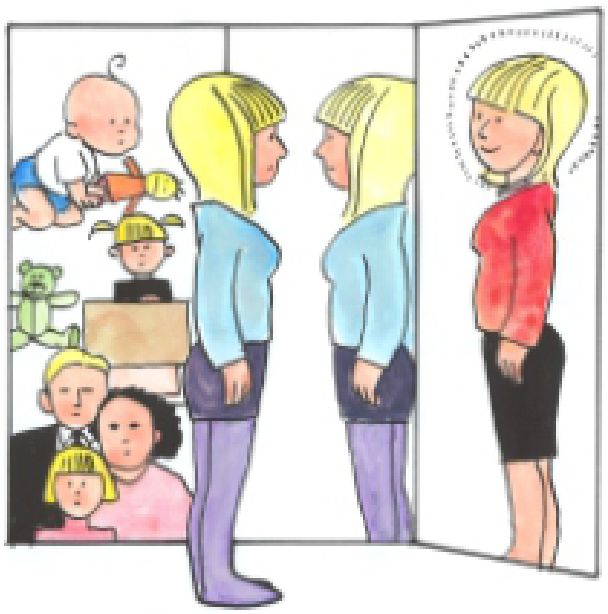
Master Thesis

A quantitative and qualitative evaluation of a reminiscence-based treatment for psychiatric patients with an intellectual disability



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Abstract

There is a deficit in validated treatments for psychiatric patients with an intellectual disability. “Who am I? An expedition to myself” is a new reminiscence-based treatment for patients with a mild to borderline intellectual disability. This study is one of the first pilot-tests to evaluate this treatment.

A quasi-experimental pre-test post-test design without a control-group was used. Nine participants took part in the current study. Psychopathology, positive mental health and satisfaction with life were utilized as outcome-measures. Mastery and purpose in life were included as process-measures. Correlations were examined, to evaluate whether there is evidence for mediating properties of mastery and purpose in life. The treatment was evaluated qualitatively, by means of holistic-content-analysis conducted on three in-depth interviews.

Positive mental health, satisfaction with life and mastery were significantly enhanced after the treatment. Correlations were found between the variance in outcome-measures and process-measures. The qualitative data suggested that patients experienced the treatment, and especially being confronted with hurtful past experiences, as difficult. Participants reported that they were able to reprocess the past and gain future perspective. The aid of the caretakers was praised by the participants. Some described insights and re-evaluations of their identity and some felt empowered through the treatment. The group left positive as well as negative impressions. Some participants felt not always understood or considered the words used by the treatment to be difficult.

The treatment seemed effective in enhancing positive mental health, satisfaction with life and feelings of mastery. Correlations gave an indication for possible mediating properties of purpose in life and mastery on the outcome-measures. The treatment may strengthen personal identity, self-esteem and feelings of mastery. Purpose in life could be fostered through a gain of future perspective. It was recommended for future research to investigate the social effects of the group and the moderating properties of different syndromes further. Caretakers seemed to be an supportive factor and the necessity to connecting to the perspective of the participants was underlined.

Introduction

People with an intellectual disability (ID) account for a significant part of the international population (Didden, 2006) and have a higher prevalence of psychological and behavioral problems (Janssen & Schuengel, 2006; Embregts, 2006). However, there is a deficit in scientific research concerning the effectiveness of treatments for this group (e.g. Bhaumik, Gangadharan, Hiremath & Russel, 2011). "Who am I? An expedition to myself" (Wie ben ik? Een ontdekkingsreis naar mijzelf) (Beernink-Wissink, 2012) is a reminiscence-based treatment and was designed intentionally to appeal to the needs of people with a mild to borderline ID. The main objectives of the present study are to evaluate, as one of the first pilot-tests, whether this treatment could be effective in reducing psychopathology and enhancing positive mental health within the target group. Furthermore, working mechanisms are evaluated by involving potential mediating variables. Underlining the importance of giving people with IDs a voice as stakeholders, interviews are conducted and qualitative analysis-methods are used to examine the experiences and opinions of the participants. This research aims to support the development of valid treatment methods for a target-group that is clearly at a disadvantage, not only in an intellectual or epidemiological sense, but also because of a deficiency concerning validated treatments.

Whenever a patient gets diagnosed with both an ID and a form of psychopathology, it is referred to as a dual-diagnosis (Didden, 2006). Prevalence studies show that 57% of all people with a mild ID also suffer from one form or another of psychopathology (Janssen & Schuengel, 2006). Disorders that standing out in particular are behavioral disorders (45%) and depression (22%) (Janssen & Schuengel, 2006). According to Embregts (2006), the prevalence of psychopathology in the population of people with a mild ID is three to four times higher than in the general population. Experts have no doubt that the nature of psychopathology of people with a dual diagnosis does not differ significantly from psychopathology of non-disabled peers (Didden, 2006). On the one hand, there are special-care intuitions for people with ID, where personnel possesses the knowledge and skills to manage the ID of the patients, but are not necessarily adept in treading an additional psychopathology (Došen, 2010). On the other hand, psychiatric clinics offer an array of traditional

treatments, which do not necessarily apply to the needs of this group (e.g. Bhaumik, et al., 2011; de Koning & Collin, 2007; Meininger, 2003). For example, treatments designed for patients with normal intellectual ability are not considerate for the cognitive and emotional development of people with an ID (de Koning & Collin, 2007). Furthermore, according to Abma (1998), standardized treatment-models are not always consistent with the personal life-stories of people with a mild to borderline intellectual disability. Thereby, recovery is often slowed down and patients tend to experience relapse more often compared to people with normal intellectual abilities. A possible solution to this problem would be to rewrite existing treatments to appeal to the needs and capabilities of this particular group (Whitehouse, Tudway, Look & Kroese, 2006).

A promising, relatively new kind of treatment is life-review, which uses reminiscence as therapeutic means. Reminiscence is defined as the often spontaneously occurring psychological phenomenon during which personal life-events are remembered and related to each other (van Puyenbroeck & Maes, 2006). Webster (1993) build a taxonomy of different reminiscence-functions, which were later organized by Cappeliez and O'Rourke (2006) in positive (identity, problem-solving and death preparation), negative (bitterness revival, boredom reduction and intimacy maintenance) and pro-social (teach/inform and conversation) reminiscence-functions. Since Butler (1963) introduced life-review as a concept, scientific research shows increased interest in the effects of reminiscence. Life-review; according to Butler, is a method for reconciliation of one's past life to achieve personal meaning in the face of one's approaching death. It is a structured evaluation of one's own life-story with the objective to integrate and coming to terms with both positive and negative life-events (Bohlmeijer, 2007). Narrative therapy is another form reminiscence-based treatments. In contrast to life-review, narrative therapy looks back to one's past in consequence of a problem in the present. The problem and the past of the patient are analyzed, externalized from the patient and an alternative story is constructed accordingly. The concordant element of life-review and narrative therapy is that both methods use reminiscence to create a constructive, coherent and perspective-rich life-story to foster mental health.

Reminiscence-based interventions are implemented and studied within many different settings and with many different target-groups (e.g. Korte, Bohlmeijer, Cappeliez, Smit & Westerhof, 2012;

Watt & Cappeliez, 2000; Haight, Michel & Hendrix, 1998; Cook, 1991; Woods, Spector, Jones, Orrel & Davies, 2005). Different meta-analyses show that many positive outcomes can be attributed to reminiscence-based interventions (Pinquart & Forstmeier, 2012, Bohlmeijer, Smit & Cuijpers, 2003; Chin, 2007; Pinquart, Duberstein & Lyness, 2007). According to the recent meta-analysis of Pinquart and Forstmeier (2012), reminiscence-based interventions are known to have a positive effect on depressive symptoms (studies: 92, effect size: 0.57), mental health (studies: 29, effect size: 0.33), satisfaction with life (studies: 55, effect size: 0.22), purpose in life (studies: 14, effect size: 0.48) and mastery (studies: 21, effect size: 0.40).

As mentioned above, traditional treatments often do not account for the special needs of patients with an ID. "Who am I? An expedition to myself" is a reminiscence-based treatment, which combines life-review and narrative therapy and was especially designed to appeal to these special needs. Patients with a psychiatric problem and an ID do not only experience negative life-story elements much more frequently than the normal population, but also do so in much more life-domains. That is why this treatment was designed to be broader and more complete than traditional treatments and every life-domain gets its share of attention (Beernink-Wissink, 2013). Furthermore, the low intellectual ability makes it hard for the target-group to interpret, recount and reevaluate problem stories. Thus, more time and attention is used during this treatment to help patients with these processes when compared to traditional treatments. Furthermore, patients from the target-group are not used to listen to the stories of others and to reflect about them. Consequently, group-processes get more time, attention and assistance than in traditional approaches. Especially reflection is a skill that has not to be taken for granted with the target-group. It needs more time and the therapist has to constantly ask his way through the patient's story to understand what is meant. This is imperative to eventually translate the statements, experiences and emotions to insights and to verbalize these insights into alternative stories. To achieve this, more control and direction is applied by the therapist, when compared to traditional reminiscence-treatments (Beernink-Wissink, 2013). A recent research of Latka (2013), shows that this intervention could be effective in reducing psychopathology in the target group. To investigate whether this outcome can be replicated, the present study includes

psychopathology, operationalized as general level of complaints, as one of its primary outcome-measures

Although, most research concerning reminiscence-based therapies is conducted with people without IDs, there is a small amount of research illuminating this target-group. For older people with IDs reminiscence-work is shown to be effective (van Puyenbroeck & Maes, 2008). Oswin (1981) suggests that reminiscence-work can help older people with IDs in bereavement. Other studies show that reminiscence-based interventions can help older people with IDs reprocess and handle the past and thereby come to terms with it (e.g. Atkinson & Walmsley, 1999; Medved & Brockmeier, 2004; Porter, 1998). Porter (1998) indicates that work with life-story-books can enhance self-esteem and self-awareness. Hussain and Raczka (1997) propose that life-story work can diminish stress for patients with an ID who are in transition from an institution to a community setting. Another study shows that narrative therapy enables people with IDs to externalize problems and become more self-aware and confident (Gillman, Swain & Heyman, 1997). Meininger (2006) shows that to people with an ID, telling one's life-story can have an empowering effect on the person. According to Atkinson (2005), with life-story's characterized by personal resilience and struggle against acts of discrimination and exclusion, life-story work can help people with IDs to understanding the severe past life events and thereby encouraging a more profound sense of self and identity. Although reminiscence and life-review are mostly studied within the context of the last phase of life, it has become clear that reviewing memories can be an important process in individual development throughout the life-span (Westerhof, Bohlmeijer, Beljouw & Pot, 2010; Pasupathi, Weeks, & Rice, 2006).

While comorbidity of psychopathology and intellectual disorders forms a significant problem, it could be argued that it would not be enough to study the treatments' effect on mental illness by itself. A growing body of researchers view mental health not only as the absence of psychopathology, but also as the presence of positive mental health (e.g. World Health Organization, 2004; Seligman & Csikszentmihalyi, 2000; Lammers, Westerhof, Bohlmeijer, ten Klooster & Keyes, 2011). This research also acts on the assumption of the two-continua model (Keyes, 2005), which proclaims that mental health and mental illness, although related, are not the same. The two-continua model of psychopathology and mental health has since been confirmed in different samples based on the

population in the United States (Keyes 2005; Keyes 2006; Keyes 2007). The World Health Organization defines mental health as "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization, 2004, p. 12). Positive mental health can be defined as the presence of emotional, psychological and social well-being (Keyes, 2002). According to some authors, emotional well-being can be divided into an affective component and a cognitive component (e.g. Pavot & Diener, 1993). The cognitive component is also called satisfaction with life (Andrews & Withey, 1976). Satisfaction with life does frequently form a separate factor and correlates with predictor variables in an unique way (Pavot & Diener, 1993). Therefore, it is recommended to assess satisfaction with life as a separate measure. Satisfaction with life is defined as a judgmental process in which one assesses the quality of one's life on the basis of one's own unique set of criteria (Shin & Johnson, 1978). Furthermore, the recent meta-analysis of Pinquart and Forstmeier (2012) showed that reminiscence-based interventions have not only a positive effect on depressive symptoms, but also on many different domains of positive mental health. Therefore, this study includes positive mental health as one of its primary outcome-measures, with satisfaction with life measured separately as Pavot & Diener (1993) recommended.

Reminiscence fosters, according to Wong (1995), mental health through the accumulation of feelings of mastery and purpose in life. Evidence from different studies support this assumption and show that mastery and purpose in life are enhanced through reminiscence interventions (e.g. Bohlmeijer, Kramer, Smit, Onrust & van Marwijk, 2009; Bohlmeijer, Valenkamp, Westerhof, Smit & Cuijpers, 2005; Pot et al., 2010; Westerhof; Bohlmeijer & Valenkamp; 2004). In several studies it is shown that mastery and purpose in life are cooperating as protective mental resources of positive mental health (e.g., Seligman, 1998; Taylor, 1989; Taylor, Kemeny, Reed, Bower & Gruenewald, 2000). Mastery involves the extent to which someone believes that he is in control of his important life-experiences (Pearlin & Schooler 1978). Ryff (1989) discusses that, having goals, intentions and a sense of direction contribute to the feeling that life is meaningful. Furthermore, it is shown that mastery and purpose in life mediate the effects of reminiscence interventions on the diminishing of depressive symptoms (Korte, Westerhof & Bohlmeijer, 2012; Watt, 1996; Westerhof et al., 2010).

Again, the recent meta-analysis of Pinquart and Forstmeier (2012) showed positive effects of reminiscence-based treatments on mastery and purpose in life. Since mastery and meaning are constantly noted as mediating variables in reminiscence-based interventions, it is chosen to include these variables as process-measures in the current study.

This research acts in accordance with the notion of the importance to involve stakeholders and their opinion into the study. In earlier days, social research treated people with IDs as little more than passive objects, to be studied (Stalker, 1998). Even today, insufficient attention is often paid to the perspectives of research subjects with an ID (McDonald, Kidney & Patka, 2013). However, a welcome trend can be observed in ID research which acknowledges that excluding the viewpoint of the stakeholders would lead to a serious gap in research findings (Ware, 2004). Understanding and acknowledging the perspective of these individuals is imperative to design and construct policies and practices that treat individuals with IDs the way they prefer to be treated. Furthermore, evidence does implicate that many people with an ID would like to contribute to research and allow their voices to be heard (McDonald et al., 2013). Underlining the importance of giving participants a voice as stakeholders, this study contributes to that goal and allow them to tell their stories.

To summarize, while people with an ID make up a large group of the population (Didden, 2006) and are shown to have an even higher prevalence of psychopathology (Embregts, 2006), there is a significant deficiency of reliable and valid treatment methods (e.g. Bhaumik et al., 2011; de Koning & Collin, 2007; Meininger, 2003). Who am I? An expedition to myself, is an implementation of a reminiscence-based treatment for psychiatric patients with a mild to borderline ID (Beernink-Wissink, 2013). A recent research (Latka, 2013), shows that this intervention could have positive effect on psychopathology. This study elaborates on that research and examines additionally to psychopathology, the effects on positive mental health and satisfaction with life as primary outcome-measures. Furthermore, the effects on purpose in life and mastery are examined as process-measures. It is assumed that psychopathology is decreased after the treatment when compared to before the treatment. Furthermore, it is expected that positive mental health, satisfaction with life, mastery and purpose in life is increased after the treatment. In addition, positive correlations are expected between the improvement purpose in life and mastery and the improvement in positive mental health and

satisfaction with life. Negative correlations between the decrement in psychopathology and the process-measures are also expected. Finally, to underline the importance of giving stakeholders, and especially people with ID, a voice, interviews are conducted and qualitatively analyzed, using the holistic-content-approach of Lieblich (1998). This evaluation was aimed at exploring the overall experiences of the participants, to examine possible working mechanisms and improvements for the treatment.

