How to make narrative interventions work

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Introduction

Joyce is a woman in her early sixties, she recently retired and lost her husband (Westerhof, 2019a). She has depressive symptoms and therefore signs up for the intervention “The Stories We Live By”, a combination of life review therapy and narrative therapy (Bohlmeijer & Westerhof, 2010). She explains: “The thing is, I start this, because I believe that I must spend my time in a meaningful way. It is completely new to me that every activity every time does not feel real to me.” In the intervention, Joyce finds a theme that runs dominantly throughout her life story: “being forgotten”. During therapy, she does writing assignments that intend to support her to distance herself from this theme and find an alternative story of her life. She finds exceptions in several vivid positive memories about her father: “I always felt very safe when we were together.” She acknowledges that it might not be her in particular who is forgotten when she realizes that it might be a sign of the times: “The awareness and openness were lacking in parents at that time.” She also mentions what she has learned throughout her life, even when being forgotten: “I have become aware of how important it is to stand up for yourself in a good way.” In developing a new theme for the next chapter of her life story she mentions: “I feel independent and I strive to be transparent, authentic and respectful in friendships and relations.” The story of being forgotten gains new meanings in its integration with an alternative story of self-confidence and self-respect: “As a result of ‘being forgotten’ I felt left to myself. I believe that I have built a lot of self-confidence and self-respect as a result.” Joyce concludes: “I have a lasting feeling that my life matters. I no longer experience that activities aren’t real to me, but I now do things purposefully again”.

The story of Joyce raises a number of questions. First, she seems to have profited from the intervention, but what is the evidence that narrative works? Second, the assignments seem to be relevant in finding a new story of her life, but how do narratives work? Third, the intervention did work for her, but what is needed to make narratives work? This article aims to answer these questions. It brings together findings from a research program that has been carried out during the past 10 years at the Story Lab of the University of Twente, the Netherlands, while also tying in to some other

developments in narrative studies. The paper ends with a reflection on how to continue research on narrative work in this field.

The main value that we strive for in the program of the Story Lab is "connecting". Rooted in psychology we work together with researchers from different disciplines, from literary science (e.g., Toivonen et al., 2022) to medicine (e.g., Russel et al., 2022) and from sociology and philosophy (e.g., Andrade et al., 2022) to computer science (e.g. Smink, Sools et al., 2019). We also bring together different methods, ranging from storyline analysis as a qualitative research method (e.g., Murray & Sools, 2015) to natural language processing (e.g., Smink, Fox et al., 2019), from case studies (e.g., Bohlmeijer & Westerhof, 2013) to randomized controlled trials (e.g. Westerhof et al., 2019) and from design research (e.g., Pol et al., 2022) to meta-analyses (Westerhof & Slatman, 2019). Last, we bring together science and practice. We do conceive this as a dialogue where questions from science and questions from practice mutually bring new insights, rather than as applying scientific insights into practice only. Mostly, we work together with people who do not have a background in narrative, whether researchers, practitioners or participants in the interventions. As a result, it is a challenge to bring often complex narrative theories to a level that can be easily understood, while at the same time keeping the core of the theories. This paper brings together theoretical perspectives, research evidence from qualitative and quantitative methods, as well as perspectives of counselors and participants in narrative interventions.

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Table 1 presents an overview of the narrative interventions that have been studied in the Story Lab. All interventions want to do justice to the stories of participants in some way or another: they all focus on thinking, sharing, and/or writing personal stories. The concept 'intervention' is employed as they all have a purpose in bringing about change. Yet, intervention is used in a broad way, including one-day workshops to 3-months programs, conversations between younger and older adults to therapies for persons with complex personality disorders, and domains from work to palliative care. Each intervention has its own story, including context, participants, narrative modalities, counselors and purposes. Table 1 provides an overview of the different interventions and in the article these stories of these interventions will be shortly mentioned when specific interventions are described.

Narrative works

Joyce shared moving stories about her own life. She also told a story what she has learned from the intervention and how she feels better afterwards. As human beings are wired for stories, it is easy to identify with the stories she tells. Stories have a convincing power of their own. From numerous conversations with both participants and counselors in narrative interventions, it becomes clear that they are often impressed by stories that are shared and the effects they have on both tellers and listeners. This shows that storytelling has an intrinsic value that would not seem to need further proof of its effects: it seems compelling enough that narrative works.

Yet, from a scientific as well as a societal perspective, it is important to provide solid proof of the effects of narrative interventions. Current research within narrative inquiry has generally taken a more

qualitative, interpretative, hermeneutic approach (Etchison & Kleist, 2000; Riessman & Speedy, 2007). More positivistic approaches to effectiveness have often been criticized for objectifying persons and reducing complexities (Westerhof & Bohlmeijer, 2012). As a result, there are few studies on the effectiveness of narrative interventions from such an approach. However, doing effectiveness research in a practice setting provides an excellent way of reflecting on whether narrative interventions work. It makes it necessary to become explicit about narrative practices: what is being done, how, and why? Results make it necessary to finetune practices: was the purpose achieved, did the stories work as expected? But there are also societal questions: Is it worth to invest in narrative interventions? For whom and under which conditions do they work? And are they less, equally, or more effective than other kinds of interventions? Providing this kind of evidence asks for distancing from narrative practices and a reduction of complexity, but can contribute to providing an evidence base for narrative interventions and thereby making a societal impact. Effectiveness studies do not say the last words but can be used to further learn and integrate what has been learned into narrative practices.

