

## **The life line, a means of enriching the interview with patients**

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The interview with a patient, whether it is to gather information, to motivate them to follow a treatment or to change their behaviour, to give them the support they need in the face of an existential difficulty or to give them directions or guidance, is a professional act of the highest importance. It requires that the nurse possess, not only an open and warm personality and solid communication abilities but can also deploy strategies which will help achieve the desired objectives.

### **The training required**

All of the following elements require serious preparation during the nurse's training. In the first place, it is important that the student and even the graduate nurse, achieve a certain level of self-knowledge by a process of introspection and metacognitive development. They must become aware of their strengths and weaknesses as regards their interpersonal skills and evaluate their own level of self-esteem, all of which are essential to carry out a professional interview with serenity and an open mind.

Too often in education, we have a tendency to bypass this vital aspect of personal development. It is impossible to know and understand others if we do not know and understand ourselves. "Know thyself", was inscribed on the pediment of the temple of Delphi, and Socrates who promulgated this was already a revolutionary figure in his own time. Here at home, wanting to do well, we consecrate much effort to teaching lots of content but we too easily forget that a nurse, in order to intervene with a patient needs maturity and objectivity and not only a bunch of facts.

The ability to communicate is another important aspect in establishing an exchange. Here again, training is essential. The student and the nurse must not only know the basic elements of communication but must also be able to apply them in simulated situations of physical or psychological suffering, paediatrics, emergency care, etc. It is also vital that they receive feedback on their performance if we want them to improve. In communication and care-giving relationships, the instrument is the intervener, which is why these dimensions of self-knowledge and personal development are so necessary. On this subject, a teaching method using **microcounselling** has revealed itself to be particularly profitable. ([The Mirror Effect - Mediator of Knowledge and Self-Image](#) and [Situation Briefings: The Microcounseling Strategy in a Therapeutic Relationship](#)).

The interview is a privileged relationship with a patient, which creates the environment for the action of the nurse. However, when the interventions which make it up must go

beyond the simple relational contact, specific strategies must be deployed in order to achieve the various objectives pursued. The life line is one of these strategies.

### **The life line**

The life line is a strategy used especially with persons suffering from the addictive behaviour associated with alcoholism, drugs, medication or gaming. It is carried out over

#### **The life line: definition**

- **It is a strategy used with persons having a dependence.**
- **It is more than just a simple autobiography.**
- **It presents a graphic synthesis of the major events in a person's life which serve as a canvas for the development of their history.**
- **To this central axis one adds the habit of addiction: when it began; the phases and periods of intensity, respite and recommencement; concomitance with life's experiences, difficulties and joys.**
- **It also reveals the unfortunate consequences of this habit: loss of jobs, divorce, itinerancy, etc.**

several sessions in a serene and pleasant climate, in a care-giving partnership. These meetings should be seen as moments of sharing a profound and nourishing relationship. The strategy of the life line depends essentially on a Rogerian approach of empathy, non-judgment and positive consideration. One must manifest unconditional acceptance and the non-directivity of the exchange should

enable the person to express themselves freely. The nurse thus becomes a witness, an echo, but always keeps an eye out for the moment of discovery and ensures that sincerity and truth are maintained.

### **Objectives pursued**

By this approach, the nurse pursues several objectives. The first is to establish with the person a solid relationship of confidence which will favour an open exchange where the patient can tell their story, and reveal themselves without constraint, as they are, without the fear of being judged or reprimanded.

Everywhere, within the family, at work and even in health care centres, comments and reproaches often accompany the dialogue with dependent persons. They are constantly reminded of their lack of willpower, their weakness and even their degeneration. "You've drunk again", "You can't stop yourself from going to the casino", "You're disgusting when you drink", "With your drug habit, you'll find yourself in the street". It's always the same old story! The intention is perhaps good but moralising "ad nauseam" never does any good. It is thus necessary to find another path, that of liberty and objectivity.