Methods

The treatment

The participants followed the treatment program "Who am I? An expedition to myself". The treatment consisted of 17 sessions, each approximately 1.5 hours long. The treatment could be conducted in group-format or individually. Participants got a workbook from which every session a number of pages were worked through. Additionally, it was expected that the participants would do specific homework exercises between the sessions. The exercises in the book varied mostly between the completion of open and closed questions and the writing of life-stories. Sessions 1 to 9 concerned the past, sessions 10 to 15 were about the present day and the topic of sessions 16 and 17 was the future.

The sessions about the past were mostly about different precedent time periods and related life-stories. It is important to point out that from every story a participant wrote, a theme was extracted. These themes became important later on in the treatment. Behavioral dispositions, child-factors and environmental influences (such as upbringing style or disruptive incidences) were determined and associated with each other. The past was concluded by a metaphoric ritual that was of the participants own choice. Summaries of good and bad experiences were put into boxes and the participants had to choose accordingly what they preferred to do with the boxes.

The work with the present resembled the work with the past. Questions were answered to clarify the present situation and further stories were told. The present day life-phase was determined and suitable development goals were formulated. Overlapping themes were derived from the individual themes of the stories throughout the whole book. Self-images (core assumptions) were formulated and related to the overlapping themes, problem maintaining strategies and learning points. The present was concluded by the determination positive and negative characteristics, qualities, values and norms. The qualities were used to derive pitfalls, learning goals and allergies.

For the future, dreams, wishes, possibilities and interferences were written down. Accordingly, concrete goals and plans were formulated from these future variables.

Design

This research consisted of both a quantitative and a qualitative evaluation. For the quantitative part of this research, a quasi-experimental design was proposed. This design was proposed for a number of reasons. Foremost, this intervention was designed to help people of a specific target-group, for whom only few treatments exist currently. The decision was made, by the designer of the treatment, to not withhold any possibly effective treatments from patients that are in need of it. On these terms no control group was possible and all patients that were seen fit for the intervention did participate. The proposed quasi-experimental study had a pre-test post-test design with no control-group.

The qualitative data-collection took place subsequent to the post-test of the quantitative data-collection. Three in-depth interviews were conducted. Two case-studies were executed by choosing extreme cases from the treatment group. The two participants were chosen that showed the largest improvement. One additional participant was chosen from the pilot-interview, because of the richness of the story this particular participant told.

Participants

The treatment was designed for psychiatric patients with a mild to borderline ID. Furthermore, the treatment was intended for patients that have problems with accepting the past, experienced traumatic events or struggled with personal themes that have led to their psychological problems and the stagnation of their lives. Additionally, the treatment expected some degree of self-reflective ability and insight. This in turn, required a sufficient level of verbal intellectual ability. For the inclusion to the program, a minimal verbal IQ of 60/65 was required. The patients had to be motivated to look back onto their life, which could be determined during conversation. In case that the treatment would have been given in group-format, the participants had to be willing to share their experiences with the group and work together with therapists and peers. Exclusion criteria were severe psychiatric afflictions such as serious depressions or serious psychotic disorders. Patients that were in crisis or that had problems to contain aggressive impulses were also excluded.

In total nine Dutch adults with mild to borderline ID, hospitalized within the VGGNet clinic, participated in this study (eight female, one male). Participants were chosen by the designer of this treatment in dialog with the team of therapists. Indication for the treatment and possible clinical

success was estimated according to the clinical opinion of the designer of the treatment, the team of therapists and the inclusion criteria. Accordingly, patients were asked whether they wanted to participate in the treatment, and therefore in this study. The median age of the participants was 39 years. In this research, the populations of people with mild ID and borderline ID were included. The median IQ was 72.5. Five of the nine participants were diagnosed with a borderline ID and four with mild ID. Most participants were diagnosed with a posttraumatic stress disorder (PTSD). Additionally, most participants completed secondary school and were never married. Only one participant was living with a partner. Most participants were either employed for paid work or received disability allowance (see Table 1).

The participants were divided into two groups, one group consisting of six participants and the other group consisting of three participants. The motivation for this was the preference of some participants to participate in the treatment in a smaller group. After the start of the treatment, one participant from the small group asked to leave the group, because of her unwillingness to share her traumatic experiences in the presence of a male peer in the group. From that point on, this participant took part in the treatment individually. All nine patients have completed the treatment and were post-tested.

Table 1
Original sample characteristics at baseline for the intervention group (n = 9)

	Intervention group
Age	
Mdn (Q1/Q3)	39 (27/50.5)
Range	22 - 62
Gender (Count)	
Male	1
Female	8
IQ	
Mdn (Q1/Q2)	72.5 (66.5/76.5)
Range	54 - 79
Main Diagnosis (Count)	
PTSD	5
Psychotic Disorder NOS	2
PDD-NOS	1
Generalized Anxiety Disorder	1
Education (Count)	
Special Education (Blo)	1
Elementary School	1
Secondary School (VMBO/LTS/LBO etc.)	6
Apprenticeship (MBO)	1
Marital status (Count)	
Divorced	2
Living together	1
Never married	6
Employment (Count)	
Paid work	3
Homemaking	1
Volunteer work	1
Disability allowance	3
Unemployed	1

Instruments

Scales

The main outcome-measures of this study were general level of complaints, positive mental health and satisfaction with life. To operationalize general level of complaints the Symptom Checklist (SCL-90) was chosen (Arrindel & Ettema, 2003). The SCL-90 consists of 90 items and measures recently experienced psychological and somatic afflictions. The participants used a five-point-scale to report to what degree afflictions were present during the recent week. Possible responses range from 1 “absolutely not” to 5 “very severe”. Examples for items from the scale are "Feeling afraid", "Little appetite" and "Headache". The psychometric quality of the SCL-90 is described as very good (Ranchor & Sanderman, 2011). Furthermore, there is evidence that the SCL-90 possesses high reliability and validity for the population with an ID (Kellett, Beail, Newman & Mosley, 1999). The internal consistency of the whole scale was in both pre- and post-test excellent (pre-test: α=.97; post-test: α=.91).

Positive mental health was operationalized in terms of the Dutch Mental Health Continuum-Short Form (MHC-SF) (Keyes et al., 2008). This 13-item-instrument measures the three core components of positive mental health. The participants used a six-point-scale to report to what degree particular feelings related to their positive mental health were present during the recent month. Possible responses range from 0 “never” to 5 “every day”. Examples of items are “How often did you have the feeling that you were happy?”, “How often did you have the feeling that you did something important for someone else?” and “How often did you have the feeling that you could handle your daily responsibilities?” The MHC-SF is, according to Lammers et al. (2011), a reliable and valid instrument to measure positive mental health within the Dutch population. The intern consistency of the whole scale was excellent in pre-test and good during post-test (pre-test: α=.91; post-test: α=.86).

To measure satisfaction with life the Satisfaction with Life Scale (SWLS) was chosen (Diener, Emmons, Larson & Griffin, 1985). The Dutch version of this five-item-instrument was used in this study, which was designed to measure global cognitive judgments of satisfaction with life (Arrindell, Meeuwesen & Huyse, 1991). The participants used a five-point-scale to report to what degree they agreed with statements, related to their satisfaction with life. Possible responses range from 1

“strongly disagree” to 5 “strongly agree”. Examples of items are "In most cases is my life as good as ideal" and "My living conditions are outstanding". Studies show that the Dutch version of the SWLS is a reliable and valid measure within the Dutch population (e.g. Arrindell et. al., 1991; van Beuningen, 2012). The scale showed satisfactory internal consistency in pre-test and excellent internal consistency in post-test (pre-test: α=.74; post-test: α=.97)

Process-measures were purpose in life and the degree of mastery. The degree of mastery was measured by means of the Dutch version of the Mastery Scale (Pearlin & Schooler, 1978). This five-item-instrument assesses beliefs in perceived control over one's life or beliefs regarding one's ability to control an event. The participants used a five-point-scale to report to what degree they had thoughts concerning perceived control over their life. Possible responses range from 1 “never” to 5 “always”. In this study an abbreviated version of the five items was used which were each phrased negatively, so that “never” became 5 and “always” became 1. Examples of items are "I have little control over the things that happen to me" and "For some of my problems I have no opportunity to solve them". According to Pearlin & Schooler (1978), the mastery scale has good psychometric properties. The scale showed good internal consistency in the pre-test of this study (α=.88), and poor internal constancy in the post-test (α=.59).

Purpose in life was measured by the scale of the same name from the Ryff Scales of Psychological Well-being (SPWB) (Ryff, 1989). The participants used a five-point-scale to report to what degree they agreed with statements, related to their perceived purpose in life. Possible responses range from 1 “strongly disagree” to 5 “strongly agree”. Item two and item three are phrased negatively, so that “strongly disagree” became 5 and "strongly agree" became 1. Examples of items are "I feel that my life has a direction and a goal" and "My daily activities seem often trivial and unimportant to me". The scale showed a questionable internal consistency (α=.61) during pre-test and satisfactory internal consistency during post-test (α=.73).

Interview

An interview-schedule was constructed for the execution of the qualitative data gathering (see appendix A). A semi-structured in-depth interview was designed according to narrative principles. The research question of how participants experience the treatment was translated into the three questions:

"What is your story? How did you experience the life-story-treatment?", "Whereat has the life-story-treatment helped you?" and "Do you have any revision points for the life-story-treatment?". The questions were framed non-directive to ensure openness to the perspective of the participant. In case particular important subjects would not emerge spontaneously, a list of topics was used and additional probing questions were asked.

The interview-schedule was pilot-tested and presented to two experts for feedback. The interview worked fine during the pilot. The only problem was the word "well-being" from the list of topics, which the participant did not understand. Accordingly, it was chosen to split well-being into its three dimensions (Keyes, 2002) and to formulate the three probing questions: "Has the life-story-treatment helped you feeling happier?" (Emotional well-being), "Has the life-story-treatment helped you working towards important life-goals?" (Psychological well-being), "Has the life-story-treatment helped you getting along better with other people?" (Social well-being). Accordingly, the other two participants did not seem to have any problems with the three novel questions. No further problems concerning the wording of the questions emerged.

According to the two experts, the narrative formulation of the questions ("tell your story", "what is your experience?") could have been too difficult for the target-group. Furthermore, is was advised to state clearly towards the participant, that it is allowed and also important to ask questions if anything was not accurately understood. The interviewer had to observe the participant emphatically. These points of attention however are not specific to the target-group, although one could argue that they play an even greater role with people who have IDs. Participants were occasionally confused by the narrative wording and told stories from before the training, but could easily be routed back to the desired timeframe. The suggestions were considered during the interviews and participants seemed at all times at ease to ask questions whenever they did not understand what was asked.

Analyses

To answer the first five research questions, Wilcoxon Signed-ranks-tests for two dependent samples were conducted. The pre-test measurements were thereby compared to the post-test measurements. The effect sizes of the significantly changed outcome-measures were determined by the probability of superiority of dependent scores (PS_{dep}) as recommended by Grissom and Kim (2012) and developed

by Grissom (1994). The PS_{dep} describes the probability that in a randomly sampled matched-pair the value from the condition with the higher scores is indeed larger than the condition with the lower scores. It is calculated by dividing the number of positive difference scores by the total number of matched pairs. In the case of ties, one half the numbers of them can be added to the numerator. Grissom (1994), offers a table to convert the PS_{dep} into the more widely used *Cohen's delta* (*d*) and makes classifying into small (*d*=.20/PS_{dep}=.56), medium (*d*=.50/PS_{dep}=.64) and large (*d*=.80/PS_{dep}=.71) effect sizes possible (Cohen, 1992).

Difference scores of all outcome- and process-measures were calculated by subtracting the scores of the first measurement from the scores of the second measurement. Furthermore, Spearman's correlation coefficients (r_s) were calculated to test if there was a relation in variance between improvement in the process-measures (purpose in life, mastery) and improvement in the outcome-measures (level of complaints, positive mental health, satisfaction with life).

The qualitative part of this study began subsequently to the statistical analyses and formed an explorative study. The in-depths interviews were transcribed, translated into English and then analyzed in two main steps. First, a within-case bottom-up analysis was used, following the steps of the holistic-content-approach as described by Lieblich (1998). This was done to identify themes imbedded in the narrative of each participant. Instead of an exhaustive account of the whole interview's content, it was chosen to focus on the themes that seemed important for the research questions and narratives that mirrored the attitude towards the treatment in a meaningful way. Themes that seemed to have nothing to do with the treatment or the research question were filtered out and not analyzed any further. Also, themes that seemed to only emerge in consequence of direct questions, and not seemed to have relevance in the narrative of the participant were filtered out. Accordingly, a between-cases top-down analysis was conducted to interpret and compare them to each other. To this end, new superordinate themes where formulated by summarizing themes of different participants. Names of participants were changed to ensure anonymity. Only the top-down analysis was reported in the results section of the current study. For the bottom-up analysis see appendix B.

Results

Quantitative Data

Treatment effects

Five Wilcoxon Signed-ranks-tests were conducted to evaluate whether there were significant changes in outcome- and process-measures during the intervention. First quartiles (Q1), Medians (Mdn) and third quartiles (Q3) of outcome- and process-measures are shown in Table 2 at pre-test and at post-test. Furthermore, test statistics (Z) and effect size measures both, PS_{dep} and equivalent *Cohen's d* are presented in Table 2.

Firstly, it was tested whether participants have less complaints after the treatment when compared to before the treatment. The results however indicated that there is no significant difference between the complaints before and after the treatment. Examination of the quartile-scores showed that, the first and second quartiles were actually smaller during post-test, but the second quartile was larger when compared to the pre-test.

Accordingly, it was tested if participants reported a higher level of positive mental health after the treatment when compared to before the treatment. The results showed indeed a significant difference between positive mental health before the treatment (Mdn=15.5) and after the treatment (Mdn=31.0). The found effect size for positive mental health was large (PS_{dep}=.89, d=1.73). Although, a significant effect was found, the same trend with the quartiles as with level of complaints can be seen. A small reduction on the second quartile and a large improvement of the first and third quartile during post-test can be observed.

Consequently, it was tested whether satisfaction with life increased during the treatment. The results indicated that this was the case and a significant difference between satisfaction with life before the treatment (Mdn=11.0) and after the treatment (Mdn=14.0) was found. The effect size for satisfaction with life was large (PS_{dep}=1.00, d=3.99). Satisfaction with life showed a stable tendency of improvement over all quartile-scores.

Furthermore, it was tested whether participants see more control over themselves and their lives after the treatment than they saw before the treatment. The results implied that this hypothesis

holds true and a significant difference between mastery before the treatment (Mdn=11.5), when compared to after the treatment (Mdn=16.5), was found. The effect size for mastery was large (PS_{dep}=.94, d=2.19). Mastery also showed a stable tendency of improvement in all three quartile-scores

In addition, it was tested if participants experienced more purpose in their lives after the treatment, when compared to before the treatment. The results however showed that there was no significant difference between the experienced purpose in life before (Mdn=15.0) and after the treatment (Mdn=18.0). Although, the effect on purpose in life was not significant at the 0.05 level, a stable tendency of improvement over all three quartile scores could be seen.

