

FUTURE NARRATIVES OF AGENCY AND COMMUNION BY PSYCHIATRIC  
PATIENTS

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# **Future Narratives of Agency and Communion by Psychiatric Patients**

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MASTERTHESIS

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### **Abstract**

Patients today are often reduced to their physical and mental problems, while subjective experiences of illness are not taken into account. However, narratives are one of the most powerful forms to express suffering and can aid the treatment and recovery of a person. Working with narratives can be especially important during transitional developments which psychiatric patients experience, as mental illness requires them to reevaluate their lives and make plans for the future. Reevaluating one's own life in life stories has been investigated in a broad body of research confirming its value to the mental health of the patient. Future narratives, however, have not found much attention in research yet even though the ability of futuring (creating the future) and narratives in general were related to mental health. Therefore, this explorative and correlational study was interested in the association between future narratives and mental health measured by agency and communion. Agency and communion are used to express strivings and goals important for the individual. The sample contained 40 "letters from the future" of psychiatric patients. In the first analysis the future narratives have been analyzed with the coding scheme proposed by McAdams (2001b) to investigate agency and communion related themes only including text passages focusing on the future. Then, the results have been correlated in a second analysis with the total scores of the Mental Health Short Form Continuum to investigate a possible relationship between agency and communion and mental health. The results showed that seven out of eight categories of agency and communion could be found in the sample confirming the first research question. However, no correlations between agency and communion and mental health have been found, disproving the second research question. This study could show that psychiatric patients are able to create positive future narratives and are aware of their own desired goals. Therefore, it is suggested that the ability of imagining positive future outcomes may not be dependent on the mental health status but is something which may represent the opposite of imagining negative outcomes, as psychiatric patients are often involved in the latter. Moreover, it has also been shown that agency and communion can be investigated without taking past passages into account. In conclusion, psychiatric patients ability to imagine positive future outcomes may aid the recovery process.

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### **Samenvatting**

Patiënten blijken vaak alleen op hun lichamelijke en mentale klachten gereduceerd te worden. Toch zijn verhalen een van de meest belangrijkste bronnen om het lijden van het individu te begrijpen en de behandeling aan persoonlijke behoeften van de persoon aan te passen. Het werken met verhalen kan belangrijk zijn als mensen onder een psychische stoornis lijden omdat de stoornis hun dwingt het eigen leven opnieuw te evalueren. Dit proces is belangrijk voor de geestelijke gezondheid van het individu en kan door verhalen uitgedrukt worden. Daarentegen zijn in onderzoek alleen levensverhalen benaderd hoewel het verbeelden van de toekomst in toekomstverhalen evenals belangrijk blijkt te zijn voor de geestelijke gezondheid. In deze exploratieve en correlatieve studie is daarom de associatie tussen toekomstverhalen en geestelijke gezondheid onderzocht welke door agency en communion uitgedrukt kan worden. Deze onderzoeken hadden betrekking op verhalen in het verleden en een mentaal gezonde steekproef. In deze studie bevatte de steekproef 40 “brieven vanuit de toekomst” geschreven door psychiatrische patiënten. In de eerste analyse zijn de brieven volgens het codeerschema van McAdams (2001b) naar thema's van agency en communion onderzocht. Daarbij zijn alleen tekst gedeeltes met inhoud die betrekking hebben op de toekomst geanalyseerd. In een tweede analyse zijn de resultaten van agency en communion gecorreleerd met de scores van de Mental Health Continuum Short Form. De resultaten lieten zien dat seven van acht categorieën gevonden waren bij de analyse wat de eerste onderzoeksvraag bekrachtigt. Daarentegen is geen correlatie tussen geestelijke gezondheid en agency en communion gevonden. Deze studie liet zien dat psychiatrische patiënten in staat zijn positieve toekomstverhalen te creëren en zich wel van hun gewenste doelen bewust zijn. Daarom is gesuggereerd dat het verbeelden van een positieve toekomst onafhankelijk is van geestelijke gezondheid. Veel meer stelt het tegendeel van het verbeelden van negatieve toekomst uitkomsten daar wat een grote gedeelte van de psychische ziekte uitmaakt. Verder is gebleken dat agency en communion onafhankelijk van inhoud over het verleden onderzocht kunnen worden. Ter afsluiting kan het positieve verbeelden van de toekomst een ondersteuning voor het bevorderen van de genezingsproces zijn.

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### **1.1 Narratives and their benefits in general for psychiatric patients**

To provide a holistic care for psychiatric patients narratives are necessary because they include personal characteristics and contextual details which are needed to get to know the patient (Hall & Powell, 2011). However, the importance of narratives has long been disregarded by evidence-based medicine (Robert, 2000) even though they are considered to be one of human's most powerful forms to express suffering and experiences related to suffering (Hydén, 1997). Also, neglecting narratives can lead to a reduction of the individual to a person defined only by his or her mental and physical problems (Westerhof & Bohlmeijer, 2010). Narratives often add components to the medical history of patients which could not have been assessed solely through biomedical approaches (Hydén, 1997). Moreover, narratives can be used as an expression of the healthy self to describe symptoms using words and meanings which have lead to the individual struggle. For example, a narrative view can be used with the purpose of understanding hallucinations and delusions rather than explaining them. This in turn may inform the rehabilitation process, giving practitioners insights into the complexities of recovery (Roberts, 2000).

But the recovery process may not only be aided solely through illness-descriptions but also by what mental health means to the patient. One way for the “healthy self “ to express mental health is through determining goals and strivings for oneself (Bakan, 1966). Agency and communion are two thematic clusterings summarizing these goals and strivings in narratives (McAdams, 2001b). For example, which goals and how successfully they have been attained have been found to affect life satisfaction (Diener et al., 1999). Also, depression, problem-solving ability and social support have been found to be correlating with life satisfaction (Koivumaa-Honkanen et al., 1999). Agency and communion offer a way to look at the healthy self of the patient in depth and how he or she might describe personal goals and strivings. More importantly, this exercise can be used for the patients to think about and describe future goals and strivings which may also give the individual an idea of what he or she might need for recovery.

To be able to describe agency and communion, the healthy self of the patient is needed. This is also a factor found significant for recovery and describes developing a self

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separate from the diagnosis (Roberts, 2000). For example, Frederikson and Lindström (2002) found that patients who answered the why-question of suffering for themselves in narratives, enabled themselves to create an interpretation of suffering leading them to growth and reconciliation. The ability of doing so required patients to reach a turning point which required abandoning the shelter of the facade and to confront suffering and shame.

Also, narratives can be written towards the future and are also already used in clinical practice. For instance, by using future directives. These forms of narratives are needed when patients are not rationally accessible (e.g. going through a psychosis) because patients' narratives in this state of mind are not owned by their own tellers anymore (Ochberg, 1988). Therefore, a narrative approach with the focus on future directives produced by patients before this state of mind supports their autonomy (Widdershoven & Berghmans, 2001).

In conclusion, narratives of the future by psychiatric patients describing various goals and strivings which can be categorized in agency and communion may help to understand the personal definition of being healthy which in turn facilitates the recovery process and the autonomy of the patient.

