

Life Narrative Interviewing

A Manual for Interviewers

Albert Bellg, Ph.D.

Bruce Rybarczyk, Ph.D.

If you have questions, contact:



**Dr. Bruce Rybarczyk
Dept. of Psychology
Virginia Commonwealth University
Richmond, VI 23284
804-828-1675**



**Dr. Albert Bellg
LifePath LLC
1620 S. Lawe St.
Appleton, WI 54915
920-996-0887**

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Introduction

The Life Narrative Interview (LNI) is a way of helping someone (perhaps a medical patient or someone else dealing with a difficult situation) enhance their mood and ability to cope by aiding them in telling positive parts of their personal life story. It harnesses the natural human inclination to share stories with others about our most meaningful experiences. By shaping the storytelling towards narratives that engender positive emotions and affirm coping resources, an LNI can help a person deal more successfully with stressful circumstances.

This is a conclusion supported by research. Dr. Rybarczyk, conducting his doctoral dissertation in 1987, first demonstrated these stress buffering effects in a group of older male veterans facing major surgery. Combined with follow-up research conducted with colleagues, there is good evidence to describe life narrative interviews as an empirically based intervention that not only reduces anxiety but also enhances coping self-efficacy.

The LNI can be conducted by lay counselors, volunteers or any type of health professional, providing the individual receives training and is able to listen well and respond appropriately to another person, which is essential to the interview. Do note that the LNI is not meant to be a clinical intervention for someone with anxiety or depression, which are problems that need to be addressed by licensed mental health professionals.

This interviewer's manual will help you understand the background, purpose, and method for conducting life narrative interviews. We hope you'll enjoy learning about how to help others tell their stories!

1. Types of Storytelling

Storytelling about personal experience is a powerful process that can enhance coping and assist patients in dealing with stress. The stories that make up an individual's life story, or life narrative, represent a patient's history and include successes, failures, and adaptation. The process of recalling past events, termed reminiscence, traditionally was viewed as a practice involving only older adults; however, it is our belief that recalling positive stories about the past can enhance coping for individuals of all ages.

There are several different forms of reminiscence and storytelling that may appear within a life narrative interview. You will undoubtedly recognize some of the following types of storytelling, and it is important to distinguish them to determine which form of reminiscence will be most helpful in an interview. Some are helpful to the LNI process, and some are not. Following are some brief guidelines about the types of reminiscence and storytelling to encourage and to limit when conducting an LNI.

Encourage these types of stories when you hear them:

Simple Reminiscence – where the storyteller is telling a story to evoke a positive feeling in both the storyteller and the listener. Sharing such positive memories can allow a medical patient to remember a more colorful version of themselves than they experience by being a patient, and may be a powerful tool for reducing stress and anxiety. Example: an older adult tells

about a positive experience at a grocery store with a parent when he or she was a child.

Mastery Reminiscence – where the storyteller recalls stories about overcoming obstacles, accomplishing goals or learning positive lessons. When storytellers do this, they are reminded of their abilities and resources for coping with problems.

Example: a person shares a story about many years of working up to a desired position in a particular career, which emphasizes his or her determination and perseverance.

Resolved Issues Reminiscence – where the storyteller tells stories about the past that positively affected his or her current identity. Connecting past life lessons with the present in a positive way is especially important during major life crises, including transitions, bereavement, and illness. Example: a person talks about how a past relationship provided a learning experience that made his or her present relationships better.

Steer away from these types of stories when you hear them:

Unresolved Issues Reminiscence – where the storyteller starts to talk about poor choices made in life, unresolved conflicts, missed opportunities, and past failures. This type of reminiscence needs to be steered away from during a life narrative interview. Example: a person talks about an opportunity to move overseas that he or she regrets turning down.

Teaching Stories – where the storyteller tells a story to teach morals or a lesson to other people or to younger generations. While the storyteller may experience this positively, taking the role of “instructor” is not always helpful in opening the storyteller to the benefits of recalling positive aspects of their past. Example: an elderly person starts to tell the interviewer how they should handle a particular life problem.

Negative Stories – where the storyteller tells about negative past events, sometimes repetitively, and is unable to get any resolution of the feelings of anxiety, fear or anger that accompany the storytelling. This type of story has exactly the opposite effect we want to create with an LNI, and makes the person feel worse about their situation. Example: a hospital patient repeats stories about past hospitalizations of his or her relatives where something went wrong.