Table 2
Quartile-scores and medians at pre-test and at post-test, test statistics and effect-sizes as a function of measure

Measures		Q1	Mdn	Q3	Z	PS_{dep}	d
Primary outcome-measures							
SCL-90 (90-450)	Pre-treatment	134	143	210			
	Post-treatment	127	172	191	-0.18	0.56	0.21
MHC-SF (0-55)	Pre-treatment	15.5	38.0	45.0			
	Post-treatment	31.0	37.0	52.5	-2.35*	0.89	1.73
SWLS (5-25)	Pre-treatment	6.50	11.0	15.5			
	Post-treatment	9.50	14.0	20.0	-2.68**	1.00	3.99
Secondary outcome-measures							
Mastery Scale (5-25)	Pre-treatment	11.5	12.0	16.0			
	Post-treatment	16.5	18.0	21.5	-2.52**	0.94	2.19
Purpose in life scale (5-25)	Pre-treatment	15.0	19.0	22.0			
	Post-treatment	18.0	22.0	23.5	-1.34#	0.72	0.82

#Effect is significant at the 0.1 level (one-tailed)
*Effect is significant at the 0.05 level (one-tailed)
**Effect is significant at the 0.01 level (one-tailed)

Correlations

Difference-scores were calculated between pre-test and pos-test for level of complaints, positive mental health, satisfaction with life, mastery and purpose in life. Accordingly, correlation coefficients (*Spearman's* r_s) were calculated to evaluate whether there was a relation between these difference-scores. Correlation coefficients are shown in Table 3.

The results showed a moderate negative correlation between differences in level of complaints and differences in mastery. Furthermore, there was a strong negative correlation between differences in level of complaints and differences in purpose in life. In addition, a weak positive correlation was found between differences in positive mental health and differences in mastery. A strong positive correlation was found between differences in positive mental health and differences in purpose in life. Furthermore, another strong positive correlation was found between differences in satisfaction with life and differences in mastery. A moderate positive correlation was found between differences in satisfaction with life and differences in purpose in life.

Table 3
Correlation coefficients between difference scores of level of complaints, positive mental health, satisfaction with life and mastery and purpose in life.

		Difference level of complaints	Difference positive mental health	Difference satisfaction with life
Difference mastery	r_s	-.61#	.34	.83**
Difference purpose in life	r_s	-.74*	.83**	.65#

#Correlation is significant at the 0.1 level (two-tailed)
*Correlation is significant at the 0.05 level (two-tailed)
**Correlation is significant at the 0.01 level (two-tailed)

Qualitative Data

Global impressions

Miraculous Epiphany (Saar)

Saar told a story rich of metaphors. To remember hurtful memories became an “unraveling of the past”, the disturbance she experienced through the chaotic group of peers became a “bunch of chicken” and through the symbolic ritual of burning her bad memories they did “swirl into the air” and “out of her head”. Saar’s story was also very coherent in the sense that themes were explicit and distinct from one another. The amazement and joy she experienced by learning what influences the past could have on her and how she became who she is, could be felt through all pores of her narrative. It seemed as if Saar experienced a “Miraculous Epiphany” which allowed her to see herself and her life in an absolutely new light.

The interview of Saar was not analyzed because of the positive outcomes concerning quantitative measures. Saar was chosen additionally to the other two interview-participants, because of the rich story she was able to tell. Her outcome- and process scores did not vary much between pre- and post-test.

Saar did not completely trust the treatment to begin with and had trouble showing her emotions in the group. However, she reported to benefit eventually from it and experienced having more control over and more resilience against situations that would normally trigger the sorrowful memories and panic-like symptoms. Saar told a story of redemption. The sorrowful past could be dealt with, and Saar's complaints could be relieved. Additionally, she emerged from the treatment having the feeling of understanding herself better than before. Even more so, she was truly amazed of what the treatment taught her about how she became who she is at the moment. This knowledge allowed her not only to comprehend, but also to accept herself. To describe this, she told that the treatment helped her “to be, who she became”. She told furthermore, how she got feedback from the therapists and peers about how she was experienced by others and what she could do to improve herself. She later used these points of attention, as she called them, which were put down in her life-story-book as a kind of manual to handle social interactions in the present.

Redemption through endurance (Sophie)

The narrative of Sophie was a story of overcoming her initial negative opinion about the treatment and being astonished about the strong positive effect the treatment had upon her life. The stories of Sophie were somewhat less coherent and themes were hard to distinguish from one another. This was partly due to the fact that Sophie gave short answers and had little affinity to spin a tale around her answers or give context. On one occasion when she was asked if she could tell a story about an answer, she reacted with: *"A story? [laughter] A story, yes... what kind of story do I have to tell? [Laughter] I do not want this right now."* Not only did the process of remembering the sorrowful past paralyzed Sophie, but the stories of the other participants did also left their mark on her. She narrated how she cried and mourned when she had to remember her awful past or was confronted by the past experiences of her peers. The narrative of Sophie was one of open expression and almost drowning in the negative emotion that the treatment triggered in the first place. More than once she wanted to quit the treatment once and for all, but was persuaded by her caretakers to hold onto the treatment. This persuasion was something that Sophie was very thankful for after the treatment ended. Eventually, she overcame this negative emotions and achieved acceptance of her past life-stories. She told a story about redemption through endurance; *"The worse I felt beforehand, the better I feel now".*

Not only did she value the process she was part of after all, but she also wanted then to encourage other patients to endure whatever negative consequences the treatment may entail; "*Bolster them up. Do it! Do it! Get through with it! Yes, with this I support them very much, if I can do that".* According to Sophie, a lot of different positive outcomes were connected to the life-story-treatment. However, none of these subthemes seemed elaborate enough to carry an entire theme upon themselves. Most positive outcomes were summarized under the theme of "I live again". The treatment helped her to experience positive feelings again, which were blockaded. She was able to express her opinions in front of others, while she was not capable of doing this before. After the treatment, she could again go on with her life and could make new plans for the future according to her own values.

Going for it! 100% (Lisa)

Lisa had shown, disregarding one other participant, the highest decrement of psychopathology and largest enhancement on the different domains of positive mental health. During the interview she seemed to be an insecure but otherwise positive spirited, open and warm person. Lisa was insecure in the sense that she noted often how she was not completely sure over the correctness of her narrative. Not only did she tell how she probably made mistakes while making the homework exercises for the treatment, but she was also often insecure about her statements during the interview. She aborted her notions frequently mid-sentence to start over. Her narrative and manner of thinking were sometimes a little diffuse and some themes that emerged were unrelated to the life-story-treatment.

Subsequently to the coding of the transcript, a set of fifteen themes was reduced to five relevant ones. Lisa noted recurrently that she was unsure what role the trauma-therapy played in improving her condition. The implications of different therapies being given to participants at the same time as the life-story-treatment will be discussed later on.

The relevant narratives were mostly about the strong positive feelings she experienced about the group and the hopeful and distinct the future perspective that she gained during the treatment. Although she narrated that she had initially trouble to open herself up to her peer, the accepting and sharing nature of the interaction quickly allowed her to feel at ease. She told again and again that she could see a future now, where beforehand there was none. She also elaborated on her future perspective in some detail, with telling a story about her wish to live in her own flat with a group of likeminded girls and no 24-hour attendance. The last point seemed especially important to her, since it was something she had to endure almost all her life. She narrated how she felt constantly underestimated, especially by her family, and that she believed now firmly in her power to achieve her wishes and dreams for the future. A short story she told at the beginning of this interview was about how she got a new perspective on past situations by getting an alternative explanation pointed out through the therapist. Although, it is only a small part of her narrative, it made a lasting impression upon her; "*I agreed 100% to how she explained it ".*

She told further about her inability to quit working on and to stop thinking about the treatment. She wanted to participate as good as possible and was afraid, that if she would not hurry and be as thoroughly as possible, she would be to late with her homework or make mistakes. She wanted to "go for 100%". It was a reoccurring topic through Lisa's whole story. She went 100% for her future, she committed herself 100% to the treatment and she was sure that she would emerge 100% well from the institution. It underlined Lisa's believes and hopes that stand in contrast with her repetitive insecurity. Her story was a narrative about a woman struggling with her own low self-esteem and the low expectations of others. This could also be put in the perspective of Lisa's struggling with her homework. She was someone who tried to be as perfect as possible, without asking for help, to avert acknowledging her incapacity. Eventually, she was able to ask for help.

Between-cases top-down analysis

Difficult, but worthwhile treatment

All participants evaluated the treatment as very difficult to endure, but retrospectively also as very rewarding. Especially Saar and Sophie described the treatment as very difficult concerning the pain of remembering the awful details of their traumatic pasts. Sophie described how she experienced negative affect, not only through her own memories, but also through the sad stories of her peers: "*I wailed already every time. I arrived crying, I left crying […] Yes through other people's problems, I was also quite often touched... and so you are sad again and then eeh... yes, was it again crying, crying, crying…"* Saar found it difficult to remember the things again, that she tried so hard to forget: *"Yes it was confronting [...] I do not want to write anything down about my past […] To unravel the whole past again. That, I thought was hard".* Lisa experienced the treatment also as difficult but not explicitly because of the remembrance. She found it hard to work independently on her homework, to stop in time and to not be preoccupied with the treatment: *"Yes, imagine that I did not get it finished. Then my nerves are all on edge, you know? [...] I was going too far with it...with the therapy"* Although, Saar and Sophie experienced the part of the treatment that confronted them with negative memories as difficult, both saw the value of the pain they endured in the effects they could cherish after the treatment. Saar: *"...but during the course of the treatment I got the hang of it that it can*

indeed be... yes very useful to do and then I did not have such thoughts anymore". Sophie: "*But, after all, through all the difficult eeh... "things", I have, after all, changed and got better."* This was most explicitly seen in Sophie's story, who even wanted to encourage other patients to endure the treatment, because of the eventual reward: "*...and also with people who experience the life-story-treatment as difficult. Bolster them up. Do it! Do it! Get through with it! Yes, with this I support them very much, if I can".*

Reprocessing and closure of the past

For Saar and Sophie, the transition from dealing with the stories from the past to working with the present and the future, induced a change in their experience. Saar described the metaphorical ritual as a turning point in her experience: "*well, especially when we engaged with the boxes. Then, I was actually able to close the past. That I have burned the notes. Then thought something like eeh...: Okay boys, that was the past and now I can go further with the present day and the future."* The more the treatment progressed from past to present, the easier Saar experienced the treatment: *"I thought it to be quite hard, but the more we arrived in the present, the easier I thought it to be."* This seemed also true for Sophie, who went eventually without tears to the treatment sessions: "*Then, I went there in a good mood and I was not sad. I was able to cope. It has expired... concluded and eeh... it eeh... yes the youth problems. I... I realize now also, that I have totally no trouble thereof."* For both, Saar and Sophie, engaging and reprocessing the past seemed to help them reduce their sufferings. Saar gave a coherent description of how the reprocessing and the closure of the past led to more stability and more resistance against stimuli that would formerly trigger panic or avoidance behavior: "*I have eeh… less eeh… problems with my posttraumatic-stress-disorder. Absolutely. I do not panic anymore whenever I see someone with a child. I eeh… can stand eeh… television-programs with rape. Of course, I do not like to watch it, but when it is on, I do not zap away".* Sophie explained how the reprocessing of the past allowed positive as well as negative emotions to re-emerge, and how it made her more stable in the process: "*Yes, the life-story-treatment has much to do with it, that I feel happy and that my emotions remerged and through all the tension, which was blockaded entirely. So, that becomes all loose again. […] Yes… Yes. Being more stable. For your feelings and eeh… it brings with it, that you can simply talk about it."*

Future perspective

Both, Sophie and Lisa made notions about the future perspective that they gained. Sophie was able to see a future again with a life in concordance with her values *"Eehm.. I have simply some things, which I like to do. So and I will continue with them. I'm still waiting. First I must finish my therapy and then... yes.. I will wait then for my house, attended living, you know?"* Lisa told repeatedly about the future vision that emerged from the treatment: "*But I have now, nonetheless, for the first time in my life a future in my minds-eye, which I want to achieve and for which I will work hard. And that I have eeh... achieved. And I have surely... I see a future now."* Previously it was never important what she wanted or needed. Almost her whole life, she had one on one attendance, which she did not want anymore. In the future she pictured, that she would be able to live a life without twenty-four-hour attendance, in a flat with a group of likeminded girls where she could make her own decisions: "…*that is how I want to go further... but then with a club of nice girls, counting four, five, six or something like that... simply nice and to have it simply nice and cozy in the evening. Also with television on and simply... that I can wear my own dress style and not that my mother decides everything anymore"*

Assistance of the caretakers

Both Sophie and Lisa experienced the assistance of the caretakers from their respective clinical wards as very supportive. Saar made no statement about the caretakers and it was unclear how much aid she got from the caretakers in her ward.. According to Sophie, it helped to talk about her negative feelings after each treatment session. She reported that she could process them that way: "*[The caretaker] was always timely there. She saw simply that something aggrieved me and... so, on the chair and talking, then will it be well. Yes, that's how it works [...] to just give it a place"*. Furthermore, the caretakers functioned as a motivational factor and persuaded her to continue the treatment, even if it hurt to remember: *"Then I came to know from [The caretaker]that I have to go back after all and conclude the treatment […]they have stimulated me properly."* For Lisa, the caretakers were an aid with her homework and made sure that Lisa would eventually stop working on her homework and relax: "*But sometimes the caretakers had to rap on my knuckles, like: "Now it is finished! Now is eeh... evening and close the book now!" and eeh... yes.* [...] *I should have done this earlier, asking for help. Because*

they came simply with pretty good advises eeh... eeh... and yes what... what actually suited me precisely, you know?"

Group of peers

The group triggered diverse views in the three participants. Saar and Sophie followed the treatment in the large group of six participants, while Lisa followed the treatment in the small group with just one other peer. Saar experienced the group of peers mostly as negative and would have preferred individual life-story-treatment. She could not express her emotions in the group to the extent that she desired. Moreover, she found the group to be very chaotic and that seemed to annoy her: "*I was just not that much able to express my emotions like... yes, like I perhaps sometimes gladly wanted to [...] it was a gigantic chaos. I thought it to be an unbelievable group. Eehm... it was like a bunch of chicken."* The fact that she advised to evaluate beforehand which participant is put with whom into a group, could mean, that she did not feel appropriate or belonging inside this particular group: *"Deliberate wisely whom you put by whom and keep it primarily calm, inside the group."* Although Sophie valued the *"gregarious atmosphere"* of the group and thought of it as aiding, she missed a meaningful connection between the participants. According to Sophie, this was the reason why the group did not talk that much among each other: "*Some told something, some did not. […] Actually, there was no connection inside the group. No connection, no.*" She noted in this context that there was not enough time and room during the group sessions to talk about everything and to process all the feelings that emerged through the treatment: *"It gets discussed. Not everything, but some things are discussed and then eeh…is the [session] finished…"* That is why she would have liked to have individual sessions along the treatment with a therapist: "*Everyone for themselves and then again such a story and then I had, what was also agreed upon with [therapist], to talk after all […] to give it a place. That's how it works with me […] Yes, that eh... That is something that I have missed indeed, yes"*. Unlike Saar and Sophie, Lisa had nothing negative to say about her peer. She narrated a story about acceptance, appreciation and support: "*Yes, yes, and also when [peer] was sad, he accepted... I accepted him and I saw that sometimes, too. That hurts from the inside, but recently, he gave a very good comment, that I was someone who persists, after all, even if I was sometimes so emotional or something like that... or I don't know... something like that, so yes... We had really... with the four of us, we have had a fine*

group." According to Lisa, the group seemed to be a supportive mechanism, which not only represented a source of acceptance and positive feedback, but also a motivational factor, to tell her own story. Also the gregarious and cozy atmosphere of the group seemed to have helped reducing the tension: *"A bit easier. Simply, you are drinking [coffee] and then you are talking and sometimes you do not notice what you are talking about, you know? And then you are sharing things with each other, without noticing it".* Remarkably in this context was that Lisa, who was very pleased with her small group, did mention that she could not have followed the treatment in a bigger group *"There did not have to be more with us. I am not doing well in a big group eeh..."*