### **1.2 Narratives**

Narratives are important because they are the main form in which individuals give voice to their perceptions, experiences and also judge their actions, the course and values of their lives (Hydén, 1997). Narratives are crafted through experiences which are used by individuals to apply their knowledge to their self, the others and the world (Singer, 2004). These experiences are created by individuals through selecting only certain aspects of what has been witnessed instead of focusing solely on the facts (McAdams, 2001a). This process involves creating causal links between events and attributing agency to the characters in it (Murray, 2003). This enables the individual to construct his or her past and future imaginatively and therefore represents the person's unique experience of the world (Connelly & Clandini, 2009).

#### **1.2.1 Creating narratives: Life stories**

Different forms of narratives can be constructed focusing on the past, the present or the future.

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Life stories are one form of narratives focusing on the past and containing the stories of a person's life. This is different from “life history” as narratives do not necessarily need to be true, meaning that events do not need to have happened (Peacock & Holland, 1993; Murray, 2003) as the interpretation of the individual is the matter of interest. More precisely, life stories are defined as psychosocial constructs created by the individual in his or her cultural context which in turn forms the foundation on which his or her life is given meaning (McAdams, 2001a). When considering this in more detail, creating life stories includes different critical components, which have to be learned in an ongoing exchange with society. These consist of developments in language, temporal understanding, narrative and understanding oneself and others. Further the social function (or the “foundation”) of narratives is to teach parental values, autonomy or collectivism, moral lessons or entertainment which are represented by the current culture the child is growing up with (Nelson & Fivush, 2004). Also, translating experienced traumas into narratives can have long term health benefits (Bohlmeijer & Westerhof, 2009). In an overview by Pennebaker and Chung (2011) the majority of studies found a significant effect size when examining the effects of expressive writing about emotional experiences on physical and mental health. It has been argued that writing would force people to re-evaluate their life circumstances. Moreover, writing demands a certain degree of structure and basic labelling or acknowledgement of emotions. The different representation of events leads to cognitive changes which in turn leads to a different understanding of the event. This allows the individual to think and act differently with their social surroundings allowing them to take advantage of social support (Pennebaker & Chung, 2011). Interestingly, the reverse effect of expressive writing was reported when participants inhibited thoughts about the trauma which led to heightened anxiety and arousal (Bohlmeijer & Westerhof, 2009).

### **1.2.2 Creating narratives: Future Narratives**

However, narratives are not just created by sense-making of past experiences but also by orienting oneself towards future goals (McAdams, 2001a). This other aspect of narratives has been neglected as the lack of empirical studies examining the effects of future narratives

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shows (Sools, Mooren & Tromp, 2013). Nevertheless, considering future narratives can be important during developmental transitions, such as mental illness, because they can have the effect of particular salience as they inform goal setting and activity planning in the individual (Greene & Wheatley, 1992). More precisely, the ability to create the future in narratives has also been called “futuring” and was considered by Bandura as an important intellectual skill where future consequences are extrapolated from known facts (Stein & Brosca, 2013). This can also challenge the perspective of the individual on the control over his or her future, which is considered as an important cognitive ability to improve mental health (Stein & Brosca, 2013). Mental Health was one central component which has been investigated in several studies focusing on futuring or future narratives. For example, MacLeod & Conway (2007) found the ability to imagine positive future outcomes for oneself to be related to mental health. Interestingly, this relationship was not found when the imagination was centered around positive future outcomes for others. Moreover, Sools, Mooren and Tromp (2013) reviewed empirical studies containing the two components of future narratives, these being writing stories and futuring. Different psychological effects were found for both components, for example growth of mental health and improved sense-making. However, until now few research has concentrated on future narratives written by psychiatric patients even though future narratives seem to be beneficial for a positive mental health.

### **1.3 The Purpose of Life Stories**

The purpose of narratives are multiple and were mainly investigated in life stories. Firstly, they represent one way of the individual to give meaning to his or her social reality (Hydén, 1997). It has been argued that because we live in a temporal and ever changing world we need to create narratives to bring meaning and order into our lives (Murray, 2003). This is supported by research as McAdams (2001a) mentions in his review, that life stories can be used to investigate sense making of individuals. Secondly, internalized life stories can also serve the purpose to define one's identity (McAdams, 2001a) building up on the process of sense making. Thereby, the narrative identity is used to integrate the subjectively reconstructed past, the present and the anticipated future (Bauer, McAdams & Pals, 2008).



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This involves not only sense-making of past experiences (McLean, 2005) but also the orientation towards future goals (McAdams, 2001a). Research in cognitive psychology has shown that the autobiographical memory is involved in narrative identity formation. Throughout the ongoing life story of the individual, the autobiographical memory helps remembering to locate and define the person's self (Neisser & Fivush, 1994). It has further been stated by narrative theorists that creating and telling life stories forms a necessary part of developing and maintaining a sense of self and a coherent identity (Careless & Douglas, 2008). Even though research mainly concentrated on life stories which mainly include making sense of past experiences the orientation towards future goals seems equally important for the development of the healthy self but has only gotten few attention in research so far.

### **1.4 Agency and communion**

Focusing on the content of narratives, life stories tend to contain different themes. Themes to express important needs, desires, life goals and strivings are summarized under the constructs of agency and communion (McAdams, 2001b). Agency and communion were developed by Bakan (1966) describing the “two fundamental modalities in the existence of living forms”. Agency defines the organism as an individual whereas communion reflects on the participation of that individual in being part of a larger organism (Helgeson & Fritz, 1999). These two motivational themes are used to refer to different life goals (Pöhlmann, 2001). Communion results from the individual's strivings to integrate him- or herself in a larger social group by caring for others (Abele & Wojciszke, 2007) and helping others to achieve their goals (Helgeson & Fritz, 1999). Agency on the other hand involves achieving goals focusing on the self (Helgeson & Fritz, 1999). The coding system to measure the motivational themes of agency and communion in life stories was developed by McAdams (2001b). The two thematic clusterings are defined by four different themes each (McAdams, 2001b) and are shown in Table 1.

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Table 1

*The eight themes of agency and communion*

Agency	Communion
Self- Mastery (SM)	Love/Friendship (LF)
Status/Victory (SV)	Dialogue (DG)
Achievement/ Responsibility (AR)	Caring/ Help (CH)
Empowerment (EM)	Unity/ Togetherness (UT)

### **1.5 Agency and communion and their relation to positive mental health**

Research focusing on narratives has shown that the themes of agency and communion can be linked to mental health. Mental Health in this study is not defined as the absence of psychopathology but more from a positive viewpoint concentrating on the individuals growth which includes feelings of happiness and optimal functioning in individual and social life. To be more specific, mental health is defined by three different parts consisting of emotional well-being, psychological well-being and social well-being. All three components are used to describe the subjective experience of well-being (Lamers et al., 2011 ).

