The life trajectory interview (LTI) is designed to (1) elicit models of economic and social success and of life course achievement and derailment, (2) identify how individuals position themselves with respect to these models (both in terms of cognitive endorsement and “real life” approximation), (3) test how this relates to individual mental health trajectories across the lifespan, and (4) characterize participants' understanding of how individual behavior and extrinsic events may act to “derail” life course goals.

Conceptual approach
This work was prompted by the need to engage how culture works “on the ground” to make a difference at the level of individual experience and behavior. The role of culture or ethnicity in outcomes of interest (e.g., differential well being, school performance, decision making) has claimed intensifying scrutiny from many social scientists. A challenge to investigation of this role has been a dearth of conceptual and methodological bridges between two levels of analysis, population and individual. Culture/ethnicity (the two are not synonymous, but often are used interchangeably) is a population-level concept comprising distributive beliefs, values, and practices, but also necessarily operates at the individual level where cultural knowledge is held, produced, and enacted. By contrast, conditions or outcomes of interest such as health, social competence, poverty, or aging are tagged at the level of individuals, though they necessarily are informed by structural, historical, and other factors at the population level.

A growing body of work aims to bridge this gap. Building on Barth (Barth, 1975), Sperber and colleagues have argued for an epidemiologic approach to culture as regularities distributed in time and space (Sperber, 1985) and produced through causal links to cognition and behavior (Sperber, 1996; Sperber and Hirschfeld, 2004). From a view of culture as shared, motivating, and meaningful, cultural consensus modeling (CCM) aimed to map the distribution of cultural knowledge (Romney and Moore, 1998; Romney et al., 1986). An important application of CCM has linked individual cultural competence (knowledge of modal population views) and consonance (conformity to the population norm) to mental and physical health (Dressler, 1991a; Dressler, 1991b; Dressler and Bindon, 2000).

By contrast with such epidemiologic approaches, cognitive perspectives on the organization of cultural knowledge as working representations has shown that domains of culture are organized as related content maps (cultural models), cognitive schemas, and behavioral scripts that ground understanding, motivation, and action (D'Andrade and Strauss, 1992; Shore, 1996; Strauss and Quinn, 1997). From an independent developmental perspective, pathbreaking work by Linda Burton demonstrated that ethnic differences in working models of the life course informed distinctive ordering of life events among socioeconomically disadvantaged urban African Americans (Burton, 1990). This work and life-span development theory (Hetherington et al., 1988; Lerner et al., 2003) have prompted the current focus on factors regulating acquisition or selection and pursuit of developmental models and goals across the life course (Dweck and London, 2004; Heckhausen, 1999; Heckhausen and Dweck, 1998).

The immediate question that informs the method reported here concerns how cultural epidemiology and the distribution of cognitive models maps onto the developmental epidemiology of success and risk in the youth to adult transition. Earlier work suggests three crucial features of research on
individual development and psychobehavioral risk: (1) A developmental lifecourse perspective is necessary for understanding individual pathways of risk and resilience. (2) These pathways depend heavily on individual ability to “make meaning” out of life, and to interpret and integrate experiences into ongoing behavioral patterns. (3) Cultural frameworks both structure and aid (or hinder) this personal integration process; hence, individual risk/resilience pathways are strongly embedded in sociocultural dynamics. Accordingly, we have reworked cultural consensus methods to tap into cultural models of expected and desired life course contents (milestones; social and material goods) and of the factors that advance or impede their attainment (see earlier analyses in Worthman et al., 2002).

Sample
Participants were drawn from the Great Smoky Mountains Study (GSMS), a longitudinal population study of mental health risk covering the 11 counties of western North Carolina, an area that includes the Great Smoky Mountains National Park and the Qualla Boundary, the federal reservation of the Eastern Band of the Cherokee. The GSMS has a total sample size of 1420 (1070 Anglos/other, 350 Cherokee), recruited in three cohorts at initial ages 9, 11, 13 years. Participants have received annual and biannual interviews to assess individual functioning and symptom / diagnostic status on all DSM-IV diagnoses, as well as physical health and development, family structure and functioning, and school / community characteristics.