2. Nine Process Goals

The LNI is unique compared to other types of interviews in that the goal is to give the storyteller a positive psychological experience. Most other interviews aim to gather information, but a LNI emphasizes the **process** over the product. In facilitating a high quality LNI, the interviewer must create a supportive atmosphere in which patients can freely share their life story. As such, there must be a positive interaction and rapport between the storyteller and listener.

As a method to create this positive environment for storytelling, there are nine **process goals** that can guide the interviewer to focus on the process, rather than product, of interviews. These process goals are: 1) Balance guidance with spontaneity; 2) Show, don't tell; 3) Celebrate the positive; 4) Make it personal; 5) Follow the threads chronologically; 6) Get the big picture; 7) Keep it fresh; 8) Encourage reflection; and 9) Be prepared.

1 - Balance guidance with spontaneity: In an LNI, the interviewer should strive for balance, asking questions to make sure that interview goals are met, but allowing for flexibility as the storyteller moves spontaneously to new topics. It is particularly important for the interviewer to establish this semi-structured format from the outset of the interview, since the interviewee will likely be unfamiliar with the LNI and seek clues as to his or her role in the process. Rather than simply asking a list of questions, which will ultimately set the precedent for short, closed-ended answers, the interviewer should encourage collaboration and facilitate conversation that both the interviewer and storyteller find interesting.

2 - Show, don't tell: It is important in an LNI for the patient to describe the feelings that are remembered, not just simply the factual information. When the patient shares the vivid, sensory details of a memory, it makes the storytelling process more interesting for both the storyteller and listener. Similar to fictional literature, the storyteller can make the memory captivating by helping the listener to feel as though he or she was there. Patients may, again, be unfamiliar with this type of LNI and overemphasize the factual information (e.g., who, what, where) that leads to a dull story and does not provide a positive experience. The interviewer should feel free to revisit a topic skimmed over by the storyteller, asking for a more detailed description of the feelings and experiences associated with the event. To encourage this type of vivid storytelling, the interviewer should avoid closed-ended questions and look for opportunities to facilitate the patient's exploration of the sights, sounds, and smells of a memory. Describing a few memories in rich, sensory details can often be more beneficial within the LNI than being comprehensive.

3 - Celebrate the positive: This process goal is one of the most important for emphasizing a central goal to the LNI: creating a positive psychological experience. Within a patient's life history, there are numerous memories that demonstrate personal strengths and adaptive uses of resources. Sharing these memories can help patients bolster their positive identity and reduce anxiety and stress. Humor often serves as an avenue through which stories, even those that may have been stressful or frustrating at the time of the event, can be recalled with a positive frame. When the listener and storyteller can laugh together, this can prime both individuals for more positive emotions. Within this process goal, interviewers should be ready to redirect patients if they become focused on painful events in the past. On the other hand, they must be cautious to not completely disregard the negative experiences, since

acknowledging them helps the patient feel accepted as a complete person. Interviewers should also be mindful to not slip into the role of counselor or psychologist by exploring painful memories, even in an attempt to be supportive or offer advice. If the patient seems to bring up negative experiences to discuss, the interviewer should acknowledge the experience but then redirect the conversation to a more positive topic.

4 - Make it personal: The listener and storyteller should also strive to keep the life narrative stories as personal as possible, rather than just informational. When the patient can add an individual, personal “flavor” to the life narrative, this has the most psychological benefits compared to even generational stories. Patients may often tell stories by describing situations, contexts, or environments, rather than their active personal involvement in activities or events. The interviewer can help by guiding the storyteller back to his or her thoughts, feelings, or reflections on an event that happened. When storytellers remember events in a detached, intellectualized manner, the interviewer should strive to help the storyteller focus on feelings. Providing empathic statements about an emotional memory or asking elaborative questions can prime the storyteller to share a more personal perspective.