Saragovi et al. (2002) showed in a factor analysis that agency and communion were both associated with positive affect and social adjustment. Agency itself has been related to lower negative affect and higher life satisfaction (Saragovi et al., 2002) and to a reduction in depressive moods and anxiety (Hirokawa & Dohi, 2007). However, in an overview Bauer and McAdams (2004) found equivocal findings considering the relationship between agency and mental health. For communion and mental health in the same study a predominantly positive relationship was found (Bauer & McAdams, 2004). Additionally, communion has also been related to greater subjective well-being when transition stories were focused on personal growth in relationships (Singer, 2004). Moreover, communion has also been associated with increased social support which in turn promotes healthy behaviour (Hirokawa & Dohi, 2007).

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However, Bakan (1966) stated that both are necessary for an optimal psychological well-being. This was supported by a study of Helgeson and Fritz (1999) where a reversed relationship has been found with agency and communion when both were not mitigated by the other. Unmitigated agency involves excluding others and focusing exclusively on the self whereas unmitigated communion relates to the individual placing the needs of others before his or her own needs (Helgeson & Fritz, 1999). Both concepts were found to be associated negatively to health outcomes and relationships (Helgeson & Fritz, 1999). Moreover, in a study by Jin et al. (2010) unmitigated communion was found to be related to highly depressive symptoms. We can conclude that agency and communion are used to express goals and have been related in research to mental health. Future narratives are used to express personal goals as well and have been also linked to mental health. However, agency and communion have not been investigated in future narratives so far.

### **1.6 Differences in narratives created by psychiatric patients**

Content and structure of narratives may not only be different between individuals but also between groups of people. Life stories of participants with a background in psychiatric illness tend to differ from narratives formulated by individuals without a psychological disease history. Mental illness is experienced by the individual as a disruption in his or her ongoing life (Hydén, 1997). Therefore, when life courses are disrupted by mental illness the individual tends to reconstruct a coherent self in narratives (Riessmann, 2000). This has been supported by research as low levels of narrative coherence was found to be strongly associated with poor mental health (Adler et al., 2012b). Moreover, it has also been shown that psychological problems and emotional suffering can arise from failures of making sense of one's life when creating a story (Westerhof & Bohlmeijer, 2009). To go even further, disconnectedness of the past may even lead to a loss of identity (Polkinghorne, 1991).

One pervasive theme in narrative identities is finding the balance between agency (autonomy) and communion (relationships) (Singer, 2004). As mentioned earlier, both are needed for optimal psychological well-being (Bakan, 1966). Therefore, analysing the content of a narrative using agency and communion may be linked to mental health in the case of

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participants with a background in psychiatric illness. For example, in a study of Adler et al. (2012b) narratives of Borderline Personality Disorder patients have been related to a lower narrative identity in themes of agency and communion fulfilment (finding one's own communal needs met).

This is not surprising as these participants tend to struggle with sense making and formulating positive future outcomes in narratives, because they simply cannot imagine these for themselves (MacLeod & Conway, 2007). As mental illness is a serious disruption in one's life, it is even more important to make sense of past experiences with a positive outlook into the future. Both have been found to be related to mental health which can be useful for psychotherapy. For example, future oriented psychotherapy was found to be effective in treating depression, identity problems and low self-esteem (Sools & Mooren, 2013).

### **1.7 The purpose of this study**

The purpose of this study is to investigate the relationship between future narratives and mental health as they may give us more information about the individual definition of mental health by psychiatric patients and more importantly may improve their recovery process. Also, future narratives provide patients with the opportunity to make sense of their lives and create a coherent self which seems especially important during mental illness.

Until now research has been focusing on the process of making sense of past experiences by investigating life stories. However we have seen that, for a healthy self, psychiatric patients also need to consider their future and need to orient towards future goals to create a coherent self. This can be expressed in future narratives which concentrate on future goals. These goals have been measured by agency and communion in life stories but not in future narratives so far. Moreover, agency and communion have been measured mainly in mentally healthy participants as it was expected that psychiatric patients may have difficulties to formulate positive future outcomes for themselves. Therefore, the first research question to be asked is if themes of agency and communion can be found in future narratives when created by mentally ill participants. As mentioned above, psychiatric patients may find it difficult to create a positive outlook into the future which may indicate that not all themes of agency and

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communion can be found.

Also, both processes of future narratives, futuring and creating narratives have been linked to mental health as well as agency and communion. However, the relation between both has not been investigated so far. Until now, agency and communion have been linked to mental health in life stories and mainly with mentally healthy patients. Therefore, the second research question includes if agency and communion can be related to mental health in this study as well? As participants are describing their subjective views and opinions about their future, it was important to include a definition of mental health measuring the subjective experience of well-being rather than objective criteria. This could imply that if both concepts are related, participants may be distinguished in terms of showing more signs of mental health on the basis of the created content in future narratives.

- I. How do agency and communion occur in future narratives written by psychiatric participants?
- II. Are agency and communion in future narratives of psychiatric patients related to positive mental health?

## **2. Method**

### **2.1 Participants and Selection**

The sample of this study contained 40 letters from 40 participants. The original data consisted of 43 letters, however, three letters ( number 17, 36 and 42) could not be included. The first was simply too short to contain any relevant information. The second was long enough but no agency or communion theme could be found as the content was not centred around personal information. Finally, the third contained only wishes focusing on the husband (for example: "Take care of our children."). However, the writer did not include any information concerning herself.

The characteristics of the participants were the following: The age ranged between 16 and 65. The largest group (29 %) was between 46-55 years old. Furthermore, the balance between genders was good (43 % were females). All educational groups were evenly

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represented. The groups high school (25 %) and higher education (23 %) were followed by middle school (22 %). Additionally, the largest group of income reported a monthly wage of 1000-2000 Euros (27 %). At last, the majority of respondents was married/ living together with children (31 %). This was followed by the second largest group being single without children (18 %). This is not surprising as the second largest age group of 18 % ranged from 16-25. Diagnoses varied in combinational patterns and were therefore summed up for the analysis for a better overview. The most named diagnosis was depression (35 %) followed by OCD and anxiety (both 18 %). When considering the number of diagnoses per participant the majority seemed to suffer from two mental illnesses (37 %) followed by participants diagnosed with one disorder (27 %). The maximum of different mental illnesses was four (2 %). Finally, the majority of participants was treated in the psychiatric unit (66 %). More information is shown in Table 2.

Table 2

### *Demographical characteristics of the participants*

Characteristics	N	%	Missing
Age			
16-25	9	18	8
26-35	7	14	
36-45	7	14	
46-55	14	29	
56-65	3	6	
Gender			
Men	19	39	8
Women	21	43	
Education			
No Education	1	2	8
Middle School	11	22	
High School	12	25	
Selective 2 <sup>nd</sup> education	3	6	
Higher education (e.g. University, College)	13	23	

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Other	2	4	
Income		16	8
<500 Euro	1	2	
500-1000 Euro	10	20	
1000-2000 Euro	13	27	
2000-3000 Euro	8	16	
3000-4000 Euro	4	8	
>4000 Euro	1	2	
I'm not telling	2	4	
I don't know	1	2	
Current Marital Status		16	8
Single without children	9	18	
Single with children	4	8	
Living together/married/no children	7	14	
Living together/married with children	15	31	
Living with (grand-)parents	4	8	
Other	1	2	
Diagnosis		7	8
Anxiety	19	18	
Psychosis	2	1	
Depression	36	35	
OCD	19	18	
Addiction	4	3	
Pain	1	1	
Personality Disorder	2	1	
I don't know	3	2	
Number of Diagnoses		16	8
1	13	27	
2	18	37	
3	6	12	
4	1	2	
I don't know	2	4	
Clinic units		16	8
day unit	6	12	
ambulatory unit	2	4	
psychiatric unit	32	66	

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### **2.2 Procedure**

The participants have been recruited by Daniela Preen in a psychiatric hospital in Germany where she collected the letters from December, 2012 to February 2013. The psychiatric hospital had three different departments divided into a day unit, a psychosomatic unit and a polyclinic. Lastly, the psychiatric hospital offered treatment for different mental illnesses such as anxiety disorders, personality disorders, psychotic illnesses, addictive disorders and affective disorders (Leussink, 2013).