Effectiveness studies at the Story Lab

The Story Lab has a strong root in gerontological work on reminiscence and life review. Ernst Bohlmeijer was the one who started research on life review therapy in the Netherlands, bringing it together with creative therapy in the intervention "In search of meaning" (Bohlmeijer et al., 2005; Pot et al., 2010; Westerhof et al., 2010). Life review therapy has a longstanding tradition in psychogerontology, dating back to the work of Robert Butler and Erik Erikson. It has a focus on integrating memories across the lifespan with a therapeutic purpose (Westerhof, 2015). Coming in different ways to narrative psychology - from therapeutical applications (Bohlmeijer, 2013) and from lifespan psychology (Westerhof et al., 2003) - we realized that there is a lot of overlap between life review therapy and narrative therapy. This led to the development of 'The Stories We Live By' (Op Verhaal Komen; Bohlmeijer & Westerhof, 2010), a combination of narrative therapy with life review therapy. The story of this intervention is that *in mental health care, older adults with depressive complaints write, reflect and share positive and negative memories across the lifespan with a psychologist to find an alternative story and thereby reduce depressive complaints and increase well-being*.

In her PhD project, Jojanneke Korte studied the effectiveness of the intervention in close collaboration with 14 mental health institutes where psychologists were trained to give the intervention to small groups of six older adults with depressive symptoms. She carried out a pragmatic randomized controlled trial: 202 participants in the study were randomly allocated to either the intervention or a control group who had unrestricted access to care as usual and received the intervention after the study. Depressive symptoms and mental well-being were the main outcomes of her study. Korte et al. (2012) found that participants in the intervention improved more in depressive symptoms and mental well-being than participants in the control group. The standardized effects were of a moderate size as compared against outcomes of other psychological interventions (Lipsey & Wilson, 1993). These effects lasted up till a year after the start of the intervention.

In two new studies, the intervention was assessed again. The first time it was delivered in the form of a self-help book with email counseling (Lamers et al., 2015). 174 Participants were randomly

allocated to life review therapy, an active condition of expressive writing (Pennebaker, 1997) or a waiting list control condition. Significant effects on depressive symptoms and mental well-being were found again, although a bit smaller in size than the effects for the face-to-face group intervention and not different from the expressive writing condition. The second time, the intervention was fully digitized: participants received instructions, carried out exercises and communicated in an online platform (Westerhof et al., 2019). 58 Participants were randomized to a counselor-led version, a peer-supported version or a waiting list control group. Results showed moderate effect sizes of the counselor-led version and small effect sizes for the peer-supported version for depressive symptoms, but no effects for mental well-being. Although the effect sizes were somewhat different across the three studies, the same intervention proved effective in different formats.

Meta-analyses on Narrative Interventions

In order to bring together the research evidence from our Story Lab with the international field, we carried out a meta-analysis to find the best evidence for life review therapy for older adults with depressive symptoms (Westerhof & Slatman, 2019). Life review therapy was conceptualized as an intervention with a focus on the evaluation, acceptance, and integration of both positive and negative memories across different phases of the lifespan. We only included randomized controlled trials that were published in peer-reviewed journals. Eleven studies were found, among which the three studies on 'The stories we live by'. The meta-analysis showed strong effects across the eleven studies. However, there were two outliers with very strong effect sizes. When leaving these out of the analysis, the effect size was moderate for the remaining nine studies. Moderate effects were also found in the few studies that included a follow-up of three months after the intervention ended. Interestingly, the published studies showed no publication bias. The effects were homogeneous across the studies, despite differences in study protocols and intervention characteristics - like the individual, group or online formats of 'The stories we live by'. This contributes to the strength of the conclusion that life review therapy is effective in reducing depressive symptoms.

This meta-analysis is not the only one in the field of reminiscence and life review. Earlier meta-analyses on reminiscence and life review interventions had also shown moderate to large effect on depressive symptoms (Bohlmeijer, Smit, & Cuijpers, 2003; Lan, Xiao, & Chen, 2017; Pinquart & Forstmeier, 2012). Pinquart and Forstmeier (2012) found that life review therapy had stronger effects than other reminiscence and life review interventions. Cuijpers et al. (2020) found that life review therapy is one of 15 psychotherapies for depression that is evidence supported. Last, meta-analyses have found evidence of small to moderate effects on several aspects of mental well-being (Bohlmeijer et al., 2007; Pinquart & Forstmeier, 2012). However, the definition of the interventions is not always clear: what one scholar conceptualizes as reminiscence therapy, another describes as life review intervention and vice versa (Westerhof & Slatman, 2019).

Life review therapy is not the only narratively oriented intervention that has been studied in this way. There is also accumulating evidence for *Expressive Writing*. This intervention was developed by James Pennebaker (1997). Participants write about traumatic experiences on a number of consecutive days. Many randomized controlled trials have been carried out that have been summarized in a number

of meta-analyses. Kallay (2015) discusses four meta-analyses and concludes that there are small to moderate effects for physical functioning and psychological outcomes, depending on the target group and specific outcomes studied. Given that this is not a very intensive intervention, this is all the more remarkable.

A last narrative intervention whose effects have been thoroughly studied is *Narrative Exposure Therapy* (Schauer et al., 2011). This therapy has been developed for the treatment of post-traumatic stress disorder, in particular for refugees. It takes especially the avoidance mechanisms that are known to contribute to PTSS into account. There is some overlap with life review therapy as participants make a lifeline involving traumatic memories ('stones') and positive memories ('flowers') across the lifespan. The effects of this kind of therapy have also been studied and summarized in a recent meta-analyses (Lely et al., 2019). Strong effects on traumatic and depressive symptoms were found across 16 studies.