5 - Follow the threads chronologically: The LNI, like the personal history itself, can develop chronologically and encompass the entire life history from beginning to present day. Another option, however, is to structure the interview based on themes (romance, career, family) and follow the thread of memories and events within each theme. Oftentimes the storyteller will discuss topics in a natural, free-flowing manner, and the interviewer in this case can guide the storyteller to stay on each thread chronologically and share how it impacted him or her at different points throughout the life history. When transitioning to a new topic, the interviewer should avoid interrupting the storyteller with a new, unrelated

thread. Finding a natural transition point is ideal, in which the interviewer can smoothly move to another topic or can connect two topics by drawing connections based on a commonality between different threads. The interviewer must also keep in mind that the thread should end before reaching the present because the storyteller's current functioning may include personal limitations or have other negative elements due to illness. When storytellers attempt to "wrap up" a thread by discussing life in the present, the interviewer should redirect the conversation to remain in the past and discuss more of the life history.

6 - Get the big picture: An ideal LNI will review important events from each stage of the life span, which provides the greatest opportunity for the storyteller to integrate numerous events. By discussing a range of topics and events, the LNI can enhance the storyteller's positive identity and facilitate a comprehensive, complete picture for both the storyteller and interviewer. A delicate balance must be struck, however, between getting the "big picture" and focusing on sensory and emotional details (process goal 2). One cannot achieve process goals 2 and 6 completely, and it is important to balance both depth and breadth in the interview.

7 - Keep it fresh: Some patients may be used to telling stories repeatedly, and they might enter the LNI with the idea to share the same stories again. Even if the stories seem to have a lot of energy and are a favorite for the storyteller, repetition of these "stock stories" can be uninteresting for both the storyteller and listener. The LNI should be an active interaction between the storyteller and listener, creating a new story with a fresh perspective. The interview can facilitate this "freshness" by asking questions about specific sensory details (images, smells, tastes) that the storyteller may not focus on otherwise. Highlighting the personal experience within a memory helps keep the interview from becoming a string of tired anecdotes.

8 - Encourage reflection: The interview also becomes more meaningful when the patient begins to think about life events with a new level of insight. Emphasizing reflection helps draw out insights and wisdom about the storyteller's life. If an interviewer can effectively guide the storyteller to reflect on life events, the storyteller will begin to naturally think about the meaning of each event and express these new insights throughout the interview. The interviewer should also be cautious to not let the storyteller transition from reflection and insight into teaching stories. The best way to encourage reflection is through reinforcement, where the interviewer shows more interest, provides nonverbal encouragement such as nodding and smiling, or asks the interviewee to elaborate when reflection is first initiated. Provocative and creative questions can also prompt reflection by asking about the development of values, the importance of morals, and how they impacted various decisions and later events in life.

9 - Be prepared: Lastly, most interviews will stumble upon a point when the storyteller becomes stuck, does not know how to elaborate further, or is unsure where the interviewer would like the interview to go next. Interviewers should be prepared to ask about certain topics that could predictably elicit a positive emotional experience (e.g., first car owned, first boyfriend or girlfriend). Without being prepared with a range of possible topics, the interviewer risks having the LNI slow down, become predictable, or feel dull for both the storyteller and listener.

3. The Three Parts of the LNI

Life narrative interviews are typically conducted for a specific length of time, usually for 45 to 90 minutes. Although other lengths are possible, shorter interviews may not allow patients to fully engage with their story and longer interviews may be somewhat fatiguing. The length of time needs to respect the energy and availability of both the patient and the interviewer. Within the time agreed upon between the interviewer and the patient, there are three sections to the interview. The LNI has a beginning, middle, and end, and interviewers should be cognizant of opportunities and challenges that occur at each stage of the interview.

The Beginning

In the beginning of the interview, the interviewer's task is to help the patient ease into the role of storyteller. Telling stories is a natural process that has been a part of human interaction for hundreds of years. All people seem to have an intuitive sense of how to be a storyteller, particularly if the stories are about themselves. On the other hand, storytelling about personal life history requires a degree of self-focus and introspection. This may be difficult for patients at first, especially if they are expecting the LNI to be similar to most interviews in medical settings where the primary goal is to gather factual information. Additionally, many people may expect the interview to be more like typical conversation, in which there is a back-and-forth of questions and responses between two people.