Integrative reminiscence

Processes of integrative reminiscence seemed to be involved within Saar's and Lisa's story. Coming to know how dispositional and environmental factors shaped Saar's present-day personality led to more understanding of her identity and consequently to more acceptance of herself: "*Like that introvert that I was… or what I am… and that inconsequent upbringing of my parents… so, when you set all like that on a line, then there is an outcome. And that I thought to be so fitting for myself."* [...] *And that conclusion, I am very satisfied with it. "That I became..." or "That I am, who I became..." or... yes, something like that. Hehehe,* yes". In Lisa's story, the relabeling of negative past events has arguably given her a new, positive perspective on these events. This, according to narrative principles, could have strengthened her identity "*I agreed 100% to how she explained it. Back then, I saw it very differently and I thought it to be very nice to see... nice to see, like: "Hey, it can also be different, you know?".*

Empowerment

All three participants described in their narrative that they have been empowered in one way or another. Sophie gave indication for an improved self-esteem through the treatment. She described how she was again able to rejoice and to express her opinion in the presence of others: "*...simply giving the power, to say after all something like:" I do not share your opinion. Look out what you are doing." Yes. I never dared that earlier."* Different notions of all three participants may indicated an improved feeling of control over their lives, and therefore, an enhanced feeling of mastery. Saar described how

she was more conscious about how she was experienced by others, concerning her positive and negative dispositions. She used the book sometimes as a guide to help her with her new life, which she was building back then: "*Yes, there, after all, you interact with people, and you are much more consciously engaged in things like: "How do you interact with this people? And yes, what for critic did you get? [...] And yes... How can I adapt to that? Eeh... the noteworthy points... eeh... that eeh... are given in the life-story-book. Eeh... yes, how do you implement them?"* Sophie told a narrative, connected to her self-esteem, about how she was able to make her medication addressable with the psychiatrist. Something she was not able to do before :*"Well, eeh... simply the strength that I have, to address it there. That comes from the life-story [treatment]. Yes."* In addition, Lisa noted all her future plans in crystal clarity with the outmost conviction to give 100% and proof to anyone that she is able to achieve this future. It suggested an enhancement of experienced self-efficacy, an urge to make own decisions and an urge to prove that she was able to achieve her future: "*It can also be something different, that I eeh... but I want for sure no 24 hour [attendance] anymore. And I know, I have said it to the "institution people", to the attendance and the like and also to my parents: "I can much more than you think". [...] Yes sure, because I will go for it. I go for my future, which I have in front of my minds-eye. I go for it 100%".*

Connection to the perspective of the participants

The stories of Lisa and Saar exemplified the importance to connect to the perspective of the participants and the target-group. Lisa did on one occasion not feel understood and did not agree with the conclusions that were drawn during that session: "*...back then, one time, we had to write things from the board, back than we had to copy everything and then... that was then vague for me, yes. There were things from which I thought like: "Hey, that does not suit me." Yes, that eeh... that, no doubt*". Lisa's story underlined the importance of connecting to the perspective of the individual patients. Although, it was just one specific situation, the feeling of not being understood and having to write something down that was not *"hers"*, left seemingly an enduring negative impact: *"Just this one time, that I had to write something on the board, from what I thought: "Hey, that is not correct!" eeh... "That is not from me!" But maybe I misunderstood.* Saar reported in this context, that there were a number of difficult words involved in the treatment, which should for future treatments be adjusted or

explained before the participants have to ask for an explanation: "*Some words could have been expressed a bit easier and maybe, that it could be explained directly, without us having to ask, like: "Gosh, what does it mean?"*

Conclusion

Main Findings and Recommendations

The purpose of this research was to evaluate whether the reminiscence-based treatment "Who am I? An expedition to myself." (Beernink-Wissink, 2013), could be effective for psychiatric patients with a mild to borderline ID. Additionally, the research explored the experiences of the participants, to investigate possible working mechanisms and improvements for the treatment according to the participants.

Although, no significant effect was found on general level of complaints and purpose in life, strong positive effects were found on positive mental health (PS_{dep}=.89, d=1.73), satisfaction with life (PS_{dep}=1.00, d=3.99) and mastery (PS_{dep}=.94, d=2.19). The outcome that general level of complaints did not improve during the treatment contradicts the results found by Latka (2013) with the same treatment. When quartile-scores were examined in the present study, it was observed that although the second quartile was larger in post-test, the first and third quartiles were actually smaller in post-test. These findings indicated that some participants did improve during the treatment, while others did not. The same trend could be observed with quartile-scores of positive mental health. A small reduction of the second quartile and a large improvement of the first and third quartiles during post-test were found. However, this trend could not be seen in scores concerning satisfaction with life, mastery and purpose in life, which showed a stable tendency of improvement over all quartile-scores. Latka makes no notion about the first and third quartile scores, but splits her sample into small subsamples. According to Latka, it seems as if participants with an PTSD first experience a decline in complaints, but then digress with increased complaints during the follow-up measurement. This could be an indication that the treatment is not fitting for these patients, which would also explain why no significant betterment of psychopathology was found in the present study. 56% of the participants in this study suffered from PTSD as main diagnosis. Future research should consider to further examine the moderating properties of the pathological syndrome on the treatment.

Promoting positive mental health is a growing subject in public mental health (e.g. Fledderus, Bohlmeijer, Smit & Westerhof, 2011; Keyes, 2005; Keyes, Dhingra & Simoes, 2010). Fledderus et al. (2011) argues, that even when somebody controls for psychopathology, positive mental health can

have an independent positive influence on many important domains, like psychosocial adaptation, work productivity, physical disease, health care utilization and mortality. Therefore, even if the treatment did not influence mental illness directly, it is nonetheless a valuable endeavor. Furthermore, the finding that psychopathology and positive mental health did behave differently during the treatment supported the notion of a two-continua model of mental illness and mental health (Keyes, 2005). Therefore, the results underline the importance of assessing mental illness and mental health separately.

Although the improvement in purpose in life was not significant, a positive trend could be observed in all quartile scores of this measure. Thus, it would be premature to discard an improvement of purpose in life as a possible positive outcome of this treatment. It could be argued that the positive effect is too small to be recognized as significant in such a small sample. As discussed below, the change in purpose in life did correlate with the change in the primary outcome-measures, suggesting a mediating effect of purpose in life.

The improvement in positive mental health did correlate the strongest with the difference in purpose in life. In contrast, the improvement of satisfaction with life did correlate the strongest with the improvement of mastery. Although no conclusions about causality could be made, these findings could indicated that the difference in purpose in life mediated the enhancement of psychological mental health and that the augmentation of mastery mediated the growth of satisfaction with life, which is the cognitive component of emotional mental health. In other words, it is implicated that the same mediating properties of mastery and purpose in life, that were found with other reminiscence-based treatments, were also present in the current study (e.g., Seligman, 1998; Taylor, 1989; Taylor et al., 2000). However, more research is necessary to confirm such a relationship with this treatment.

Concerning the qualitative data, participants were quite capable in verbalizing their opinion and were enthusiastic about their involvement in the study, which is in accordance with McDonald et al. (2013). Each of the interviewed participants was eager to be informed about the eventual results of this research. This research stands thereby as an example for the falsehood of many preconceptions concerning this target-group (Stalker, 1998). Participants were more than capable to tell their stories, which was an enormous enrichment to this research. Thus, the current research underlines the notion

of Ware (2004), that excluding the viewpoint of the stakeholders would lead to a serious gap in research findings.

The treatment was evaluated as difficult by the participants, yet worthwhile. Working with the hurtful memories was experienced by some participants as confronting and stressful, which led to many negative emotions. Lisa experienced the treatment also as very engaging. She could not stop working and found it hard to stop thinking about the treatment. Bohlmeijer (2007) argues, that life-review can indeed be very confronting for participants and that it sometimes facilitates bitterness and anxiety. Therefore, it is important for the therapist to be attentive and careful, while using life-review. Furthermore Latka (2013) points out, that the remembrance of negative memories could be more stressful for patients with PTSD, than for patients with other syndromes. All of the interviewed patients in the current study suffered from some kind of traumatic memories, which could indicate that the observed degree of distress is an overestimation. It is recommended for the future, to stay attentive for the possible distressing influence of the treatment. Furthermore, this outcome underlines the importance to investigate the moderating properties of different syndromes on the treatment.

Caretakers from the respective clinical wards were evaluated as highly supportive and may helped the participants to cope with the negative affect. Caretakers helped Lisa to take care of her homework and persuaded her to relax more. Through that aid, Lisa was able finish her homework and stop thinking about the treatment. Sophie experienced the caretakers also as very supportive and their collaboration seemed to be a facilitating addition to her treatment. The caretakers motivated Sophie to commit to the treatment and helped her cope with the negative emotions. Saar did not report anything about the caretakers, and it is unclear if she got any aid besides the treatment sessions from caretakers. Further research on the influence of support from caretakers besides the treatment should be expended. Considering the strong positive evaluations about the caretaker's aid, it is highly recommended to facilitate the involvement of caretakers into future treatments.

A recent study shows a number of positive and negative social processes of a group-format in life-review with a sample with older adults (Korte, Drossaert, Westerhof & Bohlmeijer, 2013). Some of these processes are in accordance with the current study. "Difficulties with sharing in the group" could be seen as negative process in Saar's story. "Good group atmosphere" was acknowledged by

Lisa and Sophie. “Feeling accepted”, “learning to express oneself” and “finding recognition” could also be deduced from Lisa’s story. Additional negative themes that were found in the current study could be called “the chaotic group” as experienced by Saar and the “absence of a meaningful connection” and “not enough room for everyone’s story” as experienced by Sophie. The large group seemed to have a mostly negative effect on the participants, but it is unclear if this is due to dispositional traits of the participants, due to the group buildup or a combination. It is possible that patients of the target-group need more attention and room for their story, which is difficult to provide in larger treatment-groups. A trusting and accepting relationship could easier be constructed with fewer participants. It is recommended to examine these social processes in future research. Furthermore, as Saar formulated it, it is recommended evaluate carefully who is put with whom inside a treatment-group.

Every participant noted to have gained some kind of future perspective and all valued the work with present and future plans. This gain of perspective could be interpreted as having goals, intentions and a sense of direction, which contribute, according to Ryff (1989), to the feeling that life is meaningful. This indicates that, although the statistical analysis did not show a significant effect on purpose in life, the qualitative data suggested the presence of it. To examine the effects of the treatment on purpose in life more closely, it is recommended for future research to include measures that are more closely related to gaining a future perspective

Reprocessing and coming to terms with the past played a significant role in the narratives of Saar and Sophie, which corresponds to other research that studied reminiscence-based interventions with older people with IDs (e.g. Atkinson & Walmsley, 1999; Medved & Brockmeier, 2004; Porter, 1998). Furthermore, the participants reported that as a result, they were more stable, emotions re-emerged and that they were more capable in coping with pathological symptoms.

The process described by Saar, of learning how she became who she is now, could be interpreted as the positive reminiscence function of identity (Cappeliez & O'Rourke, 2006). Through this reminiscence function the past is used to discover, clarify and crystallize our sense of who we are. The new perspective that Lisa gained on past events could be interpreted as a consequence of the narrative therapy element of the treatment, which analyses the problem and the past of the patient,

externalizes it and constructs an alternative and mental health fostering story (Bohlmeijer, 2007). Cappeliez, O'Rourke and Chaudhury (2005) found that integrative reminiscence has positive effects on general well-being. Although Latka (2013) did not find any effects on identity, for future research it could be recommended to include other specific measures to examine the effects of the treatment on identity further.

All participants showed in their story high confidence in their own capacities, especially with contemporary and future plans. This is consistent with the findings of Gillman et al. (1997) and Porter (1998), which show that respectively narrative therapy and life-story-books do enhance self-esteem and self-awareness. All participants were empowered in one way or another. Saar experienced more control over the emergence of her PTSD-symptoms and Sophie was able to stand her ground and express assertive her opinion. Lisa was sure to finally be able to live without 24-hour attendance in a flat. These results could be interpreted as being empowered (Meininger, 2006) and as an enhanced believe of being in control of important life experiences (mastery) (Pearlin & Schooler 1978). Additionally, these findings were in accordance with the quantitative results of this research, implicating an enhanced sense of mastery.

Finally, two problems emerged related to a deficiency in connecting to the perspective of the participants. According to Saar, a number of words were difficult to comprehend and she expressed the wish for changing these words in future treatments, or for explanation without the need for asking. Especially the second wish implicates that these difficult words may triggered associations with shame for not being able to comprehend these words. Another recommendation is, to proofread and identify remaining difficult words with help and feedback of further stakeholders. Furthermore, Lisa's story did demonstrates that it could be difficult for a therapist to connect to the perspective of the participants and easily alienate them that way. Failure to connect to the perspective of the target-group could lead to resistance, damage the therapeutic relationship and impairment of the treatments success. The story of Lisa teaches to be cautious, especially with this specific target-group.

Limitations

The quantitative part in this research is a quasi-experiment with no control group. Therefore, it could not be concluded with certainty that the found effects are a consequence of the treatment. Furthermore,

most patients did follow other therapies while taking part in the life-story-treatment and some found effects could therefore be a consequence of these therapies. If possible, it is recommended for future research to first complete the life-story-treatment, before beginning other parallel treatments.

Another limitation could be that the participants were chosen purposely by the conductor of the treatment and the team of therapists by evaluating the likelihood of clinical success. The use of the clinical impression is no standardized measure, prone to human error and it is likely to vary between different clinical settings. Other clinics could have other standards to select patients for the treatment. This could mean that, without further standardization, the treatment would be difficult to implement in other settings.

Although conclusions based on statistical tests with such small groups should be made with caution, it is crucial to realize that the present study is a first pilot-test. While the sample-size was relatively small, effect sizes that were found in this study ranged from d=1.73 to d=3.99, which is very large and should influence statistical power positively.

Another limitation is the utilization of measures (MHC-SF, SWLS, Mastery Scale, Purpose in life scale) that were not tested to be reliable or valid with the target-group. According to observations during pre- and post-test, there were a number of words and sentence structures in these measures, which were hard to grasp for the participants. Furthermore, the disability to read or pay attention of some participants made it necessary to diverge from the normative test-procedure and aid the participant with the completion of the measure. This could also be a danger for validity. The Mastery Scale showed poor internal consistency in post-test and the purpose in life scale from the SPWB showed questionable internal consistency in pre-test. It is recommended to test these scales for validity with the target-group and adjust the wording, if possible. Nevertheless, most scales showed satisfactory or higher internal consistency. Therefore, most scales seemed to be reliable in the current study.

This research did not include a follow-up measurement to investigate whether found effects on positive mental health, satisfaction with life and mastery remained after the intervention. A follow-up measurement would have strengthened the design and conclusions could be drawn about stability of the found effects over longer periods of time.

Furthermore, two of the interviewed participants were chosen as extreme cases, in terms of the differences in outcome-measures between pre- and post-test scores. As a consequence, no conclusions can be drawn about the participants for whom the intervention did not work as well. The third interview-participant was chosen from the pilot-test of the interview. Although she felt that the treatment helped her lessen her sufferings and she was released from the clinic during post-test, no large difference could be seen between her scores in pre- and post-test. In the current study, the qualitative methods did reveal data that was not noticed by statistical measures. These results underline the importance to utilize multi-methodological approaches.

Finally, the interviews and most of the questionnaire measurements were conducted by a co-therapist of the treatment. This involvement could have led to reactivity of the participants, which could result in an overestimation of the effectiveness of the treatment. However, not all outcome-measures showed significant effects, which would be a counter-argument to this assumption. The effect on the interviews could be twofold. On the one hand, opinions that were reported during the interviews could be more positive. On the other hand, the trusting relationship to the interviewer could have stimulated even more openness, and thus richer data was collected.