Conclusion on Narrative Works

Overall, it can be concluded that there is strong evidence that narrative works, especially in the field of mental health and well-being. However, across these meta-analyses, there is often publication bias towards studies reporting significant changes, variety in the quality of the studies, and a lack of studies on the effects on a longer term. Most noticeably, meta-analyses found heterogeneity in the effects across studies (with the exception of Westerhof & Slatman, 2019). This heterogeneity does not only depend on differences in the research protocols used, but also on differences in the interventions themselves. An important route to further address this heterogeneity is by being more careful in the inclusion of studies: are the interventions really similar or are we comparing apples and oranges?

The problem is however, that there are many variations possible. We did assess variations of "The Stories We Live By", i.e., the group, guided-self-help and online versions. We also assessed effects of similar interventions that integrate life review therapy and narrative therapy but were attuned to new groups, like persons with intellectual disability and psychological problems ("Who am I?"; Beernink et al., 2020; Westerhof et al., 2016) or students in social work developing their professional identities ("Tell your story"; Engelbertink et al., 2021). This raises new questions, in particular what works for whom?

This question can partly be addressed within randomized controlled trials. Some studies have focused on so-called mediating effects, i.e. the processes that might explain the change in outcomes. In our own studies, we found evidence for meaning in life (Westerhof et al., 2010), ego-integrity (Lamers et al., 2015), positive thoughts (Korte, Westerhof & Bohlmeijer, 2012), and specific words used in email conversations (Smink, Fox et al., 2019). Other studies have focused on so-called moderating effects, i.e., assessing for whom the intervention works best. For example, we found that more extraverted participants profited more from the group based intervention than more introverted persons (Korte et al., 2012). However, such studies need large groups of participants.

Developing more interventions for more groups would quickly lead to an amplification of studies to bring the necessary evidence. This approach therefore comes to its limits, when assessing what works for whom. Another approach is needed, focusing on *how* narrative works rather than *if* narrative works.

We were especially interested in analyzing stories shared in interventions to get a better insight in *how* narrative works.

How narrative works

Joyce took part in the "The stories we live by" that used the self-help book with email counseling. This allowed to track the stories she wrote and shared with the online counselor. It could thereby provide insight in how distancing from the theme of "being forgotten" and identifying with a new theme of "self-confidence and self-respect" developed over time. Narrative therapeutic change research is the field that assesses how narrative processes take place over time and how they contribute to the outcomes of narrative interventions (Smink, Sools, et al., 2019). First of all, this requires theoretical insights into which aspects of stories do matter for mental health and well-being.

Theoretical reviews

In a first more theoretically oriented publication, we reflected on studies about the relation of reminiscence and life review with mental health and well-being (Westerhof, Bohlmeijer & Webster, 2010). The main conclusion is that it is not remembering per se that is related to mental health and well-being, but the way that people remember their lives. In particular, reminiscence oriented towards maintenance and development of identity, solving current problems, or preparing for end of life have a positive relation to mental health and well-being, whereas reminiscence oriented towards reviving bitter memories, reducing boredom or continuing intimacy with loved ones who have passed away have a negative relation to mental health and well-being. Social reminiscence, like conversation or teaching and informing others about one's life had an indirect relation with mental health and well-being, depending on the other orientations of reminiscence. Furthermore, it was found that reminiscence and life review are not only important during the later phases of life, but play a significant role in preserving and promoting mental health and well-being across the lifespan.

Later, we tried to integrate the evidence from the field of reminiscence and life review with evidence from studies on autobiographical memory and narrative psychology (Westerhof, 2015, 2019b; Westerhof, Alea, & Bluck, 2020; Westerhof & Bohlmeijer, 2012, 2014; Westerhof & Lamers, 2018). We relied on theoretical work and reviews of empirical studies being done in the field of autobiographical memory (Singer et al., 2013; Conway, 2005; Bluck et al., 2005; Habermas & Bluck, 2000; Williams et al., 2007), and in the field of narrative psychology (McAdams, 2006; McAdams & McLean, 2013; Adler et al., 2016; McLean et al., 2021; Lind et al., 2020). Again, the main conclusion is supported that it is not recollecting one's autobiographical memories or telling personal stories that matters for mental health and well-being per se, but *how* this is done: for example, whether stories are about specific events that occurred only once in life, what valence these memories have, how they are related to more general concepts about self and life in stories, and how meaning is attributed across events in integrative life stories.

These theoretical reviews focused on studies on the relation of storytelling to mental health and well-being in students and general populations. To add insights from the field of narrative interventions, we did a systematic review of qualitative studies on therapeutic change process research (Smink, Sools

et al., 2019). This turned out to be a very scattered field with about as many methods as there are researchers. There appeared to be four methods of therapy change research that were used in multiple studies of which two originated in narrative research: Innovative Moments (Goncalves et al., 2011) and Narrative Processes (Angus et al., 1999). The first approach (Goncalves et al., 2011) identifies so-called innovative moments in the therapeutic process: it distinguishes between moments of action (behaviors that challenge problematic self-narratives), reflection (new understandings that help to distance from problematic self-narratives), protest (where a client actively criticizes a problematic self-narrative), reconceptualization (recognizing a shift in the interpretation of problematic self-narratives), and performing change (making changes to engage in new activities, project, relationships, or experiences). The second approach (Angus et al., 1999), later developed into the narrative-emotion process model (N-EO; Macaulay & Angus, 2019). This model refers to narrative disclosure, emotional expression, reflective meaning making, and articulating new perspectives. Again, it is *how* stories are told that contributes to therapeutic change.