This is what the professional attempts to do by means of a life line. But it is not always easy; the dependent person is not necessarily easily approached. They are often

## The life line: objectives

- Create a strong relationship with the person and their life experiences.
- Give them the opportunity to relate their life to someone who just listens and does not judge them.
- Enable them to develop an objective image of the events in their lives.
- Facilitate an awareness of the moments of vulnerability, the turning points in their life.
- Engage a fruitful reflexion on their unfortunate decisions and companionships and on their disastrous consequences.
- Help them start an objective process of metacognition.
- Help them become aware of the defence mechanisms that they use: denial, projection, rationalisation, etc.
- Help them to discover their strong points.
- Help them to project themselves into the future.

distrustful; they believe that they know in advance what one is going to tell them. Moreover, used as they are to tumultuous relationships, they do not easily develop trust. Besides, their negative self-image, leads them to believe that it is impossible that someone could really be interested in them. With

certain persons, one must develop tons of patience and be very attentive to the quality of acceptance. One must not forget that the nonverbal often speaks louder than words.

In this approach, the subject is invited to tell their life history, with the objective of becoming aware of the moments when difficulties led to their dependent habit and the moments of strength which they can use to find the energy to change. One of the major objectives pursued by a well conducted dialogue, is to bring the dependent person to arrive at an objective image of themselves and their life, without effacing their habits or excusing or amplifying them, just see them as they are and what they have brought to the course of their existence.

It is not an easy objective to attain, for this discovery is often painful for the dependent person who all through their life has always found excuses and scapegoats for their conduct. "It's my father's fault." "It's the fault of my bad companions" "It's the fault of this shitty society...etc."

Up to the present, the patient has managed to avoid taking responsibility and now the nurse, with gentleness and determination, makes them relate their history and describe things as they really are. But the image that the patient sees is often difficult to accept and they need help to be able to face it. Moreover, one cannot deny that for certain persons, difficult circumstances may have been the cause of addictive behaviour and may even at certain times have been a means of survival... We must understand with empathy but also realise that evasive behaviour is not constructive.

The life line approach goes even further. By means of this dialogue, we help the person go back through their memories and become aware in great detail of their moments of vulnerability, the turning points which caused them to fall into their habit, in order to start with them an honest and objective metacognitive process. This process also enables them to become aware of the defences which they use to excuse themselves or to hide from reality.

This stage is full of pitfalls. Indeed, these defence mechanisms are major barriers which make the process of the exchange rough going. The person often denies having a problem or minimizes its importance. They may also shift the responsibility onto someone else, which enables them to feel less guilty. They may also try, by

### **The requirements of the life line**

- **Sincerity: despite the inevitable personal interpretation of the facts by the patient, one must establish from the very beginning a pact of sincerity and objectivity.**
- **A certain liberty: They can be permitted to make excuses and avoid the issues, but one must gently and tactfully help them in the search for truth.**
- **The necessary stereotypes: this strategy must be personalised in its procedure and in its graphic rendition, but from one person to another, despite the diversity of experiences, one finds a similarity in the stages of life and the values evoked.**

rationalisation, to say that since life didn't offer them any other avenue, there remained only the escape of the drug or that fate decided thus and there was nothing they could do. These moments of denial, projection and rationalisation require an enormous amount of tact on the part of the nurse.

Another objective pursued by the nurse with this strategy is to help the person not only see their weaknesses but also the positive sides of their life history, for instance, their successes in school, or in their professional, social and emotional life. This stage is very important as it enables the nurse to put to good use the accomplishments of the patient in order to stimulate and help them see themselves as capable of change.

Once all the stages of this approach have been completed, the professional must support the patient in order that they may be able to consider the future and reflect on what they now want to do with their lives. This last stage is crucial; it is the end result of the entire process of becoming aware.

### **The conditions for its creation**

The person with whom this strategy is used must accept certain requirements essential for its success. First of all, the person must be someone who has sufficient intellectual capacity to participate in such an exchange. Patients who are physically or

psychologically too deteriorated have great difficulty in following instructions and carrying out such a procedure. The person must also manifest, at the very least, minimal motivation to undertake the process and be willing to undergo a procedure of change.

But the major requirement for the application of this strategy is the obligation of sincerity. From the start, a contract of sincerity and objectivity must be established with the dependent person. It must be clearly stated that they can tell us all, and that we can hear all, in specifying that we are not there to judge or to moralise but simply to help them. A climate of relaxation and liberty is thus an essential condition.

### **Personalization of the process versus stereotypical stages**

The use of this tool must be personalized, and correspond to the life history of each patient, their reactions and their needs. Indeed, the professional must try to find with precision what distinguishes the particularity of each path. All humans live their lives in their own way. However, several stages or experiences may be similar and may even take place at the same period in one's life often in more or less the same fashion. For example, formal education, the start of professional life, marriage, etc. But even though it is true that these various stages resemble each other, the events which make them up are experienced in a particular manner. And it is this that the life line reveals.