Due to these challenges in “setting the stage,” the interviewer should strive to establish the protocol and expectations as early as possible in the interview. The LNI may be different from other interviews, but the first step for the interviewer is similar to the beginning of many other therapeutic-type relationships: establish rapport. As the interviewer works to generate a relaxed and free-flowing quality to the conversation, the participant should begin to feel more comfortable sharing or disclosing personal information. Additionally, the interviewer may self-disclose a small amount of personal information in an effort to connect with the patient. In establishing rapport, the interviewer should avoid asking about or discussing the patient’s medical condition. The patient may become anxious while talking about his or her current illness, which would detract from the goals of the LNI.

The second important task at this part of the interview is to explain the interview’s purpose and goals and how both parties will work to accomplish those goals. For example, after the interviewer establishes rapport (perhaps by commenting on pictures or cards that are in a patient’s room), the two could then discuss how personal things in the hospital room help make the patient feel more comfortable and are reminders of important people in his or her life. The interviewer can then introduce the LNI, emphasizing that its purpose is to help people feel more comfortable and relaxed by talking about happy memories throughout each stage of their lives. The interviewer should also highlight that the main goal of the interview is to evoke positive emotions through pleasant memories, not to gather information.

One common mistake that inadvertently identifies the interview as “information gathering” occurs when the interviewer begins with a rapid series of questions that require brief answers. This can set a negative precedent for the patient, and he or she may be less likely to truly enter into the storyteller role. On the other

hand, some people do need prompting or questions to initiate telling their story. If patients are reluctant or reticent, the interviewer can encourage the patient by reminding him or her that “everyone has a story worth telling.” The interviewer can also ask relatively easy questions to respond to, such as what the patient’s town was like growing up, or ask to hear a humorous story one of their favorite relatives told them when they were a child. As the LNI gets started, the interviewer should continue encouraging the patient to share until a topic is found that sparks a free-flowing conversation.

The Middle

After the “getting started” part of the interview has occurred, the interviewer has two main tasks during the heart of the interview: to ask questions and to make facilitating comments.

Regarding questions, interviewers can ask *open-ended* or *closed-ended* questions throughout the interview, which are certainly distinct from one another and have different uses and consequences of their use. Open-ended questions often encourage further elaboration and facilitate more storytelling, and should be used most of the time during the LNI. They encourage patients to describe a memory more thoroughly or continue discussing a topic for an unspecified amount of time (for example: “Tell me about traditions in your family”).

On the other hand, closed-ended questions often result in a one or two-word response, and typically only serve the purpose to clarify information for the interviewer (“What city were you in during high school?”). For this reason, closed-ended questions should occur relatively rarely during the interview. Ideally, such questions help make sure both the interviewer and storyteller are on the same page. For instance, when there is a transition in the interview to a new

stage of life, closed-ended questions regarding the main facts of the patient's life at that time (e.g. marital status, education, stage in his or her career, etc.) allow the interviewer to have a better understanding of the setting in which the memories occurred.

However, the interviewer should be cautious in his or her style of questioning, so that the patient does not feel judged by the interviewer. For example, the interviewer might wrongfully assume that the patient was married because he or she had mentioned children, and it could damage rapport if the interviewer asks "What year were you married?" before asking "Did you ever get married?"

As an adjunct to asking questions, the interviewer should also offer facilitating comments, which may be nonverbal (e.g., nodding or smiling) or verbal (e.g., "Tell me more, that's really interesting"). These comments are reinforcing and help the storytelling process in several ways. They demonstrate that the interviewer is listening and paying attention, and they also let the storyteller know that he or she is engaging the interviewer. This dynamic is obviously important within the LNI, and a successful interview will have the storyteller perceiving that he or she is worthy of the listener's attention and that the story is worthwhile.

Both open-ended questions and facilitating comments are useful for keeping the storyteller's enthusiasm high. In this middle phase of the LNI, if the interviewer feels as though he or she is providing most of the energy, this may be a signal that there are too many closed-ended questions. The interviewer should listen for the tone and energy of the patient's responses, and if there is a topic or person that seems to spark interest or change the liveliness of the patient, the interviewer should explore this further with open-ended questions. Finding the one topic that pulls some genuine feeling from the patient often can bring the LNI to a deeper emotional level. While much of the interview is focused on the patient, the interviewer should also feel engaged and interested throughout the

interview. The storytelling process is hampered by one or both parties feeling uninterested or bored with the topic, and if that is the case, the interviewer should shift the direction of the interview towards a new topic. The LNI will ultimately be more beneficial if both the storyteller and listener genuinely enjoy the process.