Layers of stories and their application

It is a challenge to make a systematic model across all different theories and studies taking all complexities of storytelling into account. The more pragmatic approach we took is to bring together the findings from reviews above in a perspective on the relation of storytelling to mental health and well-being. Building on the work on reminiscence and life review, autobiographical memory, narrative psychology, and therapy change process research, we propose to distinguish three different layers of stories: the structure, emotional expression, and meaning giving.

The first layer is the *structure* of the story itself: the telling about an event in one's personal life in a more or less structured way, for example distinguishing a narrative breach by bringing defining elements like scenes, actors, acts, helpers and purposes together (Murray & Sools, 2015). From a perspective on autobiographical memory, an important element of structure is whether a memory is specific, i.e., it relates to an event that happened on a specific day and place as that allows to relate it to particular sensory experiences like smell, sound, or vision (Williams et al., 2007).

The second layer involves *emotional expression*. Many studies have focused on the emotions that are explicitly mentioned in the story, like those in the Expressive Writing paradigm (Pennebaker & Chung, 2011). But the choice of words, the way they are woven together in sentences and in stories, also contribute to the emotional tone of stories. It is important that the emotional tone does not have to be equivocal. It might change across the story as in redemption stories that move from negative to positive emotional tones or in contamination stories that start out positive and end negative (McAdams, 2006). But emotional expression is often also mixed and ambivalent. Last, the nonverbal expression of emotion counts here as well, but there are very few narrative studies that take have taken these aspects into account.

PhD student Deniece Nazareth made short life story books for older adults in a first session of her research project that she later discussed with them in detail during a second session. She used analytical methods from affective computing, a field of computer science that focuses among others on

the identification of emotional expressions (Picard, 1997). She analyzed different modalities of emotion expression from the videotapes of these personal stories, including the sentiments of words (verbal expressions), the use of the voice like pitch, loudness, or pauses (prosodic expressions) and facial expressions (Nazareth et al., 2022). Based on a theory of re-appraisal of memories across time, she asked participants for the emotional valence (positive-negative) of the memories as experienced in the past and as experienced in the present. In particular with regard to sad memories, the valence in the present was more positive than the valence in the past. Yet, the emotional expressions as assessed with the computerized analyses were related less strongly related to the present valence than to the valence as experienced in the past. This raises important questions as to whether self-reports of the re-appraised present valence are supported by actual emotion expressions.

The third layer is that of *meaning giving*. Meaning can be seen as the main message that can be derived from a story for the person who tells it. In the narrative literature providing a meaning to a personal event – implicitly or explicitly - has also been described as selfing (McAdams, 1996; Westerhof & Bohlmeijer, 2012). Selfing is a reflective process that can appear in different levels that show how exactly the meaning of a particular memory is tied to stories about one's own life (Engelbertink et al., 2021; Westerhof, 2019b). The first level concerns an emotional evaluation of what has happened – without linkage to a broader life story. The second level refers to autobiographical reasoning: a specific memory is related to a more general concept of self and life (McLean, 2005). The third level refers to associations of a particular memory with other memories into a larger temporal, causal, thematic, or biographical story of one's life (Habermas & Bluck, 2000). The last level concerns openness to other interpretations and narrative change like in articulating new perspectives (Macauley & Angus, 2019) or stories from the future (Sools, 2020; Sools et al., 2022).

An intriguing application of this work in an intervention was done by our PhD student Jacky van de Goor. She studied the intervention "Wonderful life": *In organizational settings, professionals write and share 'the memory of their life' together with a psychologist to promote meaning in life*. In the analysis of interviews with participants, she related their narratively described experiences to the psychological literature on meaning in life. This literature describes coherence, purpose, and significance as the main psychological dimensions of the personal meaning of life (Baumeister & Landau, 2018; Martela & Steger, 2016). In the processes of discovering and constructing meaning that Van de Goor et al. (2020) distinguished, a mindset of imagination and wonder rather than coherence, letting go rather than purpose and mutual connectedness rather than being of significance to others were found. These findings point to the importance of openness and narrative change as distinguished in the last level of meaning giving.

Research evidence in interventions from the Story Lab

We have used the framework for layers of stories that was discussed in the previous section to analyze the products of interventions. This provides insights into whether the storying processes in the interventions have resulted in stories as expected. As an example, we compare in this section the results of two interventions with rather different purposes and participant groups: an Online Life Story Book for

people with early dementia and a recovery-oriented narrative intervention for persons with personality problems.

The first, the intervention “Online Life Story Books”, has the following story: *In dementia care, persons with dementia and their primary caregivers construe an online multimedia life story book together with trained volunteers to support conversation, relations, and person-centered care*. PhD candidate Teuntje Elfrink studied the effects of the Online Life Story Book on neuropsychological symptoms of dementia (like depression, anxiety, apathy, or agitation). As it did not have the intended effects in a randomized controlled trial (Elfrink et al., 2021), she interviewed participants, volunteers, and professionals in a process evaluation that revealed the more social purpose now mentioned in the story of this intervention (Elfrink et al., 2022a).