Summarizing Conclusions

The results of the current study support "Who am I? An expedition to myself." as an effective treatment for psychiatric patients with a mild to borderline intellectual disability. The treatment was able to foster positive mental health, satisfaction with life and mastery. The correlation analyses suggested that the change of purpose in life and mastery could have played a mediating role in the effects on the outcome-measures. The qualitative data implicated that although, participants experienced the treatment as difficult and much negative affect was triggered, a lot of positive outcomes were reported and participants described the treatment as worthwhile. The treatment could provide future perspective for participants and help achieve closure of negative past experiences. From the stories of the participants could be inferred, that the treatment may help participants to strengthen their personal identity and to enhance their self-esteem and feelings of mastery. Purpose in life could be fostered by the treatment in form of new found future perspective. The large group of peers was mostly devaluated, while the small group was praised. A number of group-processes could be

identified, but if and how the group influenced the treatment-effect should be subject of further research. Additional support of caretakers was highly valued and may helped to cope with negative feelings, homework management and was a motivational factor for the completion of the treatment. Finally, the data underlined the necessity to connect to the perspective of the participants with both the treatment material and the therapeutic methods.

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Appendix A

Interviewopzet

"Kort geleden was jij deelnemer van de therapie "Wie ben ik? Een ontdekkingsreis naar mijzelf". Verder neem je deel aan het onderzoek, om te kijken hoe de therapie heeft gewerkt. Dit interview vandaag maakt deel uit van dit onderzoek. Ik ga jou vandaag een aantal vragen stellen. De bedoeling van de vragen is, om erachter te kommen hoe jij de therapie hebt ervaren, hoe en waarbij de therapie jou heeft geholpen, wat moeilijk was, wat jij geleerd hebt en wat voor verbeterpunten jij hebt voor de therapie. Er zijn geen goede of slechte antwoorden op deze vragen. Het gaat erom te achterhalen wat jouw verhaal is bij de therapie. Wij nemen vandaag één uur de tijd om deze vragen te beantwoorden. Het gesprek zal worden opgenomen, zodat ik nu rustig kan luisteren en de antwoorden goed worden opgeslagen. Ga jij hiermee akkoord? Na afloop van het gesprek zal ik je nogmaals vragen of je akkoord gaat, en dan vraag ik je ook om je handtekening hiervoor te zetten."
"Heb jij nog vragen?"
"Laten we dan beginnen."

1. *"Wat is jouw verhaal? Hoe heb jij de levensverhaaltherapie ervaren?"*

   Het is belangrijk dat bij elk onderwerp adequaat wordt doorgevraagd om voldoende diepgang te bereiken

   -"Kun jij over X nog iets meer vertellen?" *-"Kun jij daar een voorbeeld van geven?"*

   -"Wat gebeurde er toen?" *-"Kun jij jouw verhaal bij X vertellen?"*

   -"Zijn er nog meer ervaringen met de therapie die bij je te binnen schieten?" *-"Kun jij een specifiek moment/les /gebeurtenis noemen?"*

   Als de deelnemer weinig onderwerpen vanuit zichzelf noemt, kan gebruik gemaakt worden van de onderstaande vragen.

   - *"Hoe was jouw ervaring met het werken in een groep?"*
   - *"Hoe was jouw ervaring met het opschrijven van verhalen?"*
   - *"Hoe was jouw ervaring met het beantwoorden van de vragen?"*
   - *"Hoe was jouw ervaring met de opdrachten die jij moest maken?"*
   - *"Hoe was jouw ervaring met het werken met jouw verleden?"*
   - *"Hoe was jouw ervaring met het werken met jouw hedendaagse leven?"*
   - *"Hoe was jouw ervaring met het werken met jouw toekomst?"*
   - *"Hoe was jouw ervaring met de begeleiding?"*

2. *"Waarbij heeft de levensverhaaltherapie jou geholpen?*

   Het is belangrijk dat bij elk onderwerp adequaat wordt doorgevraagd om voldoende diepgang te bereiken

   -"Kun jij over X nog iets meer vertellen?" *-"Kun jij er een voorbeeld van noemen?"*

   -"Waar merk jij dat aan?"

   Als de deelnemer weinig onderwerpen vanuit zichzelf noemt, of eenzijdig klachtvermindering dan wel welbevinden vermeerderingspunten noemt, kan gebruikt gemaakt worden van de onderstaande vragen die betrekking hebben op verwachte uitkomsten corresponderend met de vragenlijsten.

   -"Heeft de levensverhaaltherapie jou geholpen om jouw klachten te verminderen?"
   -"Heeft de levensverhaaltherapie jou geholpen om jouw welbevinden te verbeteren?"
   -"Heeft de levensverhaaltherapie jou geholpen om tevredener te zijn met jouw leven?"
   -"Heeft de levensverhaaltherapie jou geholpen om meer controle te hebben over wat jou overkomt?"
   -"Heeft de levensverhaaltherapie jou geholpen om meer zin te zien/ervaren in jouw leven?"

"Wat heeft jou bij de levensverhaaltherapie (het meest) geholpen?"

Het is belangrijk dat adequaat wordt doorgevraagd om voldoende diepgang te bereiken

-"Wat heb jij precies als hulp ervaren?"

-"Kun jij er een voorbeeld van noemen?"

-"Wat was er helpend aan?"

-"Hoe uit zich de verbetering in jouw dagelijks leven?"

"Wat heb jij bij de levensverhaaltherapie als (het meest) moeilijk ervaren?"

Het is belangrijk dat adequaat wordt doorgevraagd om voldoende diepgang te bereiken

-"Wat heb jij precies als moeilijk ervaren?"

-"Kun jij er een voorbeeld van noemen?"

-"Wat was er moeilijk aan?"

"Wat heb jij geleerd door de levensverhaaltherapie?"

Het is belangrijk dat adequaat wordt doorgevraagd om voldoende diepgang te bereiken

-"Hoe/Van welk onderdeel heb jij dat geleerd?"

-"Kun jij er een voorbeeld van noemen?"

-"Wat was er leerzaam aan?"

-"Hoe uit zich het geleerde in jouw dagelijks leven?"

3. *"Heb jij nog verbeterpunten voor de levensverhaaltherapie?*

Het is belangrijk dat bij elk onderwerp adequaat wordt doorgevraagd om voldoende diepgang te bereiken

-"Kun jij over X nog iets meer vertellen?"

-"Kun jij er een voorbeeld van noemen?"

-"Wat zou X precies verbeteren aan de levensverhaaltherapie?"

"We zijn nu klaar met het interview. Hoe heb jij het interview ervaren?"

"Heb je nog vragen over het interview of over het onderzoek?"

"Ga je akkoord met het gebruik van dit interview voor het onderzoek? Dan zou ik jou willen vragen om jouw handtekening op het toestemmingsformulier te zetten. Als je later bedenkt dat je toch niet wil dat het interview gebruikt wordt, mag je dit altijd aangeven."

"In naam van alle mensen die meegewerkt hebben aan dit onderzoek wil ik jou hartstikke bedanken voor jouw medewerking. Jouw ervaringen die jij aan mij vertelde zullen een grote hulp zijn om de therapie voor volgende patiënten beter te maken. Ik wens jou alle goeds voor jouw toekomst"

Appendix B

Within-case bottom-up analysis

Miraculous Epiphany (Saar)

Theme One: "I am who I became"

The first theme to emerge concerned the things which Saar has come to learn about herself. She introduced the theme as an answer to the question of how she experienced the life-story-treatment. She began her story with a notion of the transition from past to present, which is another recurring theme and will be discussed later in this study. Saar narrated how well the explanation about how the past influenced her fitted her. She told that her own introvert personality in combination with the inconsequent upbringings style of her parents led to conclusions over her present-day state. She underlined firmly how well she could recognize herself in that interpretation. The explanation she got during the sessions was like a miraculous fit for her. “The parts of the puzzle fitted simply together” and she recognized herself in the conclusions from the treatment session.

> *Zoals dat introverte wat ik was... of wat ik ben… en dat inconsequente op voeding met mijn ouders... nou, als je alles zo een beetje op een rijtje zet, komt er iets uit. Na, en dat vond ik zo passend bij mezelf. Dat vond ik zo... ja... gewoon... "Mij". En... en... echt... ja... dat, dat, dat paste gewoon ook. Ja het leek wel [alsof] de puzzelstukjes gewoon eeh... in elkaar pasten op dat moment. Dat ik echt zoiets had van: " Goh, ik zie [haar eigen naam] op het bord staan. " Weet je wel? Het is echt... ja... ik kan me zo niet voor de geest halen wat het allemaal was, maar als ik het zo opnoemde dan het ik echt zoiets van: "Goh... dat past echt bij me." Echt wonderlijk.*
>
> *Like that introvert that I was… or what I am… and that inconsequent upbringing of my parents… so, when you set all like that on a line, then there is an outcome. And that I thought to be so fitting for myself. I thought it simply ... yes... simply... "Myself". And... and... seriously... yes... that, that, that matched simply, too. Yes, it seemed [as if] the parts of the puzzle simply eeh... fitted together in that moment. I thought something like: "Oh man, I see [her own name] written on the blackboard." You know what I mean? It is seriously... yes... I cannot see it in my mind's eye what it all was, but while I enumerated it, I thought something like: "Man... that is really fitting for me". Really miraculous.*

On the question of what part of treatment she experienced as helping, she did answer partly that it helped her "to be, who she became" ("...om te worden... nee, om te zijn, wie je geworden bent"). A similar notation appeared later when Saar was asked, what was aiding with having that knowledge about herself.

> *Mmmh... ja... nou, dat daar een conclusie uitgetrokken is, zeg maar. En die conclusie daar ben ik heel blij mee. "Dat ik geworden ben..." of "Dat ik ben, wie ik geworden ben..." of... ja zoiets, zeg maar. Hehehe, ja.*

> *Mmmh... yes... well, that there a conclusion was drawn. And that conclusion, I am very satisfied with it. "That I became..." or "That I am, who I became..." or... yes, something like that. Hehehe,* yes.

Furthermore Saar told, that she not only came to know truths about herself, but also that these insights helped her to know how she has to live her life, how she must not live her life and how to cope with certain things to be more happy. She told further, that it is now clear to her how she functions, and how important this clarity is for her.

> *Oh ja, zeer zeker. Ik ben veel tevredener met mijn leven. Ik ben veel... ja, ik weet nauw hoe ik mijn leven moet leiden. Ik weet juist hoe ik mijn leven niet moet leiden. Ik weet juist hoe ik eeh... met bepaalde dingen om moet gaan. Ik weet hoe ik in elkaar zit en... ja, het is een stuk duidelijker allemaal, dus... ja... en duidelijkheid is voor mij gewoon heel goed. Ja, voor iedereen wel, maar voor mij in het bijzonder, omdat ik te groot duidelijkheid nodig heb. Nauw, en die heb ik met levensverhaal gehad. Absoluut. Ja.*
>
> *Oh yes, for sure. I am much happier with my life. I am much… yes, I now know exactly how I have to live. I know just how to live my life. I know just how I eeh… have to cope with some things. I know what I am about and… yes, it is partly more clear everything, so... yes… and clarity is simply very good for me. Yes, for everyone well, but especially for me, because I need to much clearity. Well, and that I have had with life-story. Absolutely. Yes.*

Saar has not only learned something about herself, which let her accept who she became, she was amazed and noted also that the "parts of the puzzle" simply fitted together. Saar remained vague in her notations, which made them difficult to be interpreted. One way to interpret the remark about “being who one became” could be to say that Saar did understood through the treatment how she became who she was, and through that understanding she accepted that. This acceptance could have facilitated the insight of the need to calibrate her and life and behavior, which will be discussed later (see theme three). To summarize this theme one could say that Saar first did understand how she came to be, which helped her accepting who she is now and eventually helped her build her new life. It seemed clear that the conclusions from the treatment left a big impression on her and the consequence seemed to be more acceptance for her present state.

Theme two: “To unravel the whole past again”

The second theme to emerge from the narrative concerned the difficulty and the resistance of Saar to let the hurtful and traumatic memories emerge into consciousness. She contrasted this first impression directly with her more positive attitude she gained later, when she came to terms with the treatment

and learned the value of reprocessing negative memories. Although her negative remarks over the remembrance were mostly found during the beginning of the interview, the more positive attitude and the notations of the gain were expressed throughout the whole narrative. In the beginning of the treatment, she thought the therapy to be very confronting. If nothing else, because she had spend a lot of time trying to forget these events and someone else now persuaded her to remember all this hurtful things again. The process of remembering threw her back into her memories thought forgotten, which led, according to Saar, also to flashbacks. This narration is again contrasted with the more positive perspective that came later during the process. She describes the conflict between the resistance, that she did not want to write anything down concerning the hurtful memories, and her slowly emerging insight that it can be beneficial to speak about hurtful memories. In this context, especially the writing down of the past life stories were difficult for Saar. The past was something she tried to forget.

> *Nou, dat vond ik op zich wel moeilijk. Eeehm... ja ook vooral omdat wij weer in het verleden waren. Om dan je hele verleden weer op te rakelen. Dat vond ik vrij moeilijk. Maar, hoe meer we in het heden kwamen, hoe makkelijke ik het vond, zeg maar. eeh... ik ben wel een schrijver, dus ik eeh... eh.. vindt het wel meevallen. Maar, qua gevoel en qua emotie eeh... vind ik dat zwaarder dan eeh... zo een hedentoestand, zeg maar.*
>
> *Well, I thought it was actually difficult. Eeehm... yes, also especially because we were again in the past. To unravel the whole past again. That, I thought was hard. But, the more we arrived in the present day, the easier I thought it was. eeh... I am quite a writer, so I eeh... eh... I thought it not that difficult [to write]. But, concerning feelings and concerning emotion eeh... I thought it more difficult than eeh... such a present day state.*

The narrative changed and she told how she ceased to have certain negative thoughts, concerning the treatment. It narrated how it became easier for Saar to write about her stories the more the treatment arrived thematically in the present day. A changing point for Saar, which made a big impression unto her, was the metaphorical ritual which symbolized the transition between past and present. As mentioned earlier, participant utilized two boxes; one which they filled with notes about positive memories, and one which they filled with notes about negative memories. Accordingly, participants had to decide what they wanted to do with the boxes. Saar made the decision to hold onto her box with the positive memories and to burn the box with the negative memories.

> *mmm... nou vooral toen wij met die doosjes bezig waren. Toen ik eigenlijk het verleden kon afsluiten. Dat ik de briefjes verband heb, zeg maar. Dat ik toen echt zoiets had van eeh...: "Oke jongens, nou dat was het verleden..." [...] ...Ja, en mijn droom was toen al eigenlijk, om het verleden achter me te laten, om het te verbranden, zeg maar. Dus dat kwam hartstikke mooi uit. Dus ik heb gezegd eh tegen jou van eeh... huppekee! De boel verbranden. en eeh... dat voelde echt als een eeh... als een bevrijding. Echt dat eh op dat moment dat het vuur*

aan ging, daar had ik echt zoiets van: "Nou, daar warrelt het echt de lucht in en eh hup uit mijn hoofd en eh... ja... ja... vond ik echt heel fijn, ja.

mmm... well, especially when we engaged with the boxes. Then, I was actually able to close the past. That I have burned the notes. Then thought something like eeh...: "Okay boys, that was the past..." [...] ...Yes, my dream was then actually, to leave the past behind me, to burn it. So, that worked out pretty well. So, have told you to eeh... pronto! Burn the pile and eeh... that felt really like eeh... like a relief. Really, that eh... in this moment the fire began to burn, then I thought something like: " So, there it swirls into the air and eh... hop out of my head and eh... yes... yes... thought it was really nice, yes.

She told that, in contrast to before the treatment, she would not panic anymore whenever she saw someone with a child on the streets, would not change the channel compulsively whenever a rape was the subject on television and was a lot more relaxed whenever she visited her family where children were present.