The letters have been written during group therapy under the supervision of a therapist who provided assistance in terms of arising emotions, stress or questions. The writing session had a length of 60 minutes. In case of unfinished letters after the end of the session, those letters could be completed in the participants hospital rooms. After two weeks, all letters had been collected.

The session was divided in several parts starting with giving information about the study. This included explaining the purpose of the study, describing the procedure and discussing advantages and possible disadvantages of participating in this study. After that, instructions were given about the content and structure of the letters. Therefore, several forms were handed out, one for the letters, one asking about demographical data and one containing the Mental Health Continuum Short Form Questionnaire. At this point, the patients still had the chance to withdraw their participation from the study. After writing the letters, the finished ones were collected and questions about the three forms were answered. Lastly, the experience of participating in this study was discussed in the group.

After the procedure, the overall response of the participants was positive. Few questions were asked and all respondents were able to write the letter without assistance. Therefore, the presence of the therapist has been unnecessary (Leussink, 2013). This study is using the data for a secondary data analysis.

### **2.3 Measurement**

#### **2.3.1 “Letters from the future”**

“Letters from the future” is a qualitative method to investigate future narratives in



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participants. Participants were asked to write letters on paper to a fictive moment or place in their future. Thereby, they were asked to imagine themselves stepping into a time machine. The participants decided their time and place in the future. The time could be just an hour away from their current time, but also many years. As for the place some suggestions were given, but it was also left to the participants imagination. For instance, the whereabouts were not tied to land but could also be on water, in the air or in nature. The recipient was either their current self or somebody else in the present. This could be somebody they knew (for example their children) but also society in general. When writing to the current self or somebody else it was asked to write a wise, happy or in some other way positive message. As for the content, the instruction included writing about one's own positive wishes, changes or dreams which came true in the future. Therefore, it was asked to describe a specific day, moment or event where the protagonist has overcome a problem of some sort or has learned to cope with it in some other way. After this, it was asked to report what had helped most in this process and how the writer with this new knowledge now looks back on his own life. This letter exercise is an adaption of an exercise used by storytelling groups in mental health promotion settings in the Netherlands (Sools & Mooren, 2012).

### **2.3.2 Mental Health Continuum Short Form**

The Mental Health Continuum Short Form (MHC-SF) has been used to assess the mental health of the participants. The Questionnaire consists of 14 items covering the three concepts of psychological well-being, social well-being and emotional well-being. This definition agrees with the WHO's definition of mental health. The items describing emotional well-being are the following: happiness, interest, life satisfaction. Psychological well-being is defined by the items self-acceptance, environmental mastery, positive relations, personal growth, autonomy and purpose in life. Finally, the items social contribution, social integration, social actualization, social acceptance and social coherence define the concept of social well-being. The items can be answered with a 6-point Likert scale ranging from never to every day. The answers refer to feelings experienced in the past month (Lamers et al., 2011). Good psychometric properties have been reported in a longitudinal study by Lamers et al. (2011).

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Moreover, the MHC-SF has also been shown to complement screening for mental health disorders by Keyes et al. (2012).

### 2.4 Analysis

#### 2.4.1 The coding scheme

To investigate the themes of agency and communion, a coding system developed by McAdams (2001b) was used. The coding system is used for autobiographical episodes with the focus on personal events which have been meaningful to the individual (McAdams, 2001b). The coding system divides agency and communion in four categories each. Each category described below refers to a positively-valenced theme in life narratives (McAdams, 2001b). The underlying positive emotional tone is important as instructions for future narratives specifically included describing positive future outcomes for oneself. The described event is used as a scoring unit which represents the evidence that the category exists. Scores range from +1 (it is present) to 0 (it is absent). Each sentence in each letter has been screened for one category. When found, it was marked with the initials. When the unit contained more sentences they have been summarized under the same category when they focused on one specific topic. For example the following scoring unit has been coded under Love/Friendship in letter 39: “Endlich- er ist da. Ich freue mich ihn zu sehen und bin etwas aufgeregt- wie immer wenn ich meine Zeit mit ihm verbringen darf. Ein kurzes 'hallo' und einen dicken Begrüßungskuss.- Schön-, das tut gut.” [Finally- he has arrived. I am glad to see him and I am nervous- as always when I have the chance to spend time with him. A short 'hello' and a big kiss. -Lovely-, it makes me feel good]. A theme is scored only once per episode. After that, the four categories are counted under the headings of agency and communion per scoring unit. Text passages referring to contents in the past were not scored as this study specifically concentrated on futuring. Therefore, content referring to events which had already happened in reality were not scored. Instead, only imagined content was scored depending on the imagination and creativity of the patient which was named by Schwaiger (2012) 'futures future'. However, the future can be narrated using past language even though it takes place in the future. This is because some patients tell the imagined story as if it had already happened

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which has been called “past future” (Schwaiger, 2012). Furthermore, the detail of the descriptions had no influence on the scoring as long as the formulations stated in the definition of the categories could be found in the scoring unit. This was important because a theme could only be scored by the written word. Interpretation beyond clinical inferences and extensions would lead to falsified results (McAdams, 2001b). Table 3 shows all categories divided by agency and communion and their definition. The four categories of agency are listed first, followed by the four categories of communion.

Table 3

### *Definitions of the categories of agency and communion (McAdams, 2001b)*

Categories	Definition
<b>Categories Agency</b>	
Self-Mastery (SM)	Is defined by control (over ones life or improve the self), power (feeling strengthened after an important event), insight (into ones own life). Insight can lead themes of identity, determining new goals, plans or missions.
Status/Victory (SV)	Is achieved by the protagonist through victory and triumph and honored by recognition and prestigious honors. The underlying tone is competitive.
Achievement/ Responsibility (AR)	Describes being proud, successful or confident by 1) meeting challenges/ overcoming obstacles or 2) taking on major responsibility and being in charge of things. Rather for achievement settings than personal settings (spirituality, romance).
Empowerment (EM)	Individual feels empowered, built up or enhanced through 1) God, nature, the cosmos, other larger power in the universe or 2) a mentor, minister, therapist, (grand-)parent, teacher or authority figure.
<b>Categories Communion</b>	
Love/Friendship (LF)	Is defined by enhanced and a development of feelings focusing on

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erotic love or friendship towards another individual. Does not include feelings of nurturance and caring. May include proposals, growing emotionally closer or describing a marriage.