Teuntje Elfrink also analyzed eight life story books in detail to assess whether these matched the newly defined purpose (Elfrink et al., 2022b). The books consisted on average of 75 memories that were represented by about two photographs and/or stories each. Most memories referred to themes like home, family, and vacations and were from ages between 25 and 65 years. On average, 6.1 out of 7 themes and 5.4 out of 6 life phases were included which shows the richness of the life story books. Almost all memories were of a positive valence. Somewhat more than one in three memories was specific, i.e., it was a unique memory that occurred on a specific day. Other memories were of a recurring nature like Christmas, but as most memories included photos they had a reference to a specific time and place as well. About half of the memories had no text included. Those with a text were mainly descriptive in nature, although some were written in the first person (‘I’).

These results show that a selection process has clearly taken place, mostly depending on the availability of photographs. On the structural layer, there is a wide variety of topics and lifetime periods with some explicit, but more implicit references to specific events. On the emotional layer, most memories had a positive valence. The layer of meaning giving was less visible in the life story books. Elfrink et al. (2022b) conclude that the memories included in the online life story books, in particular their specific, positive nature, fit the social function of reminiscence that is the purpose of reminiscence interventions well (Westerhof et al., 2010). A point of improvement is to include more texts that make the interpretation of the visual materials easier for other persons to start conversations and provide person-centered care.

The second intervention, “An Empowering Story”, was developed together with Silvia Pol, a clinical psychologist specialized in personalty disorders and Renée Roosenboom, a narrative coach. It has a quite different story: *In mental health care, persons with personality problems write a life story book about past, turning point and present/future, and share stories with peers with a licensed psychologist and a psychiatric nurse to promote their personal recovery.* This intervention has been developed in an iterative, participatory design study and consequently been tested in a feasibility study (Pol et al., 2022). Eight life story books from the feasibility study were analyzed, using the narrative processes coding scheme of Angus et al. (1999). The stories of the past and the turning point were almost entirely descriptive in nature, i.e., they referred to specific events and mainly took place at the structural layer. The stories about present/future were less often descriptive as they referred to more general purposes

and values. Across the three panels of the life story books, emotional expression at the second layer was found in about half of the stories. The stories about the past were both positive and negative in valence, whereas the stories about the turning point and the present/future were almost all positive. Last, across the three panels, the stories that including the third layer of meaning giving grew from 60% to 72% to 99%. Pol et al. (2022) conclude that the differences in the stories between the three panels fit the purpose of the different panels in the narrative interventions well.

These studies show how the two interventions resulted in rather different stories from the perspectives on the three layers of stories. The stories included in the life story books fitted quite well with the purpose of the interventions, but also gave room for further improvements of the interventions.

Conclusion on How Narratives Work

The theoretical work on reminiscence and life review, tying in with developments in the field of autobiographical memory and narrative psychology as well as therapy change research all converge in that it is important for mental health and well-being to analyze how stories are told. Three layers of storytelling – structure, emotional expression, meaning giving – were proposed for further theorizing about how narrative interventions work to promote mental health and well-being. This can give further direction in designing narrative interventions that support mental health and well-being in various ways. As illustrated in the previous section, empirical analyses of the stories told in an intervention can give further evidence of how narrative could contribute to mental health and well-being.

However, there is a need to further develop both theory and methods to better understand how storytelling contributes to mental health and well-being. First, with the exception of some existing longitudinal studies (e.g., Liao et al., 2018; Mclean et al., 2021) more studies are necessary that follow people in telling and retelling stories of their lives and how this contributes to their mental health and well-being over time. Similarly, with the exception of some studies (e.g., Adler, 2012; Smink, Fox, et al., 2019) few studies have followed participants in narrative interventions to assess how their storytelling contributes to change processes across time.

Making narrative interventions work

Joyce was strongly engaged in carrying out the exercises of “The Stories We Live By” and actively communicating with the counselor through e-mail. For her, the intervention worked. However, how can narrative interventions be designed in such a way that they do work for others as well? The guidelines of the American Psychological Association (2006) state that evidence-based practice should include not only the evidence from research, but also the values of participants and the expertise of professionals. In order to study the latter two, we have engaged in iterative, participatory design research with counselors and participants as well as in process evaluations to learn more of the strengths and weaknesses of interventions as they are carried out in everyday practice. Based on these studies, we developed trainings and manuals for counselors as well as workbooks and digital applications for participants. Together, the studies in developing and using these products provided insights into what makes narrative interventions work.

Client values in research of the Story Lab

Participants perspectives were studied in several research projects on different interventions, mainly using interviews and focus groups in design studies and qualitative and quantitative assessments in process evaluations (Elfrink, et al., 2022a; Engelbertink, Kelders et al., 2020; Engelbertink et al., 2021; Korte et al., 2014; Nazareth et al., 2019; Pol, et al., 2022; Van de Goor, et al., 2022; Westerhof et al., 2019).

Across these studies, *psychological safety* appeared to be the most important value from the participant perspective. This can be defined as “being able to show and employ one's self without fear of negative consequences” (Kahn 1990, p. 708). Overall, participants mention that it is not easy for them to think, reflect, write, or share their stories, so that it is necessary for them to feel they are in a safe space. At the end, participants often state that participation in a narrative intervention has “not been easy, but rewarding” (Pol et al., 2022).