The Ending

As the interview nears the end of the allotted time, the interviewer should give the patient a reminder about how much time is left. Patients can become so engrossed in the storytelling and memories that they do not realize how much time has passed. The interviewer can smoothly give a reminder about the time by following with a question or comment (“We have about 10 minutes left today. Tell me more about the gardening you mentioned.”). This time check not only mentally prepares the storyteller for the upcoming ending, but it also provides an opportunity for him or her to share something important that has not yet been discussed. The storyteller can provide closure to stories or memories in a natural way, tying together loose ends or following-up on a how a story got resolved.

The interviewer should provide some type of summary statement for the patient which describes his or her reaction and feeling about the interview. When the interviewer indicates that the experience was enjoyable and expresses gratitude for the patient’s willingness to share about his or her life, the patient is likely to leave the interview feeling validated and in a positive psychological state. These interviewer responses should not be scripted since they will ideally be different for each patient and each unique LNI.

The interviewer can also add other closing statements or comments that are reflections about particularly captivating stories

(for example: “I really liked hearing about your family traditions on New Years Eve. Maybe I’ll try some of those this year!”). A statement like this highlights the relationship between the interviewer and storyteller, expressing the interviewer’s appreciation for the storyteller as an individual and referring to their personal connection that will remain after the interview is complete.

A successful closing to a LNI can also help patients remember and benefit from their personal resources, their caregivers, personal identity, and their coping abilities. This can be achieved through emphasizing the respect and understanding that has developed between the patient and interviewer, and by briefly reiterating those ideas (for example: “This has been a really wonderful experience for me, and I think you are a very determined guy who is great at ‘rolling with the punches.’ I wish you the best.”). Such elements in the closing will make it more likely that the patient will feel positive after the interview.

4. The Life Challenges Interview (LCI)

As an extension of the life narrative interview, the life challenges interview (LCI) has a more specific goal. Essentially, the life challenges interview includes a narrative history of a patient's life, but adds a focus on challenges the patient has faced and overcome. The LCI helps patients to feel pride and a sense of accomplishment from their success at dealing with life's challenges, as well as to heighten their awareness of personal strengths and coping resources that have helped them successfully meet those challenges. Research regarding the LCI has found that it improves self-efficacy and enhances coping for patients more than just the life narrative interview itself.

One must consider the LCI as part of the life narrative interview, and only after the process goals of the life narrative interview are met should the interviewer focus on challenges. The LCI has three additional process goals beyond those of the life narrative interview: 1) Reminiscence about challenges; 2) Underscore the strengths and resources used to meet challenges; and 3) Summarize key lifelong strengths and resources.

While each LCI interview is distinct and unique for the storyteller and interviewer, there are general guidelines on how time should be allocated for these different objectives. Approximately 75% of the time in the interview should be devoted to the previously mentioned process goals. The remaining 25% should focus on the additional objectives of the LCI. Interviewers should feel comfortable and proficient with the basic life narrative interview skills before attempting to integrate the LCI tasks. Introducing the LCI should be done in the same manner as the life narrative

interview without much extra explanation as to the differences between the two interviews.

1 – Reminisce about challenges: The first additional process goal of the LCI is to guide the interview towards a discussion of past challenges that the patient has successfully met. *Challenge*, in this sense, is not a hardship or difficulty, but instead a situation or circumstance that elicited positive attitudes, skills, or resources. The following questions can serve as a guide for tapping into the types of challenges that lead to positive outcomes.

- Did your family experience any unusual events (e.g. a fire, a tornado)? How did you and your family cope with these events?
- What lessons did you learn from your parents?
- Were there any sports, games, or skills that you worked extra hard to be good at when you were a kid?
- What was your best subject in school? What made you good at it?
- Do you remember “leaving home” for good? How did it feel?
- Were there any career transitions that you had to make?
- What key events shaped your life?

While there are many more questions that might elicit or highlight challenges, there are several general categories of questions related to challenges that interviewers can focus on. Interviewers can ask questions about developing a sense of competence (e.g. learning to drive a car) or self-esteem (e.g. going on a first date).

