Meaning in life: Clinical relevance and predictive power. *British Journal of Clinical Psychology, 35*(4), 503-516.

Druss, B. G., Rosenheck, R. A., & Sledge, W. H. (2000). Health and disability costs of depressive illness in a major US corporation. *American Journal of Psychiatry, 157*(8), 1274-1278.

Elfrink, T. (2011). *Wat is de effectiviteit van de cursus ''Op verhaal komen'' in het verminderen van depressieve klachten en algemene psychische klachten en in het verbeteren van positieve geestelijke gezondheid ten opzichte van de minimale interventie en de wachtlijstgroep?* Retrieved from http://essay.utwente.nl/60997/

Erikson, E. H. (1956). The problem of ego identity. *Journal of the American Psychoanalytic Association, 4*, 56-121.

Esterling, B. A., Antoni, M. H., Fletcher, M. A., Margulies, S., & Schneiderman, N. (1994). Emotional disclosure through writing or speaking modulates latent Epstein-Barr virus antibody titers. *Journal of Consulting and Clinical Psychology, 62*(1), 130-140.

Franke, K. J., & Durlak, J. A. (1990). Impact of life factors upon attitudes toward death. *OMEGA--Journal of Death and Dying, 21*(1), 41-49.

Frisina, P. G., Borod, J. C., & Lepore, S. J. (2004). A meta-analysis of the effects of written emotional disclosure on the health outcomes of clinical populations. *Journal of Nervous and Mental Disease*, 629-634.

Gergen, K. J., & Gergen, M. (1987). The self in temporal perspective. *Life-span Perspectives and Social Psychology*, 121-137.

Gortner, E. M., Rude, S. S., & Pennebaker, J. W. (2006). Benefits of expressive writing in lowering rumination and depressive symptoms. *Behavior Therapy, 37*(3), 292-303.

Grant, A. M. (2001). Rethinking psychological mindedness: Metacognition, self-reflection, and insight. *Behaviour Change, 18*(01), 8-17.

Greenberg, M. A., & Stone, A. A. (1992). Emotional disclosure about traumas and its relation to health: effects of previous disclosure and trauma severity. *Journal of Personality and Social Psychology, 63*(1), 75-84.

Haight, B. K. (1992). Long-term effects of a structured life review process. *Journal of Gerontology, 47*(5), 312-315. doi: 10.1093/geronj/47.5.P312

Huhn, P., Pier, J., Schmid, W., & Schönert, J. (2009). The Living Handbook of Narratology. Retrieved from http://hup.sub.uni-hamburg.de/lhn

Kalish, R. A. (1963). Some variables in death attitudes. *The Journal of Social Psychology, 59*(1), 137-145.

Kendler, K. S., Karkowski, L. M., & Prescott, C. A. (1999). Causal relationship between stressful life events and the onset of major depression. *American Journal of Psychiatry, 156*(6), 837-841.

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*(3), 539-548.

Krantz, A., & Pennebaker, J. W. (2007). Expressive dance, writing, trauma, and health: When words have a body. *Whole Person Healthcare, 3*, 201-229.

Linden van, A. (2012). Lange termijn effecten van de zelfhulpcursus "Op verhaal komen" op depressieve klachten, positieve geestelijke gezondheid, 'narrative foreclosure', 'rumination' en 'ego-integrity'. Retrieved from http://essay.utwente.nl/61879/

McAdams, D. P. (1996). Personality, modernity, and the storied self: A contemporary framework for studying persons. *Psychological Inquiry, 7*(4), 295-321.

McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology, 5*(2), 100-122.

McAdams, D. P. (2009). *The person: An introduction to the science of personality psychology* (5 ed.). New York: Wiley.

McAdams, D. P., Hoffman, B. J., Day, R., & Mansfield, E. D. (1996). Themes of agency and communion in significant autobiographical scenes. *Journal of Personality, 64*(2), 339-377.

McAdams, D. P., Reynolds, J., Lewis, M., Patten, A. H., & Bowman, P. J. (2001). When bad things turn good and good things turn bad: Sequences of redemption and contamination in life narrative and their relation to psychosocial adaptation in midlife adults and in students. *Personality and Social Psychology Bulletin, 27*(4), 474-485.

Meadows, E. A., & Foa, E. B. (1999). Cognitive-Behavioral Treatment of Traumatized Adults In P. A. Saigh & J. D. Bremmer (Eds.), *Posttraumatic stress disorder: a comprehensive text* (pp. 376-390). Needham Heights, MA, US: Allyn & Bacon.

Nesbit, P. L. (2012). The Role of Self-Reflection, Emotional Management of Feedback, and Self-Regulation Processes in Self-Directed Leadership Development. *Human Resource Development Review, 11*(2), 203-226. doi: 10.1177/1534484312439196

Pasupathi, M. (2001). The social construction of the personal past and its implications for adult development. *Psychological Bulletin, 127*(5), 651-672.

Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science, 8*(3), 162-166. doi: 10.1111/j.1467-9280.1997.tb00403.x

Pennebaker, J. W. (2010). Expressive writing in a clinical setting. *Bulletin of Psychologists in Independent Practice, 30*, 23-25.

Pennebaker, J. W., & Chung, C. (in press). Expressive writing and its links to mental and physical health. In H. S. Friedman (Ed.), *Oxford handbook of health psychology.* New York: Oxford University Press.

Schwarz, N. (1990). *Feelings as information: Informational and motivational functions of affective states*. (n.p.): Guilford Press.

Smyth, J. M. (1998). Written emotional expression: effect sizes, outcome types, and moderating variables. *Journal of Consulting and Clinical Psychology, 66*(1), 174-184.

Spijker, J., & Schoemaker, C. (2010). Depressie samengevat. In: Volksgezondheid Toekomst Verkenning Nationaalkompas Volksgezondheid. Bilthoven: RIVM. Retrieved from http://www.nationaalkompas.nl Nationaal Kompas Volksgezondheid\Gezondheid en ziekte\Ziekten en aandoeningen\Psychische stoornissen\Depressie, 22 maart 2010.

Webster, J. D., & McCall, M. E. (1999). Reminiscence functions across adulthood: A replication and extension. *Journal of Adult Development, 6*(1), 73-85.

Westerhof, G. J., Bohlmeijer, E. T., & Webster, J. D. (2010). Reminiscence and mental health: A review of recent progress in theory, research and interventions. *Ageing and Society, 30*(4), 697-721.

World Health Organization. (2005). Promoting mental health: Concepts, emerging evidence, practice. Geneva: WHO.

Zika, S., & Chamberlain, K. (1992). On the relation between meaning in life and psychological well-being. *British Journal of Psychology, 83*(1), 133-145.