Psychological safety can be supported in many different ways that can be tied to self-determination theory (Ryan & Deci, 2017). According to the theory, the fulfillment of the three basic needs of autonomy, competence, and relatedness is important for mental health and well-being as they support processes of human development and flourishing. *Autonomy* refers to the competence to make choices and follow one’s intrinsic motivation. In narrative terms this means ownership and authorship of one’s own story. Autonomy can be supported by offering participants a choice to participate. In everyday practice participation in an intervention will be part of a process of shared decision making involving the assessment of the match between a participant and the intervention. Participants therefore need clear descriptions about the why, how and what of the intervention, whereas the intervention needs to be adjusted in text and layout to the participants. Once participating in the intervention, participants also have a choice which stories to work on and which stories to share. Assignments can best be seen as propositions that a participant can accept or not, but we also tend to offer different variants of particular exercises in order to give participants a choice which variant fits best. When sharing stories in a group, participants are always allowed to ‘pass’ when it is their turn. Interestingly, giving them a choice often motivates participants who are at first hesitant to share with a group. By offering autonomy, participants can go through their own personalized intervention which often helps to overcome barriers.

Competence refers to the need to be effective in one’s environment. In narrative terms, it refers to narrative competence. For narrative interventions three aspects of competence are important.: cognitive abilities, emotional regulation skills, and expectation management. First, it involves the attunement to cognitive abilities of participants. A criticism that is sometimes heard is that narrative interventions are better fit for people with higher education or above average cognitive abilities. We therefore always stress that stories can be told in dialects and do not need to be consistent or grammatically correct. The experience learns that narrative interventions can also be tailored to persons with early dementia (Elfrink et al., 2021) and to persons with intellectual disability (Westerhof et al., 2016). Often, attunement to *emotion regulation skills* appears to be as important as attunement to cognitive abilities as it is often hard to remember and share stories about emotionally involving

moments in time. Containment plays an important role here. We often advice participants to set a predefined time to think, write, or share stories. These can be clearly marked at the beginning by a relaxation or mindfulness exercise and a conscious closure at the end of an assignment or session (e.g., literally putting away a written story to get back to everyday life or sharing an insight or lesson after a round of sharing stories). A last aspect of containment is also to aim for a good balance between 'positive' and 'negative' stories: in general, it works well to end with a 'positive' story in order not to become overwhelmed by emotions at the end of a session. Last, *managing expectations* is also important to support competence. Some participants start out with the idea that they want to make 'the' story of their life. Rather, it can support them when it is made clear that this is a very high purpose and that life stories always involve selection and can change over time as one tells and retells, reads and rereads them. Managing expectations is also related to specific parts of interventions. Often there are restrictions in time (e.g., how much time is there to share a story in a group so that everyone gets a chance to share) and length of stories (e.g., how long can a story about a particular experience be to be part of a structured life story book). These may support participants in not getting overwhelmed and in clearly structuring the time that they work on the intervention. On the one hand, it shows what they can consider 'enough' and on the other hand, it supports them to focus on what they consider relevant.

Janny Beernink is a licensed psychologist who developed and evaluated a narrative intervention together with the Story Lab called My Lifestory in mental health care, persons with intellectual disability and psychiatric complaints use a structured life story book under guidance of a licensed psychologist to promote well-being and diminish traumatic and depressive symptoms. Rather than adapting an existing intervention, she tailored the intervention directly to the participants based on guidelines for interventions for persons with intellectual disability and taking into account for example limitations in working memory and executive functions (Westerhof et al., 2016). It relies on a good intake conversation; communication in easy to understand language while also employing metaphors, illustrations, and schemes; a simple structure with an adjusted tempo and enough repetition; experience-near exercises that support verbalization; as safe and positive environment that focuses on both negative and positive memories; and inclusion of the social network. The intervention showed large changes in psychiatric complaints and well-being (Beernink et al., 2020).

Relatedness refers to the need to feel connected, to care about and feel cared about by other. In narrative theories, the intrinsic social nature of stories has often been emphasized (Hermans & Kempen, 1993) as well as their possibilities to connect people and build and maintain relationships (Bluck et al., 2005). For participants, a good and warm relationship with a counselor plays a key role in narrative interventions. Often a good relationship is mentioned by them as one of most important working processes. It is also important that some participants want to share their stories with others while others prefer a closer relationship with only a counselor, whereas others even stress that they like the anonymity of online interventions. Confidentiality is key in sharing stories: stories are not to be shared beyond the relationship with the counselor or the group (unless with explicit consent of the person who shared a story). Clear agreements about privacy are related to this, in particular also when stories are shared online. During interventions, it is important to have enough time for each participant, but also to provide and savor moments of silence. In group interventions, the composition of the group plays an

important role: having groups of participants with similar enough backgrounds can support recognition in the exchange of stories. Mutuality is another aspect of supporting relatedness: all participants are experts of their own stories and all stories count; there is no competition of who is the best storyteller or has the most impressive stories to tell. In order not to misappropriate a person's story, we often stress that it is not necessary to analyze stories of others, but to provide appreciative feedback, often in a few words to share the impression a story has made. Under these circumstances, it is possible to see each person and each story in its own right. This enables participants to find recognition, realize that others have problems too, learn from others, and support others.

Counselor expertise in research of the Story Lab

Besides client values, research on counselor expertise provides information on how to make narrative interventions work. We addressed these in a number of process evaluations and design studies (Catala et al., 2020; Elfrink et al., 2022; Engelbertink, Kelders et al., 2020; Engelbertink et al., 2021; Pol et al., 2022; van Venrooij et al., 2019). Across the several interventions, we have worked with a broad variety of counselors, including peers, students, volunteers, teachers, healthcare professionals, and licensed psychologists. All agree that selection and training are important to assure that counselors have enough expertise to provide a particular intervention. We can distinguish between three types of competence: generic counseling competences, narrative competences, and professional psychological competences.