### **The stages making up the life history**

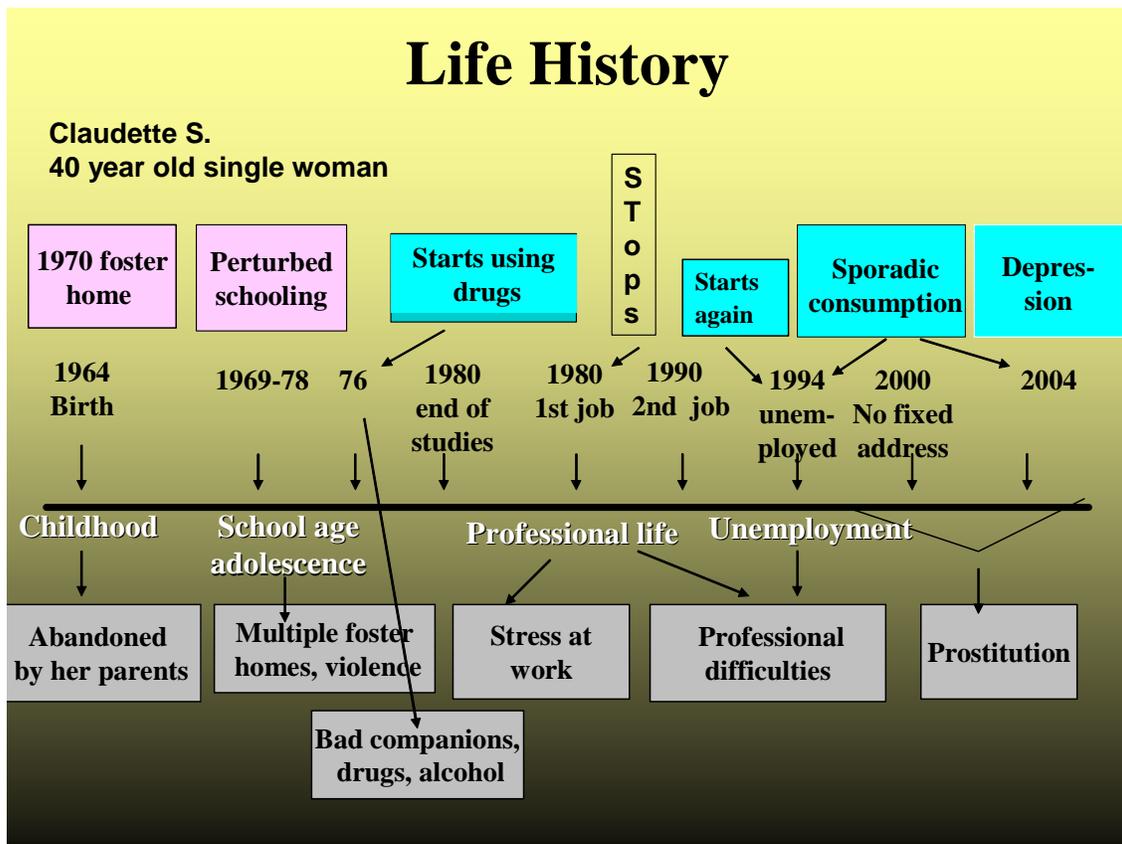
#### **The conventional stages of the life line**

- **Origins: birth, family, important places.**
- **Education: basic, professional, university.**
- **Start of life: adolescence, beginning of adulthood, family responsibilities.**
- **Professional life: choices, progression, bifurcations, creations, honours.**
- **Special events: remarkable meetings or experiences, trials, mourning.**
- **Beginning of the dependent behaviour: its influence, its stops and starts, its consequences.**

The life line is the personal story of the patient and must cover all the stages. By means of a sympathetic dialogue, the nurse must help the person relate their history and identify the various events which marked their life.

The nurse must help them recount their birth, their parents and their life context at that moment: poverty,

conflicts, separations, divorce, placement in foster homes, etc. Follows the school period with its possibilities of success or failure, its ups and downs, violence, succession of schools or foster homes, whether or not the person went on to higher education or university, learned a trade or a profession.