Interviewers can also ask about achievements valued by the patient and his or her family. Questions can also focus on transition periods in life that were challenging, as well as times when the patient might have lived with fewer conveniences or resources (e.g. having a limited income when growing up).

Importantly, the interviewer should not ask about topics that might be negative and unresolved, such as deaths, tragedies, or

ongoing family problems since they are not likely to fit the objective of allowing the interview to end with a positive experience for the patient.

For a similar reason, recent challenges, including medical challenges, should also be avoided. Even though the purpose of the interview is to help the patient recognize his or her coping strengths and resources, this insight will be developed implicitly through discussion of other challenges. Even though some challenges should be avoided, there are numerous opportunities throughout a life history to identify and discuss challenges. When a challenge surfaces, ask questions that help the patient to slow down their story and reflect on it. Reflection can occur through discussing the initial obstacles presented by the challenge, as well as how the patient managed to overcome the challenge.

2 – Underscore strengths and resources: The second main objective of the life challenges interview is to underscore strengths and resources within the patient that helped him or her to meet a challenge. Ideally, interviewers should guide patients to identify their own strengths or resources (e.g. “What personal attributes helped you overcome that challenge?”) Other patients may need the interviewer to be more explicit and make comments or observations about their strengths and positive personal qualities.

For example, interviewers can comment on a patient’s apparent values that were present in a challenging situation, the consistent support the patient received from family, as well as innovative adaptations the patient made in tough environments. The storyteller and interviewer need not try to find a positive element to every challenge discussed, which may slow down the story or interrupt its natural flow. The interviewer should ask questions early in the interview about positive attributes, but allow the patient to describe his or her own qualities, if possible without providing suggestions. Eventually, the patient will pick up on the theme of identifying

resources and strengths and begin thinking from this perspective with each new challenge described.

Some patients may be reticent and have difficulty describing their own positive attributes. Often patients just need to become more comfortable with the interview process and the storyteller role before they begin to talk about themselves positively with a degree of introspection. Other patients, however, will remain humble and have a difficult time “singing their own praises.” Interviewers can initiate the description of positive qualities, and even if patients simply acknowledge or agree with the interviewer’s observation, this may help patients feel more comfortable doing this themselves later in the interview.

Another obstacle at this part of the interview is that some patients may avoid taking direct credit for their positive attributes. Instead, they might consider the outcome of facing the challenge to be the result of good luck or a gift from a higher power. Interviewers may encourage patients to identify their own strengths by asking, for example, “Don’t you think you have to make your own luck?”

Lastly, there may be themes to each participant’s strengths and positive attributes (e.g. hard work, determination, patience). The interviewer should listen with a keen ear for events that highlight this core part of the individual’s strengths, which can be referenced as “touchstones” in other parts of the interview. By drawing connections between challenging situations that required certain skills or resources and emphasizing the continuity of those strengths, the interviewer can help bolster the patient’s confidence in those skills.

Additionally, people often have their own innate “touchstones” or events that they view as “defining moments,” such as war stories. These stories are often shared when patients are dealing with a stressful situation in order to remind themselves and demonstrate to

others that they are competent and capable of overcoming challenges.

3 – Summarize key lifelong strengths and resources: The final objective of the life challenges interview is to summarize the resources and strengths discussed throughout the interview. By summarizing and pulling together the positive qualities that were discussed during the interview, awareness of strengths and resources can be reinforced and will be more likely to remain salient in the patient's mind after the interview is over.

The interviewer can accomplish this task by supplying an overview summary statement of the important themes and positive qualities. Ideally, the interviewer keeps track of strengths and resources throughout the interview and then provides a concise wrap-up statement that highlights key strengths and resources. The summary statement can be framed in a question format (e.g. "It seems to me that a main source of strength in your life during challenging times has been your spirituality and creativity. Would you agree with that?").

Alternatively, the summation can fit in with the normal closing comments about the interviewer's appreciation for the patient's participation. The most ideal way to reinforce the patient's awareness of their strengths and resources is by asking them to provide the summary themselves. In this way, the patient can conceptualize the strengths and resources that he or she feels are the most representative or that resonate best with their personal self-concept.

5. Summary

In learning how to conduct the LNI, you will be improving the lives of medical patients and others. Thank you for being willing to do that! We appreciate your commitment, and we hope you will enjoy the process of interacting with patients about their lives. We also hope the skills you learn will help you have rewarding conversations with members of your own family about their lives.