An example is the study of Iris van Venrooij et al. (2019) on Precious Memories. *In residential care, older adults with depressive complaints recall specific, positive memories with trained volunteers/psychologists to decrease depressive symptoms and increase mental well-being*. The study used interviews and focus groups with psychologists that had been trained to use this intervention. Results showed that they noticed a high drop-out - which was related to the observation that clients did not belong to the target group – as well as a lack of long-term effects. Concrete strategies for including the right target group as well as for maintaining effects over time were given.

First, *generic counseling competences* can be distinguished in facilitating and structuring storytelling as well as active and empathic listening. The first implies the competence to start a conversation, to introduce themes and assignments, to encourage participants to share stories, but also to prevent digression, to ensure that the intervention progresses well and – in group interventions – to be aware of and lead group processes. Active and empathic listening includes an open attitude, matching the language use of participants, showing comprehension and recognition of what a person has told as well as having an eye for and being able to name nonverbal signs. These generic competences are especially important in creating a good bond with and among participants. Taken together, an underlying attitude in narrative interventions is that of *compassion*: "the feeling that arises in witnessing another's suffering and that motivates a subsequent desire to help" (Goetz et al., 2010, p. 351).

We often use these generic counseling competences in the selection of counselors, so that we can assume an adequate level of competencies here. This is mainly applied to previous experience and

assessment of current competences, but it is not necessarily tied to a particular professional background. For peers in group interventions it is important to explain such generic competences to be used as general conversational principles in sharing stories and providing appreciative feedback.

Second, *narrative competences* build on these generic counseling skills. Narrative competences are build on insights into narrative theories and abilities to apply them. A first basic insight and attitude is to appreciate the stories that people tell, but also to acknowledge that there is not *one* particular life story, but that there are always several ways of telling and sharing different versions of personal stories. While stories can be considered as authentic individual expressions, they do not necessarily tell the truth. Secondly, narrative competences include basic insights in the role that stories play in mental health and well-being of participants. This includes insights in how different levels of stories are related to mental health and well-being as described in the section on *how narrative interventions work.* This can support counselors in recognizing characteristics of stories and in framing questions when further probing storytelling. Third, specific challenges in storytelling for participants in a particular intervention are important. For example, participants with depressive symptomatology might have challenges in retrieving specific positive memories, whereas participants with dementia might have challenges in describing personal memories and participants with personality disorders might want to avoid looking back.

These narrative skills are not commonplace, so we always make them part and parcel of the training of counselors. On the one hand, training includes narrative theory. Besides general insights, we especially focus on the narrative processes that are relevant in why a particular intervention works, for example addressing specific, positive memories in persons with depressive complaints. On the other hand, training includes hands-on experience of the intervention in which counselors are trained. We therefore always have prospective counselors do exercises included in the intervention. They can thereby experience what it is like to think, write, and share stories. This helps them in taking the perspective of participants and the challenges they may encounter during the intervention.

Third, *professional psychological competences* can be of importance, especially when participants have complex or multiple problems, like persons with personality problems, persons with intellectual disability and psychological problems or persons with dementia and depression. They are also important when the intervention is therapeutic in nature and when counselors support participants in finding new meanings and telling alternative stories rather than retrieving and sharing stories without a therapeutic purpose. Counselors also need their professional psychological skills to deal with complex emotions or challenges in emotion regulation that can inhibit storytelling. For example, it is important to recognize avoidance or transference during an intervention. However, such expertise often builds on a medical model that can also be a challenge in narrative interventions. Licensed and specialized psychologists have often remarked that the kind of stories they hear in narrative interventions are rather different from the kind of stories they hear in their usual practice. In particular, stories are less problem-saturated and more grounded in the context of everyday life. Furthermore, psychologists remarked that they need to be careful not using their own specialist models about disorders as interpretive schemes for stories shared by participants, but to listen to the stories from the perspective of the participants.

A particular approach of these professional psychological competences includes involving students early on in autobiographical storytelling as a way to broaden their approach beyond the medical model towards more person-centered competences. *In elderly care and education, the intervention "Green and Grey" (Westerhof, 2011) brings together older adults and students (who will later on work with older adults in healthcare) in sharing stories about meaningful themes to promote connectedness.* Both older adults and students have reported that this helps them in approaching the other generation in less stereotypical ways. For students, this is also intended to provide them with competences in taking the perspective of their older clients in a person-centered way, besides the specific competences they often learn from a medical perspective.

A study by PhD student Monique Engelbertink et al. (2020, 2021) on "Tell Your Story" went one step further and focused on how reflecting on personal life stories can contribute to professional identity development. *In higher education, social work students write and share autobiographical exercises online, in peer groups and in face-to-face classes with teachers to promote their professional development*. The intervention was developed in an iterative participatory design process and later tested for effectiveness in a randomized controlled trial. The effects of autobiographical reflection on professional identity development were similar as those of critical reflection without the autobiographical component, but students were more involved and both teachers and students evaluated autobiographical reflection more positively than critical reflection.