This approach must bring to light the difficulties associated with adolescence or the beginnings of adulthood, negative or positive work habits, use of drugs or alcohol, companions, etc. It must also describe events such as engagements, marriage, the arrival of children but also the difficulties such as family conflicts, divorce, problems with the legal system, illnesses, hospitalizations, cures and above all the highs and lows of the consumption of alcohol, medication or drugs as well as gambling or an addiction to the Internet.

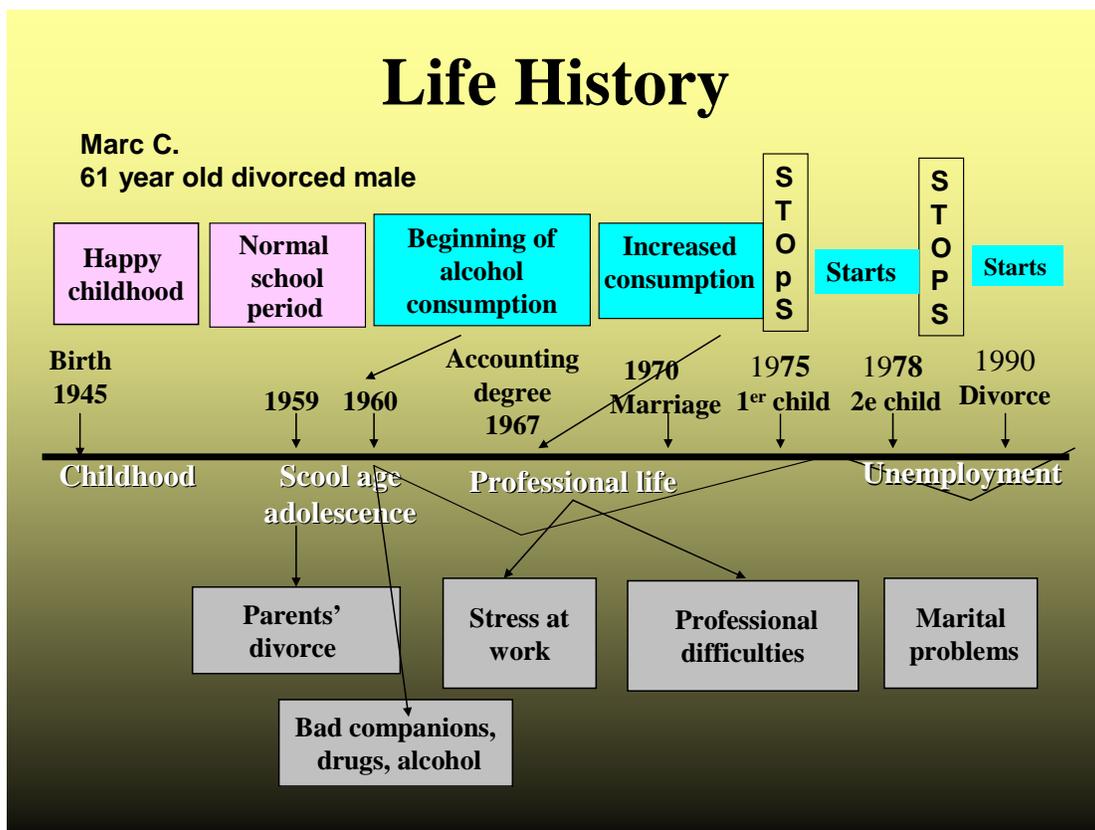
### The process of the strategy

In order to apply this strategy, the nurse must first of all explain this method to the person, the objectives pursued, and the procedure before soliciting their adherence. Once the patient gives their free and open consent, the process can begin.

The nurse asks the person to relate their history to the best of their ability in chronological order. At times, she asks open questions to stimulate the person to express themselves or yes/no questions to clarify or synthesize various points in order that they may better situate themselves in the tangle of dates and details.

The nurse assumes an attitude of reflexive listening using the reframing answer at different levels to help the person better see their actions, values, intentions and weaknesses.