Dialogue (DG)	Describes a friendly chat for its own sake with another person or a group. Can be of an intimate topic but is not required. Can also include letters or nonverbal communication. At last, can also express the purpose of helping another person.
Caring/Help (CH)	Help and Care are provided for somebody else. This can be physical, emotional, material or social help. It also includes developing empathy for others.
Unity/Togetherness (UT)	Is experienced as being part of a larger community. The protagonist can experience oneness, unity, harmony, synchrony, togetherness, solidarity etc. Involves being surrounded by family and friends during an important event.

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### 2.4.2 Correlational analysis

The second analysis investigated the relationship between the found themes of agency and communion and their correlation with mental health as defined by the Mental Health Continuum Short Form. The results of the quantitative analysis have been correlated with the scores from the Mental Health scale. The analysis was carried out with the statistical analysis program SPSS 20. A bivariate correlation was used to determine the association between the themes and mental health. The themes of agency and communion have been included together and apart in the analysis as literature states that both are important but not that they are related similarly to mental health.

### 3. Results

The first research question asked if themes of agency and communion could be found in the letters when only considering text passages focusing on the future. The following section displays a variety of examples which have been found during the analysis. The purpose is to show the wide definition and variety of the categories found in the whole sample. Moreover,

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differences between categories are described and how they have been differentiated from each other content wise.

### 3.1 Examples of agency and communion

Seven out of eight categories have been found in the sample. The one category missing was Dialogue. This section will examine each category in detail as described in different letters because some categories contained various meanings. Furthermore, the differences between categories will be illustrated by some examples.

#### *Self-Mastery (SM)*

Self-Mastery is defined by the three major themes of control, power and insight. Often those themes were integrated in one scoring unit. For example as found in letter 4:

“Du bist aktiv, sowohl in der Arbeitswelt als auch in der Welt deiner Hobbies und Ehrenämter.” [You are actively involved in your workplace as well as in your hobbies and volunteer work]. In this sentence the participant describes a wish to take control over his life through different activities and has concrete goals for the future. Moreover, it can also be seen as an improvement of him-/herself because he or she wishes to be actively involved in something.

Others focus more on how they want to improve their self as illustrated in letter 8:

“[...]eine selbstbestimmte mündige Persönlichkeit sein werde, die ihren inneren Reichtum mit anderen teilen kann.” [...being an autonomous mature character, who can share her/his inner prosperity with others]. Even though the protagonist is speaking about sharing his knowledge with others, it can not be coded under Love/Friendship because he/she is not referring to the growth of a relationship to others and puts him or herself in the centre of attention. Moreover it can also be differentiated from Unity/Togetherness where the relationship to others in the form of a group is emphasized. Although sharing knowledge can be seen as a group effort, he/she puts his/her knowledge and abilities first and not the group of people he/she may be surrounded with.

Improvement of the self has also been described and defined more precisely in letter 13: “[...] du hast einige Eigenschaften aufgebaut wie z.B. Stärke, Geduld mit dir Selbst,

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selbstbewusst sein [...]” [...you have developed some characteristics as for example strength, having patience with yourself, being confident...”]. This section does not only list desirable characteristics for the protagonist but also shows his/her ability to gain insight into her own personality and how it may be improved.

Others were focusing more on future plans describing how their life would look like in the future as for example in letter 2: “Du lebst jetzt besser als vorher und hast jetzt ein Haus und auch eine zweite Frau.” [...your life is now better than before and you also own a house and are married to your second wife]. In this scoring unit, the participant describes concrete plans to take control over his life. However, this section can not be scored for Achievement/Responsibility because the individual does not describe his ability in achieving these things. The attention is more on his future plans than being proud of overcoming an obstacle or meeting a challenge (even though it might be a challenge to get there).

### *Status/Victory (SV)*

Status/Victory has only been found once in the whole sample in letter 9:

“[...] meine Leistung anerkannt wird.” [...my accomplishments will be recognized]. The participant is describing his or her need for acknowledgement for her own performance by others. Hereby, it is different from Achievement/Responsibility because she/he does not emphasize her own positive feelings about her accomplishments, rather the verdict depends on others and not on herself. Also, it can not be scored for Self-Mastery because her plan of taking control over her work situation is again depending on the appreciation of others.

### *Achievement/Responsibility (AR)*

Achievement/Responsibility is mainly defined by the individuals positive reaction of overcoming an obstacle and taking on responsibilities. Some participants described overcoming certain challenges being less precise as in letter 42: “Umso stolzer bin ich auf Dich, dass du es ganz offensichtlich geschafft hast!” [I am that much more proud of you for having achieved everything that you wanted]. Or more precisely, as in letter 27: “Es ist mir gelungen meine Ausbildung zu meistern [...]. Schön ist es stolz und glücklich darüber berichten zu können was man bisher geleistet hat.” [I have succeeded in completing my education. It is nice to happily and proudly report things you have achieved so far.]

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These two sections can be differentiated from Self-Mastery because the content is centering around the ability of the protagonist to achieve something and to be proud of that achievement.

Others are focusing on more concrete situations they might find difficult in the present situation and wish to solve them in the future as described in letter 25: “Du hast mit Heinz- deinem Vermieter- eine Möglichkeit gefunden, die Wände zu dämmen.” [Together with your landlord Heinz you found a solution to quieten the walls.] The helpful relationship between the landlord and the protagonist is mentioned here, however, this does not qualify for Caring/Help. The agreement on the solution of how to improve living conditions is the main message of the sentence describing overcoming a technical problem and therefore stands opposite to Caring/Help which focuses on caring for somebody, based solely on their positive relationship to one another.

### *Empowerment (EM)*

This category focuses on the individuals enhancement or being built up by either external forces as through god or nature or being influenced by another individual. One example of empowerment through nature was found in letter 19:

“Der ganze Wald war für mich beruhigend.” [The whole forest had a calming effect on me.]

This section can be differentiated from Unity/Togetherness because the letter writer is not focusing on experiencing harmony in a group with people while being in the nature. The fact that he or she feels calm is due to the presence of the forest and not influenced by a group of individuals.

It was also possible to be built up by something else giving the individual strength as described in letter 42: “Und auch die ambulante Therapie , die ich weiterhin noch mache, ist mir eine große Hilfe.” [And the therapy as well, which I am still doing, is a great help for me.] This part can not qualify for Love/Friendship even though it may indicate a growing relationship between the physician and the protagonist. The main focus lies on feeling enhanced through the help of somebody else. This is also why it can not be scored for Caring/Help, as the help is not provided by the protagonist for somebody else but he/she is instead receiving it.

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### *Love/Friendship (LF)*

Love/Friendship includes text passages describing feelings of friendship or love which can be for example through growing emotionally closer or describing a marriage. The latter was mentioned in letter 17: “Ich schätze unsere Beziehung auf Augenhöhe, unseren offenen und direkten Weg im Umgang mit Konflikten.” [I appreciate that we both feel equally important in our relationship; our open and direct way to settle conflicts.] Here, the participant describes his or her relationship to his or her partner and how they may have grown emotionally closer in the future. The content may include their communication style to solve conflicts, however, this can not be scored for Dialogue. Dialogue describes friendly chats with no intention or purpose and represents the direct opposite of the sort of communication described in this example.