To summarize the benefits you will be offering the people you interview, here is a review of the main research findings regarding the Life Narrative Interview:

1. Life narrative interviews lead to significant reductions in anxiety among individuals facing stressful medical procedures.
2. Life narrative interviews are as effective as relaxation training, an intervention widely used to reduce stress in stressful situations.
3. When interviews focus on past experiences of coping success, they lead to a positive change in the individual's appraisal of his or her coping resources and abilities. Previous research has shown that beliefs about coping self-efficacy play a positive role in behavioral outcomes.
4. A 45-minute life narrative interview is substantially more effective than an interview of equivalent length focusing on positive experiences in the present.

5. Patients who have much on their minds and are facing stressful medical situations are nearly always receptive to participating in a life narrative interview.
6. Properly trained volunteers can be highly effective life narrative interviewers.
7. There are no apparent age or gender differences that affect whether a person will benefit from a life narrative interview.

As you prepare for doing an LNI, you might also take a look at the Appendix following this page and review the sample questions you can ask while conducting an LNI. We look forward to helping you become an expert at the Life Narrative Interview!

Appendix: Sample Questions

LIFE NARRATIVE INTERVIEW QUESTIONS

Childhood Years

The Start

- What is your earliest childhood memory?
- Where were you born?
- Did you grow up in the country or the city?
- How many brothers and sisters did you have?
- What were you like as a young child?

Home Life

- Describe the neighborhood that you grew up in.
- What was your childhood home like?
- Tell me about your first “best friend.”
- Did your family sit down for dinner each evening? What was dinner like?
- What family recipes do you remember most/
- What holidays or birthdays are memorable for you?
- Did your family have a car?
- Was religion important to you and your family?

Parents and Other Adults

- What were your parents like when you were a child?
- Were your parents immigrants? What stories did they tell you about the “old country”?
- Other than your parents, was there an adult in your life with whom you had a close relationship? Someone you looked up to? Maybe an aunt, an uncle, or a teacher?

Interests and Hobbies

- What games or toys did you like most as a child?
- What was daily life like around your house during your childhood?
- Who were your heroes or heroines in stories?
- Did you collect anything? Baseball cards? Stamps? Coins? Shells?
- Did you play a musical instrument?
- Did you ever go to see a circus? A parade?
- Were you a fan of a sports team? Did you have a favorite player?
- Did you have an interest in crafts or gardening?

Rural Life

- What kind of farm did your family have?
- Did you have animals?
- What chores did you have to do?
- What was your favorite season of the year? Why?

Urban Life

- What did you like about growing up in the city?
- Did you travel by streetcar?
- Was there a corner store, a grocery, a meat market?
- Was yours an ethnic neighborhood? Was there a lot of flavor from the “old country” in your neighborhood?

Teenage Years

School

- How far did you get in school?
- What were your favorite subjects in school? Why?
- How did you get to school each day?
- Tell me about a class or teacher you remember most.
- Did you discover a talent for any type of art during your teen years?

- Were there sports you played that were important to you?

Friends

- Who did you hang around with as a teenager? Was it a tight group of friends?
- What type of crowd was it?
- Where did you and your friends hang out?

Dating

- Can you remember your first date?
What clothes were in style when you started dating?
- Were you chaperoned?
- Did you go to the prom? What did you wear?
- Tell me about the first time you “fell in love.”

Adventures

- What kinds of dreams and ambitions did you have for your life?
- What was the first car that you drove?
- What was the first trip you took away from home?
- Do any train or plane rides stick in your memory?
- Did you go to any county or state fairs? Amusement parks?
Beaches?

Young Adulthood

Marriage

- Are you married?
- What was your courtship like?
- Describe your wedding.
- Describe the first apartment you rented.
- Describe the first house you purchased.

College and First Job

- What was your first full-time job? Did you like it?
- Did you go to college? How did you select it?

- Do you remember any college pranks?
- What was college like for you? What's your favorite memory from college?

Milestones

- Did you live on your own before marriage?
- What were your wartime experiences?
- What was the first car you owned?

Family and Career Years

Raising a Family

- Do you have children? How many?
- What made them happy as kids?
- Can you remember some humorous things that happened with the kids?
- What was the most satisfying thing about being a parent?