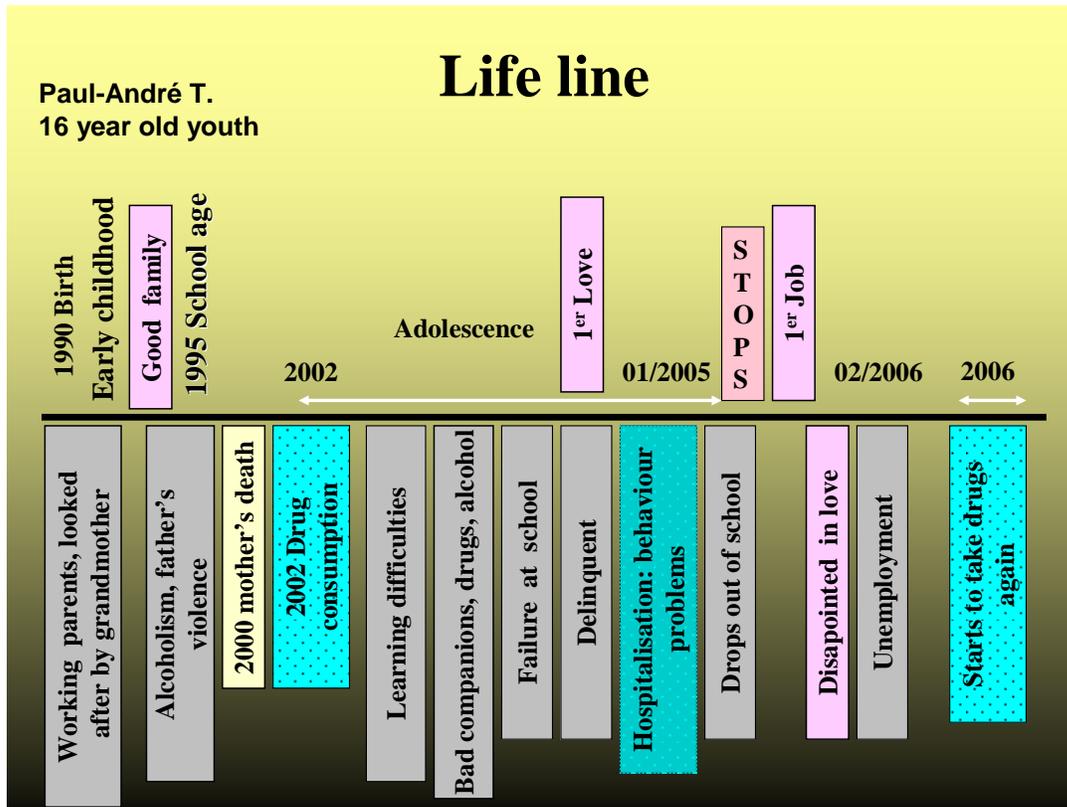
During the exchange there are sometimes difficult moments and the nurse must then offer the support of her empathetic comprehension or, if necessary, resort to gentle confrontation in order to make them realise their lack of realism or lack of responsibility. In the labyrinth of their hesitations, excuses, contradictions and objections, she must also try to unravel all the threads of their history in order to put things in a certain order and let the truth emerge.



### Writing up the life line

During the course of these sessions, when certain stages have been brought to light and made clear, the nurse suggests that the patient write them on a line in order to make a kind of diagram. The important stages of life such as birth, formal education, marriage, should appear near the line or above it. Positive events are also placed above the line whereas negative events are placed beneath. Beneath the line one also situates all the events which have a consequence on the addictive behaviour such as hospitalisations, unemployment, divorce, etc. All the circumstances related to the dependent behaviour should be clearly visible.

The first two attached diagrams offer an example of a very synthetic presentation because the PowerPoint format doesn't permit greater detail. In real life, the life history shows much more details than what is presented here. A handwritten presentation is done in a different manner in order to insert on a horizontal plane the largest amount of information possible. Moreover, one should be able to see the events at a glance, even if it requires pasting several pages together. An actual diagram of a life history will then resemble that of Paul-André T, which follows:



To write up a life line requires several interviews whose number can vary in accordance with the willingness of the patient, their motivation and evidently the time at the disposition of the professional. Once the diagram terminated, the nurse asks if this image of their life's journey reflects their reality. If the answer is negative, corrections must be made with patience and comprehension. If the response is affirmative, the process can continue. The nurse then uses the diagram for subsequent exchanges with the person in order to facilitate reflexion and to solicit their opinions or intentions. The fact of thus seeing one's life in a concrete manner with its highs and lows, its successes and the addictive behaviour, has a motivating feedback effect to bring about change. All that is left at the end of this strategy is to put in place with the patient a precise procedure of behaviour modification and a reorganisation of their life.

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