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# Personal Narratives: The Connection with Health Status, Depression, and Social Interaction

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## SENIOR PROJECT - APPROVAL

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PROJECT TITLE: __Personal Narratives : The Connection
_with Health Status, Depression, and Social_____
_Interaction_____

I have reviewed this completed senior honors thesis with this student and certify that it is a project commensurate with honors level undergraduate research in this field.

Signed: __Robt G. Wahler_____, Faculty Mentor

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Personal Narratives:  The Connection with Health Status,

Depression, and Social Interaction

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Abstract

A study of 15 residents ranging from 70 to 104 years in age was conducted. The study consisted of an approximately 30-45 minute interview at an assisted living facility as well as a series of self-reported questionnaires. The purpose of the study was to examine the relationship between a personal interview and three main areas: health status, social interaction, and depression. The personal interview was evaluated based on two qualities, that of coherence and relationship quality. These two scores were compared with the residents' self-reports of health status, social interaction, and depression levels. The results indicate that residents with poor relationship quality showed no significant difference in health status but reported higher incidence of the characteristics of depression such as sadness, crying, inability to make decisions, and loss of interest in others. Residents with low coherence scores had none of these characteristics but showed more concern for their health, had a higher incidence of chronic illness, and had a significantly lower total health score than residents with high coherence. These results suggest that in older adults a poor relationship quality is related to higher depression levels and a loss of interest in others. A low coherence score is related to poorer general health.

## Introduction

Recently, the personal narrative, first developed by B.J. Cohler (1990), has been used in clinical settings and is usually defined as the way humans make sense of their life experiences (e.g. Baumeister and Newman, 1994; Neimeyer, 1994; Schechtman, 1994, Van de Broek and Thurlow, 1991, etc.) Narrators who express life events in terms of warmth and harmony may also prove to be typically sensitive and responsive to others. In contrast, those whose personal narratives are characterized by conflict and isolation may behave toward others in insensitive ways. The personal narrative can be seen as the attempt by humans to establish a sense of coherence and continuity in their lived experience (Neimeyer, 1994).

While a plethora of research exists about personal narratives during childhood and adolescence (e.g. Tappan, 1989; Fivush, 1991; Hudson, 1992), little attention has been given to research about older adults. In one study, Luborsky (1993) did examine the personal narrative of older adults. He found that clinically depressed older adults were less flexible in adopting alternate formats for self-representation. While the sample was small ($\underline{N}$ = 15), his study serves as the basis for one hypothesis of this study, namely that personal narrative is significantly related to depression.

Helfrich et. al.(1994) suggest that narratives motivate the person by serving as a context for choosing and action.

Procedure

The interviews took place in the subjects' rooms and were completed in one sitting. The average time of completion was between 30 and 45 minutes. Each subject was given the set of questionnaires which were completed and received back within two days of the interview. In the two cases in which the subject had poor eyesight, the questions were read verbally, and the subject responded to each question aloud.

Results

The two factors of coherence and relationship quality were found to be unrelated. Each was compared separately to the subjects' self-reports of health status, social interaction, and depression level. Subjects with a low relationship quality score showed no significant difference in health status from subjects with a high relationship quality score. However, subjects with low relationship quality scores showed a positive correlation to specific characteristics of depression. These characteristics include sadness ($N$ = 15, $r$ = 0.86, $p \leq 0.05$), crying ($N$ = 15, $r$ = 0.59, $p \leq 0.05$), an inability to make decisions ($N$ = 15, $r$ = 0.69, $p \leq 0.05$), and loss of interest in others ($N$ = 15, $r$ = 0.56, $p \leq 0.05$). Subjects with a low coherence score did not show these correlations. They did not show lower depression levels or a lower level of social interaction. However, subjects with a low coherence score were shown to have a higher incidence of chronic illness ( $N$

= 15, r = 0.57, p < 0.05) and a significantly lower total health score (N = 15, r = 0.94, p < 0.05).

## Discussion

The purpose of this study is to examine the relationship between interviews viewed as personal narratives and three main areas: health status, social interaction, and depression. The results from this study indicate two separate findings. First, subjects who exhibit a lower relationship quality with others have characteristics of depression. They are more likely to report sadness, crying, an inability to make decisions, and a loss of interest in other people. It is important to note, however, that the total depression scores were not significantly different than subjects with high relationship quality. The most probable explanation for these results is the small number of subjects. Despite the small sample, it can be safely generalized that older adults with a low level of relationship quality with people are more likely to be depressed. They do not, however, seem to be less healthy. In contrast, subjects who exhibit a lower coherence level in personal narration are in all areas combined less healthy, yet they do not show signs of depression and do interact socially with others.

This finding presents the relationship between relationship quality and depression. While the idea that these two are related seems logical, it is in fact also unique. This idea successfully combines the qualitative

aspects of personal narratives with the quantatative questionnaire, thus providing high external validity. It rightly notes that what older adults say about various life topics relates to their mental state, suggesting two conclusions. Perhaps because they are depressed, older adults have a poor quality of relations. Another explanation is that because older adults have a poor quality of relations with others, they become depressed. Unfortunately, the constraints of a correlational study prevent any firm conclusions, and further research is necessary to prove causality.

Another part of this study suggests the link between coherence and health status. Unlike Polkinghorne's (1991) findings, this study does not find a link between a low coherence score and depression levels. The most useful application of for this finding lies in diagnostic treatment for older adults. Physicians may need to become more aware that the personal narrative of the patient can perhaps denote health problems, even when the subject of health is not discussed. Again, causality cannot be determined, but the strong correlation between these two factors warrants a more extensive, controlled study.

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Inventory. This is a 20-item measure of current depression levels. They also received a social interaction questionnaire. This was a 12-item measure which explored the subject's recent interactions with others. The third questionnaire was a health status report. This was a 19-item measure in which the subject rated his/her current level of health and responded to questions about chronic or debilitating problems.

The second part of the study consisted of a personal interview. The subject responded to a series of questions about his/her life at the assisted living facility. Examples include: "What is your life like here?" and "Who takes up the biggest share of your time? Try to remember the last time you did something with this person." The interviews were recorded on tape and transcribed verbatim. The transcripts were then scored according to the Personal Narrative Coding Scale (Wahler, 1996). A second scoring of three separate transcripts by another researcher produced 100% reliability regarding the accuracy of the scoring technique. The personal interview was evaluated based on two qualities, that of coherence and relationship quality. The coherence score was based on whether the answers to questions were clearly understandable and coherent. The relationship quality score was based on how often and in what manner other people were discussed. These two scores were then compared with the subjects' self-reports of health status, social interaction, and depression levels.

If these narratives do motivate the person, this motivation may play a key role in his/her physical health, depression levels, and interactions with others. Further, Polkinghorne (1991) argues that under stressful conditions, a personal narrative "may decompose, producing the anxiety and depression of meaninglessness" (135). In this study, it was hypothesized that the coherence and relationship quality found in a personal narrative of an older adult is related to his/her health status, depression, and social interaction, linking lower scores to a less healthy, more depressed, and less sociable older adult.

## Method

### Subjects

15 adults between the ages of 70 and 105 participated in the study. They were all residents at an assisted living facility in Knoxville, TN. Of the group, 12 were female and 3 were male. They all volunteered at the request of the facility's activities director. The majority of the adults fell into the age range of 82-85. None of the participants had a history of mental illness or severe memory problems (e.g. dementia, Alzheimer's disease, etc.). All participants were living in this facility voluntarily and were aware that they were responding to the interview and the questionnaires anonymously.

### Materials

Three written, self-reported questionnaires were administered. Subjects were presented the Beck Depression

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