Ja, zeker! Eeh... ik heb eeh... minder eeh... last van posttraumatische stressstoornis. Dat absoluut. Ik raak niet meer in paniek als iemand met een kind zie. Ik eeh... kan tegen eeh... televisieprogramma's met verkrachtingen. Ik kijk daar natuurlijk niet graag naar, maar als het daar op is, zap ik het niet weg. Eeeh... Ja... ik ga een stuk ontspannender eeh... naar mijn familie toe. Eehm... omdat daar ook neven en nichten zijn, die kinderen hebben. Ja, het doet me minder... dus... ja, zeker. Ja.

Yes, for sure! Eeh… I have eeh… less eeh… problems of my posttraumatic-stress-disorder. Absolutely. I do not panic anymore whenever I see someone with a child. I eeh… can stand eeh… television-programs with rape. Of course, I do not like to watch it, but when it is on, I do not zap away. Eeeh… Yes… I go a little more relaxed eeh… to my family. Eehm… because there are also nephews and nieces, that have children. Yes, I strikes me less… so… yes, for sure. Yes.

For Saar, the treatment was the initiation to a transformation. It closed something for her, which always stayed present as a background noise during her life. Before the treatment she had always great problems facing triggers that remembered her of her traumatic negative past memories (see also above). The narrative about pain of remembering changed into a story about the understanding, that engaging negative memories could indeed be useful and that this engagement helped her coping with these memories. Instrumental for this closure seemed the ritual for Saar. Accordingly, through the closure, she felt that the past had not the same power over her life anymore. For Saar, the symptoms of her posttraumatic-stress-disorder were relieved to a certain extent and this relief was attributed to the closure of the past, which was achieved by the life-story-treatment. It helped her to not to stay stuck in the past, and going on with her life (see the following theme).

Theme three: “What are my points of attention?”

This theme was introduced quite early in the interview, in consequence to the "Unravel the whole past again". Saar told that, after the ritual closure of her past, she could go further with her present day life and future plans. In addition, she described how she tries to pick up her life as good as possible and how the life-treatment-book helped her with this objective.

> *Eeh... nauw door meer naar het heden te kijken... naar de toekomst. Vooral de toekomst, want ik woon nu sinds kort bij [zorgbedrijf] en... ja, het is toch een nieuw leven en ik probeer dit leven zo goed mogelijk op te pakken en eeh... ja wel met behulp van het levensverhaal boek daarbij. Ook dat ik kan kijken van: " Nauw, hoe ben ik? eeh... wat is er allemaal uitgekomen? Wat zijn mijn aandachtspunten? Waar... waar... ja, wat kan nog verbeteerd worden? Nou ja, en daar ben ik zo eeh... met mijn begeleider en eeh... daar ben ik wel mee bezig, ja.*
>
> *Eeh... through looking more to the present day... to the future. Especially the future, because I live now lately in [care institution] and... yes, it is a new life and I try to pick up this life as good as possible and eeh... yes, well with aid from the life-story-book in doing so. Also so that I can look up like: "So, who am I? eeh... what came all in all out? What are my points of attention? Where, where... yes, what could be better? Well, and thereby I eeh... with my attendant and eeh... with this I am occupied, yes.*

What Saar helped were the conclusions that were written down inside the book; the points on which she had to pay attention and the things in her life that could be better. She told further, how she used the book as a manual to built her new life as prosperous as possible. She paid special attention to her social life. This included the feedback she got during the treatment concerning her behavior towards others. Furthermore, she told us that she tried to acknowledge the negative sides of her behavior, tried to cope with them and eventually adapted to the expectations of the people in her environment.

> *Jaaa... toch eeh... ja... die dingen die daar uitgekomen zijn, uit het levensverhaal, die pas ik hier toe, zeg maar. Dat eeh... en het heeft ook heel veel eeh... voor mijn sociale leven heeft het heel veel eeh... [...] Dat ik zoiets had van: "Goh, ja maar, hun ervaren mij al zo, dus daar moet ik wel voor oppassen, dat ik niet zo doe, zeg maar." Heh, dus daar pas ik me dan ook heel erg op aan, en vooral nu ook met mijn werk van:"Goh, hoe maak je nieuwe contacten? En ja, hoe... oh ja even kijken naar de punten en... weet je wel? Dat... dat het wel van een laaie dakje gaat natuurlijk." Ja. Ja.*
>
> *Yes... after all eeh... yes... the things that came out, from the life-story, I apply them. That eeh.. and it has also very much... eeh... for my social life has it very much eeh... [...] That I thought something like: "Man, yes but, they experience me this way, thus with this I must pay attention, that I do not act that way." Heh, thus I adapt a lot according to this and especially on my workings place, like: " So, how do you make new contacts? And yes, how... oh yes just look unto the notes and... you know what I mean?*

Furthermore Saar told, how she is now much more consciously about herself and her behavior towards other people. She quoted again and again the points of attention that played a role during the sessions of the treatment and which were especially important to her.

Veel bewuster! Ik ben me veel bewuster bezig met dingen. Zoals ik net het voorbeeld al gaf van het werk. Ja, daar ga je toch met mensen om, en je bent er veel bewuster met bezig van: " Hoe ga je met die mensen om?" en ja, "Wat voor een kritiek heb ik gehad? Of "Wat voor een opbouw in de kritiek heb ik gehad?" "Wat zijn mijn positieve kanten?" "Wat zijn ook mijn mindere kanten?" en ja... "Hoe kan ik me daarop aanpassen?" eeh... de aandachtspuntjes... ^ eeh... die eeh... gegeven zijn in het levensverhaal boek. Eeh... ja, "Hoe pas je die toe?" Veel bewuster. Absoluut.

Much more consciously! I am much more consciously engaged in things. Like with the example I just gave about the work. Yes, there, after all, you interact with people, and you are much more consciously engaged in things like: "How do you interact with this people?" And yes, "What for critic did you got?" Or, "What for a structure did I got with the critic?" "What are my positive sides?" "What are also my lesser sides?" And yes... "How can I adapt to that?" Eeh... the noteworthy points... eeh... that eeh... are given in the life-story-book. Eeh... yes, "How do you implement them?" Much more consciously. Absolutely.

The treatment has helped Saar to look more into the present and the future. To built her new life and cope with daily problems she used the points of attention throughout the life-story-book. Not only did she use her treatment-book like a manual, but she seemed to became also more conscious about herself and her influence on her interactions with other people. She had the impression that by this behavior she could pick up her life as good as possible.

Theme four: “I would gladly wanted to be more emotional”

This theme is about how Saar experienced the group of peers during the treatment. It emerged after Saar introduced the first theme of "I am who I became". After Saar was asked whether she could recall a specific situation, where she had the feeling that the learned something about herself, she started a narration about the rest of the group as bothersome factor.

Ik had het misschien iets persoonlijker gewild. Iets eehm... Ja, het is toch wel een heel gevoelig onderwerp, heh? Je bent toch met je... met je opvoeding, met je hoe je bent. Het intiemste van het intiemste eigenlijk. En dat vond ik eigenlijk van: " Goh, ja dan wordt het heel... ja, in de klas gezegd., zeg maar." en ja, dan kun je eigenlijk niet goed uiten zoals je graag zou willen uiten, zeg maar. Ik had... ik had... ik had bestwel nog emotioneler willen zijn, zeg maar. Dat het.. Dat het me nog meer aangreep, zeg maar. Dat... dat vond ik wel een nadeel van in de... in de... in de groep, zeg maar. In de klas. Dat vond ik wel een nadeel. ja

I may would have wanted it to be more personal. Some more eehm... Yes, it is just a very sensitive subject, heh? You are busy with your.. with your upbringing, with who you are. The most intimate of the intimate more or less. And that I thought was simply like: "Gosh, yes then it is very... yes, said in class." and yes, then you are not really able to express yourself, like you would want to express yourself. I had... I had... I would gladly wanted to be more emotional. That it... that it [would] affect me even more. That... that I thought to be a disadvantage of [being] inside... inside... inside the group. Inside class. That I thought to be a disadvantage. Yes.

Saar wanted to be more emotional during the treatment, but because the presence of the group, it was not possible for her. She told that that it was good to have a group, but she does not extent on that or told any reasons why she thought so. Instead Saar digressed to her narrative of the disruption that the group was. On the question of what would be better if the life-treatment was more personal, she answered vaguely that she would have understood it more (denk dat het dan iets meer... nog meer aangekomen was. Denk ik" [...] "Nou, eeehm... iets meer bij me binnen gekomen., zeg maar. Zoiets bedoel ik. Ja."). The theme emerged again at the end of the interview, as Saar was asked whether she had feedback to enhance the treatment. This was when she told that she did not like to show her fragile side in front of the other patients and that is why she was unable to show her emotions or tell about certain hurtful memories in front of the other participants.

> *Nou... je kunt daar je emotie niet zo veel kwijt. Vindt ik dan heh. Andere laten dan misschien wel hun tranen zien, dat weet ik niet, maar eeh... ik kon gewoon mijn emotie niet zo veel kwijt als... ja, dat ik misschien soms weleens graag gewild zou hebben.*
>
> *Well... you are not so much able to express your emotions. I think then, heh. Other maybe show their perhaps their tears, that I do not know, but eeh... I was just not that much able to express my emotions like... yes, like I perhaps sometimes gladly wanted to.*

This fragility did not only concern negative emotions for her, but did also include positive emotions like being proud of what she has accomplished or crying out of joy. Saar advised to deliberate in the future treatments beforehand, who is put with whom inside a treatment group and to keep the group calm.

> *Eehm... Vooral in een groep, zou ik willen zeggen van: "Kijk goed wie je bij elkaar doet en hou het vooral rustig, in de groep." Want, ik vond het een gigantisch zooitje. Ik vond het een ongelofelijke groep. Eeehm... het was net een kippenhok.*
>
> *Eehm... Foremost in a group, I would like to say that: "Deliberate wisely whom you put by whom and keep it primarily calm, inside the group." Because, in my opinion, it was a gigantic chaos. I thought it to be an unbelievable group. Eehm... it was like a bunch of chicken.*

Saar explained that she has already problems with her ability to pay attention and that the chaotic group of which she was a part of, did her no favor in following the treatment. In the end she underlined again to check who is put with whom into a group and advised furthermore, to conduct the treatment in smaller groups of individually.

I seemed that Saar felt not at ease within the group. She described them as a "bunch of chicken", was not able to express her emotions inside the group and underlined repeatedly that it was

not evaluated firmly how to assemble the group. It would seem that Saar felt neither save inside the group nor closely connected to them. Furthermore did she have the impression that her concentration had suffered under chaotic circumstance of the group. She seemed vaguely sure that the treatment could have accomplished more with another, smaller group of individually.

Theme five: *"Gosh, what does it mean?"*

The last theme to emerge was about the complexity of certain words that are used in the life-story book. For the first time the theme emerged, when Saar was asked what she thought about the trainers who supervised the treatment. She contrasted the narrative of the difficulty directly with the aid she got from the therapists who gave the treatment.

> *Eehm... nou.. zeg maar... voornamelijk ... eehm... verstandelijke kant, zeg maar. Als ik iets niet begreep, want daar waren... ja daar waren bestwel moeilijke woorden en eeh... nauw, dat werd mij het uitgelegd, van: "Wat bedoel je daarmee?" en ja dan, werd het uitgelegd, zeg maar. Dus eeh... ja. Dat vond ik wel fijn. En vooral dat inconsequent. Ja, wat is dat dan? En introvert, ja wat is dat dan? Dan werd het helemaal uitgelegd en een heel verhaaltje vooraf en... ja, dat vond ik wel bijzonder. Ja, ja, zeker.*
>
> *Eehm... well... foremost... eehm... intellectual side... When I did not understand something, because there were... yes there were quite difficult words and eeh... well, that was explained to me, like: "What do you mean by that?" And yes then, it got explained. S0 eeh... yes. I thought that was nice. And especially that inconsequent. Yes, what is it then? En introvert. Yes, what is that then? Then it got completely explained and a whole story before that... yes, I thought that to be special. Yes, yes, for sure.*

The same theme came back in the end, when Saar was asked to give feedback to enhance the treatment. Saar concluded this theme with the notion that, although the difficult words had been explained, whether there was a question about them, it would have been preferable to adjust the complexity of the words until the next treatment. Another option according to Saar would be, to just be aware of the complexity of some words and to explain them before somebody has to ask.

> *Sommige woorden zou iets makkelijker kunnen verwoord worden en misschien dat het ook direct uitgelegd kan worden, zonder dat we hoeven te vragen van: "Goh, wat betekend het?"*
>
> *Some words could have been expressed a bit easier and maybe, that it could be explained directly, without us having to ask, like: "Gosh, what does it mean?"*

The expressed contrasting notion could mean that Saar did not want to leave the impression that she was not content with the therapists. After all, the interviewer was also co-therapist during the

treatment. This could be a consequence of participant reactivity and will be discussed later (see discussion).

Redemption through endurance (Sophie)

Theme One: “It was again crying, crying, crying...”

The theme concerning the mourning and the tears that Sophie endured during the treatment is introduced as answer on the very first question of how she experienced the life-story-treatment. She noted that although she is pleased with how everything worked out, it very difficult for her to endure.

> *Hehe... oh... ik heb de levensverhaal... heb ik eeh... ja, eigenlijk eeh... ja, hoe moet ik dat nu zeggen? Ik vond het goed. Ik had het zelf natuurlijk hartstikke, hartstikke moeilijk. Maar toch door al de moeilijke eeh... "dingen", ben ik toch hier wat veranderd en verbeterd. Dus, eeh... ja.*
>
> *Hehe... oh... I have the life-story... I have eeh... yes, actually eeh... yes, how am I supposed to say it? I thought of it as good. I had, of course, a very, very hard time. But, after all, through all the difficult eeh... "things", I have, after all, changed and got better. So, eeh... yes.*

The difficulties and the pain that Sophie endured during the treatment, were constantly put into contrast with both, the positive outcomes that eventually emerged and the story of her getting assistance from the caretakers of her clinical ward. She told us, that she was not only confronted by her own awful memories, but also the stories of the other participant of the group.

> *Ja, door andere mensen zijn problemen, raakte mij dat ook heel vaak... en dus dan ben je weer verdrietig en dan eeh... ja, was het weer huilen, huilen, huilen...*
>
> *Yes, through other people's problems, I was also quite often touched... and so you are sad again and then eeh... yes, was it again crying, crying, crying...*

Again, and again she described herself in terms of "I was very badly" (ik was hartstikke slecht). She participated little and cried almost every session. She went more than once in discussion with the therapist and attempted several times to end the treatment.

> *ik jankte al elke keer, ik kwam huilend binnen, ik ging huilend weg. En eehm... omdat er weer wat nieuws bij kwam. Dus eh... ja.*
>
> *I wailed already every time. It arrived crying, I left crying. And eehm... because there was again something new. So eh... yes.*

Although it was difficult, she told that it helped her “being dragged” through the treatment and that she, although there was much pain, she did eventually talk about her life-story. Especially the caretakers were described as aid during these difficult times. Sophie narrated further with a smile on

her face, how she came more than once into verbal conflict with the caretakers, because they insisted that she continued with the treatment. At the conclusion of the interview she eventually appreciated the persistence of the caretakers. She noted that, the badly she was off before the treatment, the better she was off after the treatment. The narrative about the experienced pain is concluded in a turning point. The negative emotions and aversion against the treatment lasted, according to Sophie, only until the last two or three sessions. She enjoyed going to the treatment session when the group began to work with the future goals and wishes.

> *Dan ging ik daar met goede zin heen en was ik niet verdrietig. Ik kon daar tegen. Het was afgelopen... afgesloten en eeh... het eeh... ja, de jeugdproblemen. Ik ik merk nauw ook, ik heb daar totaal geen last van.*
>
> *Then, I went there in a good mood and I was not sad. I was able to cope. It has expired... concluded and eeh... it eeh... yes the youth problems. I... I realize now also, that I have totally no trouble thereof.*

This On the one hand, she showed through her story, how it has paid to endure all the pain and gain redemption. On the other hand, she emphasized the need of assistance she had, while being confronted with her memories.