Others described more vaguely how they may experience love and friendship in the future. Letter 21 states: “[...] Familie die dich liebt und schätzt.” [A family who loves and appreciates you.] The wish to be accepted in his or her family is central and does therefore not count for Self-Mastery also it may describe a goal of the protagonist. Moreover, a wish for closer relationships could also indicate meeting new people who may not be existent in the present as in letter 26: “Seit 2015 habe ich wieder eine feste Lebenspartnerin mit der ich sehr glücklich bin.” [Since 2015 I am in a relationship again with my life partner and we are really happy together.] The protagonist may state feelings of being built up by another individual. If this would be the case it could nevertheless be differentiated from Empowerment because here the relationship towards another is central. If the relationship would be dominated by the other individual providing the protagonist with empowerment of some sort it would be scored as Empowerment.

Additionally, meeting new people in the future may also include to make new friends as mentioned in letter 22 :“Haben dort auch andere Biker getroffen. Hatten sehr viel Spaß.” [There, we met other bikers with whom we had a lot of fun.]. This is different from Unity/Togetherness because the participant does not experience togetherness or harmony in a group of friends although it may be indicated. However, it has not been mentioned in written word and can therefore not be counted as Unity/Togetherness.



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Again others write about what they wish to experience more in certain relationships as found in letter 27: “Meiner Familie geht es gut und ist auch stolz auf mich.”

[My family is well and is also proud of me.] This section does not qualify for Achievement/Responsibility even though it is about pride and appreciation. However, the family is proud of the protagonist which describes the relationship. If the protagonist was proud of his or her own achievements this scoring unit would qualify for Achievement/Responsibility.

### *Dialogue (DG)*

Dialogue in the sense of having a conversation without a real purpose has not been found in the whole sample. Also in expressing help to another in a dialogue has only been found twice but included past passages and could therefore not be counted. Some examples are displayed here which may indicate a conversation but could not be scored for Dialogue. For example in letter 41: “Wir lachen so viel.” [We laugh a lot.] Here, conversations are indicated which make both conversational partners laugh. However, this sentence was a description of the “new man” the patient imagines to meet in the future. Therefore, this scoring unit qualifies for Love/Friendship because the attention lies on describing their relationship and not a conversation. Another example may also indicate a scoring for Dialogue and is displayed in letter 17: “Ich habe immer ein offenes Ohr für dich.” [You can always talk to me]. The main focus here is again, not on the conversation(s) but on providing care and help for somebody else by stating to always be there for them. Therefore this section fall under Caring/Help.

### *Caring/Help (CH)*

This category contains themes about the participant providing help to somebody else. Caring/Help has been thematised in the form of providing help and caring to one's own children. In letter 35, a parent writes to his son: “Wir werden dich nach wie vor überall unterstützen und Du darfst auf uns zählen.” [We will as always support you and you can count on us]. This message may also suggest a positive and even growing relationship between the son and his parent(s). Nonetheless, the main theme here is providing help and caring for their son, so it can not be scored as Love/Friendship.

More indirect caring has been described in letter 34: “Für mich und meinen Mann tue ich alles damit wir glücklich miteinander sind.” [I will do everything for me and my husband

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so that we can be happy together]. Here again a growing relationship between two individuals may be indicated which would score for Love/Friendship. However, the protagonist makes his or her efforts to care for the relationship as a central statement. Moreover, he or she describes taking on a major responsibility to ensure a successful relationship which can be differentiated from Achievement/Responsibility as she or he is describing a personal setting and not an achievement setting.

### *Unity/Togetherness (UT)*

Unity/Togetherness is defined by an individual feeling harmony or unity when surrounded by individuals important to him/her during an event. An example has been found in letter 27:

“[...] gemeinsam mit meiner Abschlussklasse sitze und wir zusammen unsere Erfolge feiern können.” [ (I am) sitting together with my graduation class celebrating our accomplishments].

Even though the individual does not explicitly describe feelings of unity, he or she describes feelings of being part of a larger community. This section can be differentiated from Status/Victory because the content does not concentrate on the accomplishments and the recognition of others but the fact that the group is celebrating their accomplishments together.

Others mention scenarios including people whom they have not met yet but wish to meet in the future as in letter 7: “[...] mir einen Kreis Menschen aufgebaut, die mich verstehen, in schlechten Zeiten für mich da sind und natürlich viel mit mir lachen.” [I have found a new group of people who understand me, support me in bad times and laugh with me]. This section does not qualify for Love/Friendship because the growing relationship is not described in detail. The attention lies on the wish of being part of a larger community. Also themes of just being together and enjoying the time they have with each other has been described as in letter 15: “Die Kinder kommen mit den Kleinen [...] und das Zusammensein genießen.” [Our children will come over with the grandchildren and we all will enjoy being together]. This statement also indicates a lightness of the event which may also include friendly chats. Nevertheless it has not been mentioned in this unit and is therefore not scored as Dialogue.

### **3.2 Found themes of agency and communion**

Each letter contained at least one category of either agency (N= 38) or communion (N=38).

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The maximum amount of categories per letter when the two themes were combined was 12 (N=1). When considering each letter per theme the maximum was 10 (5 %) for agency and 6 (2 %) for communion. The majority of participants mentioned two themes of agency per letter (32 %). For communion, the majority mentioned one theme (47 %) per narrative. The rest of the frequencies is shown in Table 4.

Table 4

*Frequency table of found thematic lines of agency and communion in total*

<u>Agency (N=40)</u>			<u>Communion (N=40)</u>		
N	Frequency	%	N	Frequency	%
0	2	5.0	0	2	5.0
1	8	20.0	1	19	47.5
2	13	32.5	2	8	20.0
3	11	27.5	3	7	17.5
5	2	5.0	4	2	5.0
6	1	2.5	5	1	2.5
8	1	2.5	6	1	2.5
10	2	5.0			

When considering which of the categories have been used per letter, the most frequent described categories were Self-Mastery (N= 36 and Love/Friendship (N =36). However, Self-Mastery showed a wider range from 0 to 10 compared to Love/Friendship (0- 4). The categories mentioned least were Status/Victory (N=1) and Dialogue which has not been found in the whole sample. The rest of the results are displayed in Table 5.

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Table 5

*Found categories of agency and communion*

Category	N	Range	Mean	SD
<b>Agency</b>				
Self- Mastery (SM)	36	0-10	2.15	1.85
Status/ Victory (SV)	1	0-1	.02	.16
Achievement/ Responsibility (AR)	13	0-2	.43	.68
Empowerment (EM)	4	0-4	.18	.68
<b>Communion</b>				
Love/ Friendship (LF)	36	0-4	1.45	.99
Dialogue (DG)	0	0	.00	.00
Caring/ Help (CH)	7	0-3	.25	.45
Unity/ Togetherness (UT)	6	0-2	.18	2.37

### 3.3 Correlates of mental health and agency and communion

To investigate if mental health was related to agency and communion as asked in the second research question, a bivariate correlation analysis with Spearman's  $\rho$  has been conducted using SPSS 20. First, the sum of agency and communion was correlated with the total score of the MHC including the three dimensions of mental health: psychological well-being, social well-being and emotional well-being. This is because it was argued that both themes are necessary factors contributing to mental health. Secondly, agency and communion were correlated separately with the MHC total score, to see if one of the themes had a different or more significant association to the mental health score. Lastly, the difference score between agency and communion was computed to determine if letters showing more of one of the two themes were related differently to the MHC score. The results are displayed in Table 6.