For over twelve years, young people in the GSMS have been tracked as they grow from adolescence through the transition to adulthood. Unique in its demographics, the Great Smoky Mountains Study (GSMS) also is one of only a handful of longitudinal, community-based studies that provide detailed information about emotional and behavioral development and problems across the transition to adulthood; how individuals, families, schools, and communities deal with these problems; the need for services and their availability and costs; and the resulting quality of life for young adults. (See publications at http://devepi.mc.duke.edu/.)

GSMS participants were aged 19, 21, and 23 years at the time of our study using the Life Trajectory Interview. For this study, we used a subsample of 350 participants, based on a 16-cell stratified design including four dichotomous dimensions of gender, ethnicity, family stability (≥1 transition), and early poverty (≥2 years). Basic sample characteristics can be seen in the table below:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>207 Anglo</th>
<th>143 Cherokee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>178 female</td>
<td>122 male</td>
</tr>
<tr>
<td>Family stability</td>
<td>198 stable</td>
<td>150 unstable (≥ 1 transition)</td>
</tr>
<tr>
<td>Early poverty</td>
<td>199 non-poor</td>
<td>149 poor (≥ 2 years)</td>
</tr>
</tbody>
</table>

Method development
We followed a multi-stage approach found effective in previous work on cultural models and cultural consensus. The 13-month field process proceeded as follows:
1. Semi-structured interviews, to determine culturally relevant concepts and vocabularies (n=22)
2. Focus groups (and individual follow-ups), to check acceptability of ethnographers’ understandings of the above and develop content (items) accordingly (16 focus groups, 60 participants)
3. Creation of scales for pilot testing, yielding preliminary quantitative tests (n=149)
The pilot phase identified themes, domains, and items salient to local cultural models of the life course and determinants of achievement. Specifically, respondents identified content domains (milestones, material goods, social goods) that comprised a life, converged on factors that promoted or hindered attainment (barriers, difficulty) of the model, and distinguished loading dimensions (importance, impact, relevance, concern) that moderated the value or impact of content and barrier items. Our expectation was borne out, in that participants clearly distinguished common culturally held models (what applies to the average American) from the model to which they themselves subscribed or which they viewed as applicable to themselves (self). Thus, at each step in the cardsort, participants were asked to do the task both for the “average American” and for “self.” This approach creates a matrix that permits assessment of positionality of individuals vis a vis the field of responses for Americans and selves. During this phase, we also found that, in addition to ranking importance, underlying value was more effectively disembedded when participants were asked to exclude items until a bare bones “good enough” life was left. (The strategy of using choice restriction to reveal value draws on (Shweder et al., 1995)

**Interview protocol**

Four life course domains

- **Milestones**: 12 events considered most important to achieve in life.
- **Barriers**: 20 events/behaviors/personal characteristics that most delay or prevent the achievement of life goals.
- **Social affordances**: 20 community, family, and individual characteristics considered most important for “being happy and satisfied in life,”
- **Material goods**: 15 items considered most important for “living the good life.”

Two overarching cognitive frames

- **Average American**: preferences, concerns, and life situations of the “average American”
  Respondents are instructed that “average American” should comprise whatever they think represents Americans overall.
- **Self**: responses for self, regardless of perceived community, regional, or national preferences or perspectives

Cardsort dimensions (n=7)

- **Age**: acceptable age range for milestones (minimum, ideal, maximum)
- **Exclusion**: trade-off task, taking away items and leaving a “minimal model”
- **Importance**: forced-decision ranking task
- **Difficulty**: ranked difficulty of achieving life course milestones
- **Relevance**: community prevalence and general “risk” of encountering barriers
- **Impact**: negative destructive force of barriers
- **Concern**: personal relevance/concern regarding barriers