Theme two: “I missed simply a talk afterwards”

The theme first emerged when Sophie lamented over the parts of her story that are not discussed during the group session, but which had nonetheless impact upon her. In her opinion, there was not always time and space to discuss all the things that needed to be discussed, "Things that were no yet processed" *("...om het even een plaatsje te geven"*). Additionally she told about her wish of a discussion with someone, besides the group sessions.

> *Eeh.. ja, nauw... ik eeh... ik vond gewoon eeh... ja, ik miste eigenlijk een praatje daarna. Eerst eeh... het boek, en daar alles opgeschreven en dan miste ik toch dat stukje van, ja... even daarover praten.*
>
> *Eeh... yes, so... I eeh... I thought of it simply eeh... yes, I missed simply a talk afterwards. First eeh... the book, en and then [is] everything written down and then I missed, after all, a part like, yes... just talking about that.*

This talk afterwards, she did get from the caretakers of her clinical ward. With them, she prepared also her homework for the treatment. She narrated further, that this is something she needed to process what was written down in the life-story-book.

Dus eeh... en daar was het [verpleegkundige] daar had ik het levensverhaal met. [Verpleegkundige] was altijd op tijd bij. Die had ook gewoon in de gaten dat mij wat mankeerde en... dus, op de stoel en praten, dan trap het weer bij. Ja, zo werkt dat

So eeh... and there it was [caretaker] with her I had the treatment. [Caretaker] was always timely there. She saw simply that something aggrieved me and... so, on the chair and talking, then will it be well. Yes, that's how it works.

Furthermore, she narrated how it was a melee for her. She had the treatment or wrote something down and the negative emotions emerged. Accordingly, through the talk with caretakers about the things that emulated the grief, she recovered. At least until the following trigger emerged. With a smile she described, that it was also a melee in her relationship to the caretakers. On the one day the caretaker and Sophie completed each other while working on the life-story-book, on the other day Sophie despised the caretaker, because she insisted that Sophie continued with her treatment. As described earlier, this is something Sophie is today grateful for. Although, she seemed satisfied with her sessions with the caretakers, when asked about constructive feedback, her wish for individual sessions with a therapist remerged. However, when asked what a therapist could have done any different than the caretakers, Sophie answers became vague. She alternated between notions that the caretakers did their job very well and that she nonetheless would have benefited from discussions with a therapist. The narration of this theme is concluded by the notion that some things did not get evaluated and that there was sometimes a tension that was not diffused. In the mind of Sophie, this diffusion could have been done by a therapist during individual sessions after the treatment sessions.

Ik denk dat je eeh... op dat moment, meeste tijd dat het niet even geëvalueerd wordt, of hoe je het ook noemen wil Dat eeh... even dat stukje spanning wat daar zit even daaruit halen. Dat eeh... dat is het eigenlijk.

In my opinion eeh... during that moment, most of the time, that it is not just evaluated, or however you want to call it. That eeh... just that the tension part, that there is, get diffused. That eeh... that is it actually.

This theme was about the need of Sophie to get assistance while coping with strong negative emotions, besides the group. This theme was twofold. On the one hand the theme was about the unfulfilled wish of Sophie to have individual sessions with a therapist besides the group sessions, on the other hand it is about the assistance Sophie got from the caretakers of her clinical ward, which she valued strongly.

Theme three: “I live again”

This narrative emerged vaguely at the beginning of the interview, when Sophie contrasted the narrative of how difficult the treatment was, with the notion that she changed and became "better". She proceeded this narrative with the explanation that she has become more loose and talked more than before. Furthermore, she did also mention the metaphorical ritual of closing the past. Like the other participant, she did burn her box of bad memories. She described this experience as a relief and a catalyst for her emotions to remerge. According to her, her feelings were blockaded through the tension, which the treatment did relief.

> *Ja. zeker weten. ja, daar heeft het levensverhaal heel veel mee te maken, dat ik mij gelukkig voel en mijn gevoelens knapten open en door al die spanningen, wat vast zat allemaal. Nauw, dat wordt allemaal weer los, zeg maar.*
>
> *Yes, I am sure. Yes, the life-story-treatment has much to do with it, that I feel happy and that my emotions remerged and through all the tension, which was blockaded entirely. So, that becomes all loose again.*

As a consequence she could talk about her emotions and was more stable than before. She told us later that she has always had the problem to stand her ground and to make problems addressable. For her, the life-story-treatment helped her to be strong and confident and talk about things that weight upon her shoulders. This meant also that she could openly show, who she really was. She narrated further, that in her family of origin, she was never allowed to say openly what she thought. She suppressed her point of view even to such an extent, that she began to ask herself the question of "who she was". The life story treatment helped her to find her own voice again and tell her family members openly what she thought about them.

> *...gewoon die kracht geven, toch te zeggen van: " Ik ben het met jouw niet eens. Kijk maar wat je doet." Ja. Dat waagde ik eerder nooit.*
>
> *...simply giving the power, to say after all something like:" I do not share your opinion. Look out what you are doing." Yes. I never dared that earlier.*

Another subtheme to emerge, are the future plans of Sophie. As for now, Sophie had not entirely recovered, but she has already had a perspective what she wanted to do when she was allowed to go home. Her appetite for life had remerged and she was looking forward to reengage the things in life that were important to her. Furthermore she told us, that she was less anxious and did function better than before. What helped that patient most, irrespective of the pain it caused, was the analyzing and

conversing about the past. This made it possible for her to speak now about her past, without all this pain, that was unbearable before. Now, she wanted to encourage other patients to endure the pain of the life story treatment.

> *Dat verbetert eeh... soms nog in het dagelijkse leven. Ja, dan praat je met die en dan met die en ook mensen die het moeilijk hebben met levensverhaal. Moede inpraten. "Ga dat doen! Ga dat doen! Maak dat af!" Ja daar steun ik ze erg als ik dat kan. Hoe verdrietig dat ook is ik zei: "Ik heb ook hier vier maanden [niet te verstaan], ook niet voor de lol." En nauw hier ja, nauw ben ik helemaal veranderd. Dat gevoel dat ik weer terug had gekregen. Ik leef weer. Ik eh... ja. Ja.*
>
> *It improves... now also in the daily life. Yes, then you are talking these and then with them and also with people who experience the life-story-treatment as difficult. Bolster them up. "Do it! Do it! Complete it!" Yes, I encourage them with that, if I can. How sad it is, I said: "I have also four months [not to understand], also not for fun." And now here yes, now I have changed entirely, The feelings that I got back. I live again. I eh... yes. Yes.*

According to the opinion of Sophie, a lot of different positive outcomes were connected to the life-story-treatment. Although, none of these subthemes seemed elaborated or significant enough to carry an entire theme upon themselves.

Theme four: “Gregariousness without connection”

The narrative about the group is twofold. On the one hand, the group was problematic for Sophie, because there was not enough talk about the life stories among the group. One the other hand Sophie really liked the gregarious atmosphere of the group and thought it to facilitate the healing process. According to Sophie, the reason why the group did not talk that much among themselves was the absence of a meaningful connection among them.

> *Oh, in het levensverhaal. Met de groep, ja. De groep zelf, daar kwam wel van iedereen wat uit. Sommige vertelden wat, sommige niet. En eeh... ja. Ja. Met de groep, ja. Eigenlijk zat er geen band in met de groep. Geen band in, nee. Het was allemaal individueel hoofdzakelijk. Ieder voor zijn eigens en dan nog zo een verhaal en dan had ik, was ook de afspraak met [behandelaar] om nog te praten, maar dan had ze geen tijd. Staat er ook allemaal in. Ja dat eh... Dat is iets wat ik wel heb gemist, ja.*
>
> *Oh, with the life-story-treatment. With the group, yes. The group self, surely, everyone expressed something. Some told something, some did not. And eeh... yes. Yes. With the group, yes. Actually, there was no connection inside the group. No connection, no. It was all, more or less, individually. Everyone for themselves and then again such a story and then I had, what was also agreed upon with [therapist], to talk after all, but then she had no time to spare. It all is written down inside. Yes, that eh... That is something that I have missed indeed, yes.*

This absence of a connection among the peers and the resulting lack of interaction could then be interpreted as one of the main reasons for Sophie’s wished to have assistance besides the group

sessions. On the other side, Sophie was really fond of the atmosphere inside the group. She described a scene with another younger peer, about which she had to laugh a lot. She told further that there was often a gregarious atmosphere to the sessions, which was not annoying or disruptive to the treatment, but aiding.

Going for it! 100% (Lisa)

Theme One: "A fine group"

The most present theme to emerge during the whole interview, was the theme about the ties within the group. It was mainly a positive theme about the strong connection Lisa experienced between the members of the group. This theme was twofold. On the one hand it was about the satisfaction Lisa experienced with the whimsical (gezellige) atmosphere inside the group as a whole. On the other hand, this theme was about the strong bond that formed between Lisa and her peer. It is about apprehension that she got from her peer and the good example that the peer gave to her. The other way around, Lisa explained how she felt also a lot of empathy for her peer in return. She described a situation where in her peer was very sad and she wanted to put her arm around him, but could not do so because of her aversion from touching males. That situation burdened her. Although, small fractions of this theme emerged earlier, the true narration about her feelings concerning the group began as a reaction to the question of how she liked working inside the group. She began with her description of how the expressive behavior of her peer was the inducement for her to also begin with talking and to share what she had written down in her book with the group. Even though there were still things she did not want to share openly, she learned something and made progress in this regard.

> *ja… heel goed, heel goed. Ja, want eerst zei… eerst… een portie liet ik niets zien van mijn [levensverhaalboek] en toen later ben ik ook begonnen met eeh… want [groepsgenoot], die begon gelijk te praten en op laatst ben ik ook gaan praten maar over de [levensverhaalboek] en zo. Alleen sommige dingen, als het echt over nare gedachten ging of zo, dan liet ik het alleen aan [behandelaar] zien, want dit vind ik niet echt iets... of iets over mijn… over mijn verleden... dan liet ik het gewoon aan [behandelaar] zien. En eeh… ja.. ik heb eigenlijk van [groepsgenoot] wel een beetje geleerd om eeh… eeh… ja, hard op te praten daarover… ja. Ja, dat was heel leuk, ja. Ja, dat heb ik wel ontdekt. Ja.*
>
> *Yes... very good, very good. Yes, because firstly I said... at first... for some time I did not exhibit anything from my [life-story-book]and then later, I also began with eeh... because [peer], he began immediately to talk and in the end, I also began to talk about the [life-story-book] and so. Just some things, when I was about strange thoughts or something like that, then I let it only be seen to the [therapist], because I think that is really not something... or something about myself... about my past...then I showed it simply to [therapist]. And eeh...*

yes... I have, more or less, learned a little bit from [peer] to eeh... eeh... yes, to speak openly about it... yes. Yes, that was really nice, yes. Yes, that I have , no doubt, discovered. Yes.

Furthermore, Lisa elaborated on the collaboration inside the group which she experienced as really nice. One further reason for that was acknowledged briefly, when Lisa told that she could not have done this treatment within a bigger group. For Lisa the small group of two partakers and two therapists were exactly the right amount of people. In addition, Lisa noted the whimsical (gezellige) atmosphere that was mostly generated through the therapists. More than once, Lisa told about how much she liked it that almost every session began with a cup of coffee and how she missed it, when it did not happen. The whimsical atmosphere seemed also able to reduce the stress of Lisa, while talking about sensitive topics.

Maar jij was altijd iemand van eeh… [espresso met chocolat] of... ja koffie, maar ja wist al dat wij [espresso met chocolat] dronken. Dus eeh… dat eeh… ja. En ook van: "Een stukje gemakkelijk". Gewoon je drinkt en dan praat je en soms heb je niet eens in de gaten wat je zegt, snap je? En dan deel je toch dingen met elkaar terwijl jezelf het niet eens in de gaten hebt.

But you was always about the [espresso with chocolate] or... yes coffee, but you did already know that we would drink [espresso with chocolate]. Thus eeh... that eeh... yes. And also like: "A bit easier". Simply, you are drinking and then you are talking and sometimes you do not notice what you are talking about, you know? And then you are sharing things with each other, without noticing it.

She also told with pleasure on two occasions how happy she was to get an unexpected compliment from her peer. She felt accepted and appreciated inside the group and accepted and appreciated the group in return.

Maar zo als met [groepsgenoot] ging het heel goed. Ja, ja, en ook als [groepsgenoot] verdrietig was, accepteerde hij… accepteerde ik hem en soms zag ik dat ook. Dat doet wel pijn van binnen, maar hij gaf op plaats ook nog aan hele goede opmerking van dat ik toch een doorzetter was, terwijl ik toch soms emotioneel was of zo… of ja weet ik veel… zoiets, dus ja… We hebben echt… we hebben met ze vieren een fijne groep gehad…

But like with [peer] was it very good. Yes, yes, and also when [peer] was sad, he accepted... I accepted him and I saw that sometimes, too. That hurts from the inside, but recently, he gave a very good comment, that I was someone who persists, after all, even if I was sometime so emotional or something like that... or I don't know... something like that, so yes... We had really... with the four of us, we have had a fine group...

Theme two: "I can see a future now"

The second most present theme could also be described as the main positive outcome of the treatment for Lisa. The theme emerged for the first time after Lisa was asked for the second time how she

experienced the life-story-treatment as a whole. After short remarks of uncertainty, whether the effect was due to life-story-treatment or trauma-therapy, she narrated that she had, for the first time in her life, a future in her minds-eye.

> *Maar ik heb nu ieder geval wel voor het eerst in mijn leven een toekomst in mijn hoofd, die ik bereiken wil en waar ik ook hardop ga aan werken. En die heb ik eeh... bereikt. En ik heb zeker... ik zie nauw zeker toekomst.*
>
> *But I have now, nonetheless, for the first time in my life a future in my minds-eye, which I want to achieve and for which I will work hard. And that I have eeh... achieved. And I have surely... I see now a future.*

Lisa described accordingly a past in which she transferred from one institution for people with an intellectual disability to the next, and never felt quit understood by her parents concerning that matter. According to her, it was never important what she wanted or needed. Almost her whole life, she had one on one attendance, which she did not wanted anymore. In the future she pictured, that she would be able to live a life without twenty-four-hour attendance, in a flat with a group of likeminded girls, and would be free from the oppressive influence of her mother.

> *...maar ik heb altijd eeh… veel één op één begeleiding gehad, 24 uurs. Ik wil zo meteen later bereiken... en ik krijg van [psychiater] ook de tijd om dan aan mezelf te werken en ik wil zo meteen graag met een paar gezellige meiden in een huisje die niet... geen boderlijns of zo die snijden of... Want ik wil hierna ook beter ter weg gaan. Maar dat wij gewoon... met ambulante begeleiding... alleen de hulp hebben voor gespreken en zo... daar wil ik gewoon mee verder... maar dan gewoon met een clubje leuke meiden stuk of vier, vijf, zes of zo... gewoon lekker en s'avonds gewoon lekker gezellig kunnen doen. Ook TV aan en gewoon... dat ik mijn eigen kledingsstijl kan dragen en niet meer dat mijn moeder alles beslist, maar dat ik ook zelf dingen mag beslissen... hoe ik daaruit wil zien.*
>
> *...but I have had always eeh... a lot of one on one attendance, 24 hours. Shortly, I want to achieve... and I also get from [psychiatrist] the time to work on myself and shortly, I want to [move] into a flat with a number of nice girls, that are not... no borderline's or ones that cut themselves... because, I want later also be better when I going my way. But, that we simply... with ambulant attendance... just having the aid for talking of something like that... that is how I want to go further... but then with a club of nice girls, counting four, five, six or something like that... simply nice and to have it simply nice and cozy in the evening. Also with television on and simply... that I can wear my own dress style and not that my mother decides everything anymore, but that I may also decide things on my own... how I want to look like.*

What was, according to Lisa, still working against her, was the fact that she was still underestimated by her parents and others. She acknowledged that it was, and would be, hard work to make her future come true. For such a long time she was "locked-up" and depending on the decisions of others. Now she wanted to take her fate in her own hands and wanted to give "100-procent" to achieve it.