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Table 6

*Correlations of agency and communion and the MHC*

Measure	Sum	Agency	Communion	Differencescore
MHCtotal	.10	.16	.09	.06

Note: \*\*>0.01

As can be seen in Table 6, no significant correlations have been found between the themes and mental health. The total score of the MHC is therefore not associated with the number of themes mentioned per letter. Moreover, neither agency nor communion was related to the MHC score. Lastly, there is also no association between the difference score and the MHC score.

### **4. Discussion and Conclusion**

Summarizing the last section mixed results have been found in the analysis.

#### **4.1 Conclusion 1: Themes of agency and communion were found in future narratives written by psychiatric patients**

Seven out of eight themes have been found in the sample expect for Dialogue (DG). Some categories were represented more than others. Interestingly, the categories Self-Mastery and Love/Friendship have been found in almost all letters. The wish of finding or having a nurturing relationship with somebody and gain control of ones own life by setting goals and improving the self were the main thematic contents mentioned in the whole sample. This agrees with the statement of Bakan (1966) that both themes of agency and communion are needed for mental health. Moreover, this also shows a balance between both themes of agency and communion considered important by Singer (2004) for a positive mental health. This is because unmitigated agency or unmitigated communion leads to health hazards such as a negative view of others for agency and placing other's needs before those of oneself for communion (Helgeson & Fritz, 1999). Therefore, the majority of the sample shows a healthy

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perception on the future.

When comparing the results to a study of McAdams et al. (2004) using a sample of mentally healthy participants and past narratives, a lesser range of thematic lines in total were found for agency and communion in this study, with a difference of 6 in agency and 13 in communion. This has been confirmed by a study of Adler et al. (2012b) who found themes of agency to be lower in participants suffering from a psychiatric disease compared to healthy participants. However, this could not be confirmed for communion. Another explanation could be that most studies used life story interviews (Sools & Mooren, 2012) which can take up to two hours of collecting information, whereas this study only used short letters. This would mean that, considering past passages have been left out, the letters contained a numerous amount of categories considering the range.

Also, in this study, more agency related themes per letter have been described by participants in the sample than themes of communion. The over representation of agency when compared to communion has also been found in a study of Firmer et al. (2011) using life review narratives of mentally healthy participants characterized by extraordinary volunteer work. This was also supported by Abele & Wojciszke (2007) who found more agentic themes when participants described events important to them. On the other hand, McAdams et al. (2004) found more themes of communion than of agency. The overrepresentation of agency has been interpreted by Abele & Wojciszke (2007) as a description of self-interest aiding to pursue and to reach goals important to the individual and not goals for others. Additionally, Pöhlmann (2001) compared two groups of mentally healthy patients divided by their focus on pursuing mainly agentic or communion related goals. Interestingly, she found the agency motivated group to experience greater self-actualization and mental health. For this study this would mean that the sample was focused more on agentic related content and their own interest. Also, despite their mental illness, participants higher in agentic content may show higher rates in mental health. This would confirm the process of the healthy self creating a coherent self by orienting itself towards future goals. Also, participants were asked to create a self separate from the diagnosis, as content referred to positive future outcomes which requires the patient to imagine him or herself different from

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his or her current condition.

Another ability displayed by patients was their ability to extrapolize future consequences from known facts (Stein & Brosca, 2013) as for example Self-Mastery content was used to describe future accomplishments and patients knew what they had obstacles they had to overcome to get there.

Overall, the findings suggest the opposite to the findings of MacLeod and Conway (2007) who stated that psychiatric participants showed struggle with sense making and formulating positive future outcomes because they could not imagine these for themselves. On the contrary this sample showed the ability of 'futuring' as described by Bandura as well as the ability to imagine positive future outcomes.

Also, almost all themes have been found in the content only focusing on the future. This may indicate parallel processes of creating life stories and future narratives as a sort of continuum. Additionally, this may also indicate that even though creating narratives involves making sense of past experiences and on the basis of this orienting oneself towards the future (McAdams, 2001a) they do not seem to be dependent on each other in terms of investigating agency and communion. Therefore, agency and communion can be investigated without taking past passages into account.

### **4.2 Conclusion 2: The found themes of agency and communion can not be linked to positive mental health**

The second research question asked if the found themes of agency and communion could be linked to mental health as measured by the Mental Health Continuum Short Form. It was expected that the number of categories mentioned would indicate a positive association with the mental health score. However, neither the sum of both themes were related to mental health as well as agency and communion separately. Also, the difference score in agency and communion indicating more or less used themes of agency or communion has also been found not to be related to mental health. Nevertheless, the literature stated mixed findings as well concerning agency and communion and mental health. For instance, Bauer and McAdams (2004) found equivocal findings considering the association between agency and mental

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health. However, considering communion, most findings reported a positive relationship to mental health as reported in an overview by Singer (2004).

Nevertheless, the missing correlation may be due to mental illness influencing the patients ability to create future narratives in multiple ways and may not fully represent the individual. For example, Roberts (2000) stated a necessity for good health to developing a self separate from the diagnosis. Although the aim of narratives may be to construct a coherent self in narratives (Riessmann, 2000), Adler et al. (2012b) could show this aspect of coherence to be disrupted in mentally ill participants. Moreover, it was mentioned by Polkinghorne (1999) that disconnectedness from the past may lead to a loss of identity. Therefore, the ability of creating future narratives may have been disrupted by mental illness. But not only the quality of narratives may vary due to different states of narrative identities. Adler et al. (2012b) mentioned that constructs similar to agency and communion have been found to be disrupted in personality psychology. Conversely, Adler et al. (2012a) also found in a longitudinal study with psychiatric patients that an increase in agency was related to the improvements of the patients mental health. Therefore, data may have been influenced by illness in the way that the state of the narrative identity was showing disruptions in agency and communion. This may have also influenced correlational results as themes of agency and communion could not have been expressed in the way the participant wanted to and therefore were not related to the mental health expressed more easily in a questionnaire. This is also supported by a study of Adler et al. (2008) showing that completing psychotherapy severs retrospective reconstruction of experience which contributes to narrative identity.