Participant life course assessment

- **Demographics**: employment, marital status, childbearing, income, schooling
- **Life course status**: individual participant status (past, current, and future predicted) on all four domains listed above (milestones, barriers, social affordances, material goods)
- **Comparative social status**: Goodman ladder (Goodman et al., 2000) subjective assessment of social status, social centrality (personal and parental family of origin)
- **Projected lifespan estimate**
CARDSORT DOMAINS

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. High school</td>
<td>1. Addiction</td>
</tr>
<tr>
<td>2. Driver’s license</td>
<td>2. Jail</td>
</tr>
<tr>
<td>3. First job</td>
<td>3. Drop out</td>
</tr>
<tr>
<td>4. First car</td>
<td>4. Major loss</td>
</tr>
<tr>
<td>5. College</td>
<td>5. Kids too early</td>
</tr>
<tr>
<td>6. Career</td>
<td>6. Partying</td>
</tr>
<tr>
<td>7. Financial security</td>
<td>7. Wrong crowd</td>
</tr>
<tr>
<td>8. Move out</td>
<td>8. Debt</td>
</tr>
<tr>
<td>10. First house</td>
<td>10. No jobs/education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social affordances</th>
<th>Material goods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Money</td>
<td>1. Big/nice house</td>
</tr>
<tr>
<td>2. Family support</td>
<td>2. Property</td>
</tr>
<tr>
<td>3. Self-esteem</td>
<td>3. Own business</td>
</tr>
<tr>
<td>4. Higher education</td>
<td>4. Fancy vehicle</td>
</tr>
<tr>
<td>5. Determination</td>
<td>5. Investments</td>
</tr>
<tr>
<td>6. Passion</td>
<td>6. Vacation home</td>
</tr>
<tr>
<td>7. Church</td>
<td>7. Nice clothes</td>
</tr>
<tr>
<td>8. Status/power</td>
<td>8. Travel</td>
</tr>
</tbody>
</table>

Life Trajectory Interview: sequence
I. Demographics
II. Card sort
   A. Introduction
   B. Life course milestones (n=12)
      Age [youngest, ideal, oldest] (average American)
      Exclusion to “bare bones life” (average American)
      Rank importance of remaining cards (average American)
      Rank difficulty (average American), all cards
      Exclusion to “bare bones life” (self)
      Rank importance of remaining cards (self)
      Rank difficulty (self), all cards
   C. Barriers (n=20)
      Rank prevalence/relevance (average American)
      Rank negative impact (average American)
      Exclude those that do not apply to self, from lowest risk (self)
      Rank remaining cards in order of concern
   D. Social goods (n=20)
      Exclusion to essentials for living “happy, satisfied life” (average American)
      Rank importance of remaining cards (average American)
      Social goods: exclusion to essentials for living “happy, satisfied life” (self)
      Rank importance of remaining cards (self)
   E. Material goods (n=15)
      Exclusion to essentials for living the good life (average American)
Rank importance of remaining cards (average American)
Exclusion to essentials for living the good life (self)
Rank importance of remaining cards (self)

III. Status
Status for barriers and affordances on 5-point scale [strongly agree / agree / neither agree nor disagree / disagree / strongly disagree]
Status (Y/N / maybe) on milestones, material goods (have now, have had, will have)

IV. Goodman ladder (Goodman et al., 2000)
SES position of household of origin, current status of self
Self evaluation of social status, current

The entire interview (sections I-IV) takes around 75 min to complete; the card sorts (section II) take around 50 min.

Acknowledgements
This work was supported by the William T. Grant Foundation (DS804 383-2854), National Institutes of Mental Health (MH 577610 to CMW; 5 F31 MH064253-02 to RAB), and a fellowship from the Russell Sage Foundation (CMW).

LITERATURE CITED