> *Nou, omdat ik een toekomstplan in mijn hoofd heb: Gewoon met een paar meiden in een huis en zo. Het kan later ook anders worden, dat ik eeh… maar ik wil zeker geen 24 uurs meer. En*

ik weet, ik heb tegen de "instellingen mensen" gezegd, tegen begeleiding en zo en tegen mijn ouders ook: "Ik kan veel meer dan wat jullie denken." En ze hebben nooit naar mij geluisterd en het is de eerste instelling waar ze wel naar me luisteren. Want ik kan veel meer dan mensen verwachten. Alleen nu moet ik het zelf opbouwen, snap je? Want dat alleen lopen en zo, dat vindt ik nou vreselijk eng. Maar ik kon dat eerder wel gewoon, maar omdat ik zo lang opgesloten ben geweest en zo… ja… dan moet je het allemaal weer leren, snap je?
...
Ja zeker, want ik ga daarvoor. Ik ga voor mijn toekomst, die ik in mijn ogen heb. Daar ga ik 100% voor.

So, because I have a future plan in my minds-eye: Simply with a number of girls in a house and something like that. It can also be something different, that I eeh... but I want for sure no 24 hour [attendance] anymore. And I know, I have said it to the "institution people", to the attendance and the like and also to my parents: "I can much more than you think." And they have never listened and this is the first institution where someone is listening. Because, I can much more than people are expecting. Just now I have to build it up, you know? Because, going on my own and something like that, it is now pretty scary. But I could do it earlier, but because I have been "locked-up" for such a long time and thing like that... yes... now I have to learn everything again, you know?
...
Yes sure, because I will go for it. I go for my future, which I have before my minds-eye. I go for it 100%.

This theme, like the themes before, emerged during the whole interview again and again. Primarily in form of descriptions concerning the future vision that Lisa sought and reinforcing notions that she took this future vision seriously and was eager to fight for it. The theme was mainly present when questions were asked concerning the different expected effects of the intervention. That she sees now a future, where before was none, was answered on almost any question that concerning positive outcomes.

Ja… nou veel zin eehm… ja dat moet over de levensverhaal zijn heh… ja, toekomst zien en ook zeker vechten, blijven doorgaan, vechten om dat vol te houden en ook te behalen. Ja… want ik wil het gewoon behalen. Ik wil het gewoon echt behalen. Ik wil... het klinkt misschien heel eigenwijs, maar als je negatief gaat denken dan wordt het helemaal niets, snap je? Dus ik wil echt alle mijn beste doen om mijn toekomst uit te laten komen… ja.

Yes... much purpose now eehm... yes that had to be about the life-story-treatment heh... yes, to see a future und also, no doubt, fighting, going through with it, fighting to endure and also to succeed. Yes... because I simply want to succeed. I want to succeed seriously. I want to... maybe this sound very wisecracking, but if you begin to think negatively, then it won't work at all, you know? So, I really want give my best to let my future happen... yes.

To summarize, the theme was threefold. It was about the future, Lisa was once again able to see, about the eagerness to fight for this future and about the past and present-day which contrasted this future. This contrast consisted of her hurtful past and the impression that she was underestimated, especially by her family. However, now she was able to show everyone, that she could do more than other people think. As discussed earlier within the global impressions, Lisa is quite unsure over the reasons for the positive development which she experienced. She noted again and again that she is not sure whether

the life-story-treatment, the trauma-therapy or a combination of the two is responsible for the positive changes in her life. Nevertheless, the nature of the positive outcome (future perspective) makes it probable that the life-story-treatment is at least partly connected to it. The life-story-treatment is after all, particularly upon arriving in the present day (see methods), for a big part about evaluating wishes, needs and resources and, later on, about planning the desirable future.

Theme three: "Could not stop working, could not sleep"

The next theme emerged for the first time when the patient was asked whether she thought it difficult to write the life-stories down. In contrast to the other participants, it was not so much the emotional baggage of the memories that aggrieved Lisa, but the fear that she would not be finished in time for treatment or that she would make mistakes. She narrated how she always begun with her homework for the treatment already in the weekends. She did this so that she could be sure to have it finished before the following session on Friday. Otherwise, she could not have slept well, knowing that it was not finished yet.

> *ik wou het in weekend gewoon af hebben, want ik had zoiets van: "Ja, stel je voor dat ik het niet af krijg." Dan loop ik helemaal op mijn zenuwen, snap je? En het weekend, had ik daar vrij voor... en de verhalen dat… ja dat vond ik soms wel eeh… maar ik… ik heb ook heel veel gezien… heel veel fouten… eeh… foute dingen eeh…*
>
> *I would simply liked to finished it during the weekend, because I was like: "Yes, imagine that I did not get it finished." Then my nerves are all on edge, you know? And during the weekend, I was free to do it... and the stories that... yes I thought it to be sometimes eeh... but I... I have also seen pretty much... a lot of errors... eeh... wrong things eeh...*

It seems also that eventually her work with the life-story-book took on a life on its own and Lisa found it hard to stop working on it. She found it hard to lay the book down, and worked sometimes whole days and whole weeks and on the life-story-book with the intention to make it as good as possible. She could not sleep and could not rest. She was trying really hard, but no matter how long she tried, she could often not come up with the right words to tell her story. Ultimately, caretakers of the clinic had to stop Lisa. She would admit, that her ambition was maybe out of place and that she should have asked for help while making the homework.

> *toen was ik de hele week of kwart of de halve week me bezig en dan moest de begeleiding echt soms zeggen van: "Eeh… nu doe ik dat dicht en doe het in je kamer." Ik ging te verre mee door... met de therapie. Ik wou het ook zo goed mogelijk doen, snap je? Maar soms moest de*

begeleiding wel even op mijn vingers tikken van:" Nu is klaar! Nu is eeh… avond en nou boek dicht!"t en eeh… ja.

back then, I was the whole week or a quartile of the week busy and then the attendance had to say sometimes like: "Eeh... Now close it and bring it to your room." I was going too far with it...with the therapy. I also wanted to do it as good as possible, you know? But sometimes the caretakers had to rap on my knuckles, like: "Now it is finished! Now is eeh... evening and close the book now!" and eeh... yes.

Finally the patient came to conclusion that the treatment could be a very difficult therapy when she insisted to do the homework on her own. In the end she was able to ask for help. After that point, Lisa experienced no further difficulties while making her homework. Lisa was finally able to tell her story. Furthermore, Lisa did praise the caretakers for the good advises that she got from them.

En laatste tijd heb ik ook wel hulp gevraagd aan hun. Want eeh… toen trok ik het echt niet met al die verhalen en… ja, en dat… dat was wel veel beter. Had ik eigenlijk eerder moeten doen, hulp vragen. Want hun komen gewoon met hele goede adviezen eeh… eeh… en ja wat... wat eigenlijk precies bij mij paste, snap je?

Recently, I have asked them for help after all. Because eeh... back then could not take it anymore with all this stories and... yes, and that... that was much better. I should have done this earlier, asking for help. Because they got simply with pretty good advises eeh... eeh... and yes what... what actually suited me precisely, you know?

To summarize, homework for the treatment seemed to initialize some distress in the participant. On the one hand the participant feared that she would make mistakes or being to late. Again the characteristic uncertainty of Lisa became visible. On the other hand, Lisa seemed to be unable to distance herself from the treatment after a period of working on. She was unable to stop thinking about it, which could also be connected with her perfectionistic tendency. The distress could eventually be dealt with, through the aid of the highly valued caretakers.

Theme four: "I agreed 100% to how she explained it "

This theme emerged when Lisa was asked for the second time how she experienced the life-story-treatment as a whole. This theme was, in contrast to the previous themes, not present throughout the whole interview. It emerged and ended roughly at the beginning of the interview. Furthermore, this theme was not very explicit and Lisa had difficulties articulating coherently what she meant. This narrative was about a new perspective, concerning the parents of Lisa, which was pointed out by the therapist. This new perspective seemed to have two different angles. On the one hand, Lisa told how the fact that her mother did not talk much with her, had something to do with the fact that she was

more of a "hands-on" person. On the other hand, the fact that Lisa was not allowed to do many things in her youth was attributed to the protective tendencies of her parents.

> *want dat… was wel de waarheid hoe zij dat zei. Ik zag het anders. Mijn moeder was vroeger bijvoorbeeld niet van… iemand om te luisteren of zo, maar mijn moeder was een doener. En dat heb ik van [behandelaar] goed geleerd. Alleen ze zou het voor mijn ouders op papier schrijven... en omdat ik steeds zo behandeld ben... zo klem geraakt... tussen hekken heb gezeten en nooit alleen mogen fietsen en zo. Dat zei [behandelaar] ook, van: "Waarschijnlijk met je 12 jaren leeftijd eeh… toen wouden je ouders je toen misschien toen beschermen", snap je? En dat doen ze nu op zo een manier, snap je?*
>
> *because that... was simply the truth how she said it. I saw it differently. My mother was prior, for example, not like... someone to listen or something like that, but my mother was "a hands-on" person. And that I have learned well from [the therapist]. It is just, that she wanted to write it down for my parents on paper... and because I was always treated that way... got stuck... sat between fances and never allowed to ride my bike on my own and so. That said [therapist] also, like: "Maybe, with your 12 years eeh... then your parents wanted maybe to protect you then", you know what I mean? And that they are doing on such a fashion, you know what I mean?*

However, Lisa noted a number of times that she is unsure if she did remember it correctly and told that she wanted her therapist to write it down for her, so that she would not forget it. She elaborated that she fully agreed to that new perspective and that it was nice to see, that there was also an alternative interpretation. She concludes by calling her own responsibility in that matter.

> *Ik was 100% mee eens hoe ze dat uitlegde. Toen zag ik het heel anders en ik vond heel leuk om te zien… mooi om te zien, van: "Hey, het kan ook anders zijn, snap je?" Maar die bescherming dat was puur, omdat ze toen mij niet konden beschermen. Mijn ouders kunnen wel schuldgevoelens hebben, maar ik heb niet gepraat, snap je? Dus daarom, dus het ligt niet aan mijn ouders, het ligt aan mij.*
>
> *I agreed 100% to how she explained it. Back then, I saw it very differently and I thought it to be very nice to see... nice to see, like: "Hey, it can also be different, you know?" But the protection was purely because she could not protect me back then. My parents can, no doubt, have feelings of guilt, but I have not talked about it, you know? So that is why, it is not up to my parents, it is up to me.*

It seemed that this theme was a consequence of the therapists use of narrative therapy methods to replace undesirable dominant narratives. Firstly, The story about a mother who never have time to listen to her daughter, was changed to a mother who was more a "hands-on" person; somebody who was better in doing thinks than to talk about it. Secondly, the story about parents who never allowed anything and wanted her daughter to be locked up, was replaced by a story about concerned parents, who felt guilty that they could not defend their daughter against one awful event in the past and became anxious and overprotective parents. These alternative narrative lines seemed to lead to a more

positive interpretation of the past, which could be interpreted as a more constructive and mental health fostering perspective.

Theme five: "That is not from me!"

This theme was about a particular dissatisfaction of Lisa. It concerned a statement or a conclusion about herself, that was made during the sessions, with that Lisa did not agree. This narrative was the first thing that came to the mind of Lisa when she was asked to tell a story about her experience with the life-story-treatment. This theme was not the most present, but it emerged several times during the whole interview. Her narrative began with an illustration of the situation. It seemed that one therapist wrote conclusions over Lisa on the board, so that that it could be discussed and eventually be copied to the life-story-book. However, Lisa described how she thought that something that was meant for another participant suited her well and something she had to write down for herself did not.

> *Nou, sommige dingen moest je bijvoorbeeld van [behandelaar]... die schreef ze op boord, terwijl ik dan ook dingen van [groepsgenoot] zag, wat bij mij ook paste... en dat vond ik soms wel moeilijke, want dan eeh... dan moest je dat wel opschrijven, maar... denk ik van: "Eeh... staat het zo wel goed in mijn [levensverhaalboek]?" Snap je? Want ik had soms dat andere idee van eeh... eehm... ja, hoe moet ik dat zeggen? Wat [groepsgenoot] bijvoorbeeld ook had, daar kon ik ook dingen van overschrijven, snap je? En [groepsgenoot] natuurlijk ook van mij, daar kwamen wij allebei achter. Maar dat dingen dan eeh... op boord werd geschreven en dan eeh... dat wij dat in [levensverhaalboek] moesten schrijven... daar snapte ik niets van. Dus daar wou ik dan... wou ik da eigenlijk het liefst direct uitleg over, maar dat had ik zelf moeten zeggen. Dus het is mijn fout.*
>
> *So, some things, according to [therapist] you had to... she wrote them on the board, whereupon I saw things concerning [peer], what was also applicable to me... and that was sometimes, no doubt, difficult, because then eeh... then you had to write it down, but... I think something like: "Eeh...Is it written down right in my [life-story-book]" You know? Because, sometimes I had another idea, that eeh... eehm.. yes, how am I supposed to say that? What [peer] for example also had, from that I could also copy things, you know? And [peer] of course also from me, we both found that out. But that things then eeh... got written down on the board and then... that we had to write it down in [life-story-book]... I did not comprehend anything. Thus, about that I would have liked then... would have like to get rather directly explanation about that, but I should have say something by myself .Thus it is my fault.*

Although, this theme emerged time and time again during the interview. It seemed to concern one isolated incident in which Lisa did not thought to be understood by the therapist. "Not feeling understood" was another recurring topic that plays a role within the theme of "seeing a future now" and will be discussed later.

> *Nee. De ene keer, dat ik daar iets op het boord moest schrijven, waar ik dacht van: "Heij dat klopt niet!" eeh... "Dat is niet van mij!" Maar misschien begreep ik het verkeerd.*

> *No. Just this one time, that I had to write something on the board, from what I thought: "Hey, that is not correct!" eeh... "That is not from me!" But maybe I misunderstood.*

It is conspicuous that always when Lisa mentioned her disagreement with this situation, she relativised her statement by searching the fault within herself. According to her, she did not understood it right or if she did understood it, then she missed the opportunity to say something. One way or another, in her narrative it was her fault and it was something that still lingered inside her mind. The theme emerged also at the question concerning constructive feedback.

> *Ja, als er dingen op bord wordt geschreven eeh… dat ze dan ook uitleggen wat eeh… zo stomme [behandelaar], toen moesten we een keer dingen van het bord schrijven zo, toen moesten we dat allemaal overnemen en… dat was toen voor mij onduidelijk, ja. Daar zaten dingen in waarvan ik dacht van hey dat klopt niet bij mij." Ja, dat eeh… dat wel.*

> *Yes, when things get written down on the board eeh... that they then also explain what eeh... so stupid [therapist], back then, one time, we had to write things from the board, back than we had to copy everything and then... that was then vague for my, yes. There were things from which I thought like: "Hey, that does not suit me." Yes, that eeh... that, no doubt.*

However, when the theme was further explored, Lisa backed down. On questions of what Lisa would have wished in that situations and what the therapist could have done any different, Lisa referenced again that it was plainly her fault and that the therapist could have done nothing better or differently.

Again, the behavior of Lisa could be interpreted in terms of her insecurity which characterized the whole interview. However, it seems clear that there was a situation during which Lisa did not felt understood. She had the impression that she was obligated to write something in her life-story-book that did not fit her. Although that problem seemed to concern only one distinct situation, it made such a negative impression, that it had to be acknowledged several times.