Explanations other than the mental illness may be that the required positive content of the future narratives did not reflect the actual condition of the participants and may therefore not be related to the MHC score. For example, Holmes & Mathews (2009) found mental simulation of positive future outcomes to be associated with a happy mood, showing that imagery can evoke powerful emotional states. Moreover, it may be suggested that the ability of creating the future may be independent from the state of illness. Imagining the future requires several cognitive abilities such as self-awareness and dissociation of imagined mental states from one's present mental state (Suddendorf & Corballis, 1997). Holmes and Mathews



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(2009) could show in their review that psychiatric patients were able to execute those cognitive abilities as they were able to imagine positive future outcomes for themselves as well as negative outcomes. They argue that mental disorders are influenced by negative imagery as for example imagination of possible aversive future outcomes in excessive anxiety. Therefore, the same processes of imagination can be used to produce either positive or negative future outcomes. For example, imagining positive future outcomes is used as treatment for patients with anxiety. In conclusion, imagining positive future outcomes may not be related to mental health because it can be executed by psychiatric patients as well. However, this does not mean that it does not aid the process of recovery and may be a question of quality and quantity.

### **4.3 Limitations and Strengths**

#### **4.3.1 The Sample**

Despite the status of illness participants were able to create and imagine positive outcomes for themselves. The average score of the total Mental Health Continuum Short Form was 2.88. In a study by Fledderus et al. (2010) an average score of 3.24 was found considering participants with mild to moderate psychological distress. This would mean that the psychiatric patients in this sample showed lower scores on the Mental Health Continuum Short Form due to their mental illness.

However, details on the illness except for the diagnosis were missing. For example, there has been no demographical data about the length of illness, the weeks the patients have been in treatment and if they have been diagnosed before. This may be important because the level of sickness could also have implications on the quality of future narratives. To investigate this important aspect, the sample may need to be analysed on the coherence of the narratives reflecting the futuring ability of participants as well as being able to create a coherent self.

#### **4.3.2 Evaluation of the analysis**

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To analyse the whole sample only one coder was used to determine agency and communion related content. However, McAdams (2001b) states that at least two coders are needed to ensure a good reliability. Therefore, some false positives or false negatives may have biased the data and further results.

Additionally, during the coding text passages containing past content were excluded as the main focus of the study was on futuring. A similar approach was used by McAdams et al. (2004) using only past sequences even though the narratives also included future passages. However, Schwaiger (2012) who worked with the same sample used in this study noted that the content focusing on the past had been quantitatively more than content focusing on the future. She reasoned that reconstructing the past may play a crucial role in the process of reconstructing the future. In this case, the separation of past and future content may have lead to an underrepresentation of data. If past content was necessarily connected to future content, a significant amount of information has been missed during the analysis.

As for the content itself, themes of agency and communion showed a wide variety of “quality” meaning that some participants described future events more in depth than others. The reason may lie in the fact that participants did not describe actual incidents which have had happened to them but created future scenarios using their imagination. Some participants described the themes rather superficially, not going into detail but naming the category more in the sense of what the average person needs to have to be happy as defined by society. For example, meeting a new life partner, having children and owning a house. Because the detail about how these relationships or objects may have come into existence was missing, these contents could not be scored for certain categories. This is not surprising as McAdams (2001b) noted that the coding scheme works best if participants describe particular events in their life they found especially meaningful. Moreover, categories defined by McAdams (2001b) were sometimes difficult to distinguish from one another. For example feeling strengthened after an event can be scored as Self-Mastery or Empowerment. Firmer et al. (2011) even replaced the categories Achievement/Responsibility and Caring/Help with other definitions which they found to be more precise in its operationalization of promoting interests of the self and others.

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### **4.3.3 Evaluation of the measurements**

The participants health has been measured by the Mental Health Continuum Short Form. However, as mentioned before, the state of the mental illness has not been measured (or at least no data was available). Adler et al. (2012b) could show that agency correlated negatively with depression using the Becks Depression Inventory, but positively with the subjective perception of mental health measured by the HSI. Measurements concerning the health of the patients may also need to be used as a second indicator of the mental health status. Furthermore, the link of agency and communion could have been investigated to mental illness as well maybe showing a negative association between the concepts. Also, even though the Mental Health Continuum Short Form showed moderate correlation with psycho pathological symptoms, it has not been evaluated in psychiatric patients so far (Lamers et al., 2001).

Other measurement factors concerning future narratives may also have been ignored. For instance, whom the letter was written to and the tone of the letter. By the latter it is meant how goals and strivings have been formulated. Because the content has not happened yet it is not presented as known fact but more as a fantasy. This fantasy can be formulated very differently from I wish to I will to I hope. It may be interesting to investigate if the tone may have any relation to the themes of agency and communion and to the subjective perceived mental health. For example, Grossbaum and Bates (2002) identified in a regression analysis the emotional tone to be one of three factors predicting well-being. Also the recipient may influence the content of the letter. As future consequences are extrapolized from known facts (Stein & Brosca, 2013) these facts may differ when concentrating on oneself or taking into account another person. For example, Conway and MacLeod (2007) could show mental health was related to imagining positive future outcomes for oneself but not when imagining them for others. Therefore, measurements of the two constructs of mental health and agency and communion may be influenced by other mediating factors. Nevertheless, the Mental Health Continuum Short Form was suitable for this study as it measured the subjective experience of positive mental health instead of focusing on mental illness (Lamers et al.,

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2011). This agrees with the definition of agency and communion which measure subjective descriptions of goals and strivings as well as concentrating on positive content.

### **4.3 Implication and further research**

For further research it is necessary to take two raters into account for better reliability. Moreover, using a measure for mental illness may not only give additional information about the health status of the participants and their perceived health but also gives a better indication of how agency and communion may be related to both sites on the mental health continuum. Also, it is important to rate past passages in future narratives as well because these seem to be important to create the future itself and can therefore not be left out. This is also important as the coding scheme by McAdams (2001b) clearly states to take detailed experiences into account. As descriptions of the future may be superficial, this could improve the rating process. However, creating future narratives can be used in practice for different reasons and benefits. For example, imagery has been found to be useful in guiding behaviour relevant to the achievement of personal goals. Also, imagining one's own future behaviour increases the chance of enacting that behaviour in reality. Therefore, imagery can reduce maladaptive behaviour (Holmes & Mathews, 2009). This exercise of creating positive future outcomes in forms of narratives may be a useful addition to future oriented therapy which was found to be effective in treating depression, identity problems and low self-esteem (Sools & Mooren, 2013).

### **4.4 Conclusion**

This study could show that future narratives can be used to measure agency and communion in psychiatric patients. Seven out of eight themes of agency and communion have been found supporting the first research question. Moreover, the analysis showed that it was possible to investigate agency and communion related content independently from past passages. This could indicate that the process of imagining goals and strivings is similar to processes remembering them in the past and may represent a sort continuum. Also, participants showed a healthy view of the future as both agency and communion have been found in almost every

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letter indicating a balance between two themes which is considered important for mental health. The second research question was not supported showing no relationship between agency and communion and mental health. Even though correlations have not been significant, the study has shown that psychiatric patients are able to express positive future outcomes for themselves. This indicates that futuring does not depend on mental health.

In conclusion these findings suggest that psychiatric patients are able to imagine positive future outcomes for themselves and are also aware of their own goals and desires. Therefore, it may help the recovery process. As Llewellyn (1999) stated in a longitudinal study, future narratives are able to "...guide and shape action because people act so as to continue their narratives in a particular direction." Therefore, future narratives have the chance to give us more insight into the unique experience of the patients world and to tailor treatments for recovery to the patient instead of tailoring the patient to the treatment.

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