Career

- What is (was) your career?
- How did you end up in that career?

Key Events

- Did you ever attend any major national events? (e.g., the Olympics, a political convention)
- What is the most memorable vacation you took?
- Did you attend a high school reunion? Which one sticks in your mind the most? What realizations did you have about how you had changed since high school?

Summary Questions

- What has been the most rewarding thing in your life so far?
- What things are you most thankful for you in your life?

LIFE CHALLENGES INTERVIEW QUESTIONS

Childhood Years

Home Life

- Were you raised in a large family? [If the answer is yes] That can be challenging. How did you make the best of it?
- What rules did your parents require you to follow?
- Did you benefit in some way from those rules?
- Did you have any fears as a child that you now laugh at when you look back? How did you overcome them?
- Did your family have less than other families in the neighborhood?
- How did the Great Depression affect your family?
- What creative things did your family do to make ends meet?
- Do you remember rationing? What sacrifices do you remember making? Did you raise, can, or preserve your own food?
- Did your family experience any unusual events (e.g., a fire, a tornado)? How did you and your family cope with these events?

Parents and Other Adults

- What positive values and ideals did your parents convey to you?
- Did they work hard to get ahead?
- What lessons did you learn from your parents?

Hobbies and Interests

- Do you remember learning to ride a bike? What was it like?
- How did you manage to have fun without all the toys and games that kids have today? What creative things did you do?

- Were there any sports, games, or skills that you worked extra hard to be good at when you were a kid?

Rural Life

- Did you have lots of chores to do each day? Which chore were you best at? Which chore did you like least? What did you do to make it as pleasant as possible?
- Do you remember having to work extra hard during a bad year?
- What was the work like during bad weather?
- With less farm machinery back then, in what ways did you have to improve to get things done?

Urban Life

- What did you learn from living in the city about getting along with other people?
- Were there any places you had to avoid to stay out of danger?

Teenage Years

School

- How did you discover your strengths and abilities early in life?
- What was your best subject? What made you good at it?
- Did you have any special achievements or honors in school?

Friends

- How did you make friends during those awkward teenage years, when it is so easy to feel insecure?
- Did you have any challenges to cope with when relating to your peers, such as being shorter than average, not being athletic, or being from a family that was not wealthy? Did the challenges

eventually become less important? Can you remember how you overcame them?

Dating

- Were you shy around girls or boys? How did you get past that?
- Did you struggle with your parents over dating?
- Who was the first girlfriend or boyfriend to “break your heart”?
- Were you surprised to discover that you could get over it?

Adventures

- Can you remember the first time you went away from home for an extended period of time? Did it take some time to adjust?

Marriage

- What challenges did you face in the early days of your marriage? How did you learn to work out your differences?

College and First Job

- Was your first full-time job hard work?
- What did you have to go through to get the job?
- What did you have to do to get into college?
- Did your parents help pay? Did you have to work while in school?
- Was it a difficult decision whether to raise a family or get further education? Were you able to do both?

Milestones

- What did you have to go through to purchase your first home?
- What were your experiences during World War II? How did they make you a better or stronger person?

- Did you have to raise a family on your own while your spouse was in the service?
- What was boot camp like? Was it a long way from home?
- Were you scared when you went overseas?
- Did you meet people who inspired you during the war?
- How did they influence you toward personal growth?

Family and Career Years

Raising a Family

- What values did you strive to impart to your kids?
- What unexpected challenges did parenting bring? How did you get past them?
- How did being a parent make you a better or stronger person?

Career

- What were you really good at in your job?
- Were there any career transitions that you had to make?
- Did you face any sexism in the workplace?
- What were the challenges of managing a home mostly on your own while your husband was busy with his career?
- What were the challenges of a dual-career marriage?

Key Events

- Did you make a contribution to your neighborhood or church?
- Were you an officeholder in any organization?
- Did you ever move your family from one community to another? What was it like to start all over again?

Summary Questions

- What is the biggest challenge that you have faced in your life?

- If someone wrote a book about your life, what would he or she say is the most remarkable thing you have achieved?
- What was your proudest moment?
- What key events shaped your life?
- On the basis of your life experiences, what is your philosophy on life?

For Further Information

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