Conclusion

To conclude, studies out on the values of clients and the competences of counselors can provide better insights in how to make narrative interventions work. For participants, safety is an important value that can be promoted by supporting their needs for autonomy, competence, and relatedness. For counselors, generic counseling competences, specific narrative competences, and professional psychological competences can be at play in making narrative interventions work. This can be supported by selecting counselors with basic counseling competences, training them in narrative competences, as well as engaging in autobiographical storytelling to provide competences besides the more technical competences that professionals nowadays learn from a biomedical perspective.

Whereas client values and counselor expertise are important in making narrative interventions work, the broader context of application is also important. The medical model is currently the dominant narrative in many domains of care, and narrative is often presented as a critical, alternative model. It remains a continuing challenge to bring the two closer together in order to successfully implement narrative interventions in everyday practice. On the one hand, there appear to be some openings in the medical model. These are for example related to the increasing demand on mental health care that leads to long waiting lists for specialized help. But also more generally, there is an increasing demand on health care in general that is related to a population that grows older but with more chronic diseases. These ask for innovative approaches. In health care policies this can be seen in an increasing focus on self-management and adaptation in a model of positive health (Huber et al., 2011), in patient movements it can be seen in an increasing focus on personal and social recovery beyond clinical and functional recovery (Leamy et al., 2011) and in research it can be seen in shift from from symptoms and

disorders towards mental well-being in positive psychology (Keyes, 2008; Bohlmeijer & Westerhof, 2021). On the other hand, the work of the Story Lab tries to contribute to the acceptance of narrative interventions by engaging in studies on effectiveness and providing technologies, manuals and trainings that make working with narratives more available. Existing challenges are to seize the moment in line with changes in health care, but also to find ways of integrating storytelling approaches and interventions in everyday care. This asks for studies from an organizational perspective, but also from a financial perspective as there is a dearth of studies on cost-effectiveness of narrative interventions (Korte et al., 2015).

Continuing narrative works

Based on this overview of the work of the *StoryLab* of the University of Twente, some clear guidance towards future work came to the fore. With regard to evidence that narrative works, good quality studies with a focus on effects on a longer term are needed and need to be published even when no effects are found. With regard to the question why narrative interventions work, further theoretical integration as well as longitudinal studies in the general public and in interventions are necessary to better understand how narratives contribute to mental health and well-being over time. With regard to the question what makes narrative interventions work, good research on implementation of narrative interventions in everyday practice is still missing.

In the work of the *StoryLab*, we want to contribute to these challenges while at the same time going new directions with narrative interventions. First, we have made steps to better integrate digital technologies into narrative interventions. These include providing access to narrative interventions (The Stories We Live By, Tell Your Story) as well as new ways of making (multimedia) products as in the Online Life Story Books or An Empowering Story. We have recently also studied how digital nature might stimulate storytelling as a more indirect conversation starter (Otten et al., 2022). Second, as participants often have difficulty in putting their experiences into words, we have relied on art as a means to support storytelling as in Photovoice (Vansteenkiste et al., 2020) and a recently started project on Art-Based Learning in palliative care (Russel et al, 2022).

Tom Vansteenkiste is a licensed psychologists who came to the Story Lab to do research on Photovoice. *In mental health care, persons with serious mental illness make, share, and reflect on photographs of their own recovery process together with a psychologist to promote their personal recovery.* The study used a participatory design where clients were engaged also in the analyses of the photos to design an exhibition. The study found four main recovery themes: People, Places, Activities, and Finding Meaning. Participants showed in the exhibition that recovery is about dealing with vulnerabilities as well as aspiring a meaningful life.

Although storytelling offers opportunities to contribute to new perspectives of care and health, it is important to acknowledge that storytelling remains a ”slow” process that needs adequate time. Furthermore, continuing work on narrative interventions needs further curiosity, collaboration, and reflection to advance theoretical understandings while at the same time making an impact in society.

Table 1: Overview of Interventions studied at the Story Lab, University of Twente

	Scene	**Actors**	**Acts**	**Means**	**Purpose**
Letters from the Future (Sools et al., 2022)	Community	Citizens, professionals, students	Imagining the future	Psychologist	Resilience
Wonderful Life (Van de Goor et al., 2022)	Work domain	Professionals	Your life in one memory exercise	Psychologist	Meaning
Tell Your Story Engelbertink et al., 2021)	Higher education	Students social work	Online exercises to write relevant stories	Lecturer	Professional identity
Green and Grey (Westerhof, 2011)	Elderly care and education	Older adults and students	Sharing stories about meaningful themes	Students	Connec-tedness

Precious Memories (Westerhof et al., 2017)	Elderly care	Older adults in residential care	Specific, positive memories	Psychologist, volunteer	Well-being, depression
Online Lifestory Books (Elfrink et al., 2021)	Elderly care	Persons with early dementia and their caregivers	Online multimedia narratives	Volunteers	Social relations
The Stories We Live By (Korte et al., 2012)	Mental health care	Older adults with depressive complaints	Life review and narrative therapy	Psychologist	Well-being, depressive complaints
My Lifestory (Westerhof et al., 2016)	Mental health care	Persons with intellectual disability and psychiatric complaints	Structured life story book	Psychologist	Well-being, trauma, depression

An Empowering Story (Pol et al., 2022)	Mental health care	Persons with personality problems	Writing and sharing past, presence, and future	Psychologist	Personal recovery
PhotoVoice (Vansteenkiste et al., 2021)	Mental health care	Persons with serious mental illness	Making, sharing and reflecting on photos	Psychologist	Personal recovery
Art-Based Learning - Palliative Care (Russel et al., 2022)	Palliative care	Persons with cancer	Dialogue with art	ABL professional	Meaning

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