

USE OF NARRATIVE IN THE DOCTOR-PATIENT RELATIONSHIP

I. OVERVIEW

Three ways narrative can be used:

- A. Listening to pts. story
- B. Co-creating pts. story (interaction/interviewing)
- C. Writing (creating narrative) about pts. story

II. HISTORICAL OVERVIEW

- A. Historically, narrative primary mode of interaction, primary mechanism for making diagnosis, delivering treatment
- B. With rise of biotechnical medicine, narrative fallen into disuse

III. LISTENING TO THE STORY

- A. Translation - putting narrative into our own terms
- B. Censorship - deleting aspects of story that are deemed irrelevant, or threatening
- C. Value of listening
 - 1. Connectedness, the establishment of trust
 - 2. Healing properties of story-telling; inherently therapeutic
- D. Paying attention to dimensions of literature
 - 1. Character - pt. psychology and motives
 - 2. Plot - what is the predicament and its resolution?
 - 3. Theme - organizing purpose
 - 4. Style - manner in which story told
- E. Paying attention to myth and metaphor
 - 1. Myths we live by - is myth helpful or hurtful to pt.?
 - 2. Metaphor - expression of pt. pain
- F. Create atmosphere of intimacy, respect, regard

IV. COCREATION OF THE STORY (CONJOINT STORYTELLING)

- A. Help pt. create stories that are truer, more accurate
- B. Go beyond official stories
- C. Help pt. search for new meanings, new options

V. CREATING NARRATIVE ABOUT NARRATIVE (WRITING ABOUT THE PT. STORY)

- A. Adopt the pt's voice
- B. Write about self from pt. pt. of view
- C. Achieves access to consciousness of pt.

VI. THE VALUE OF STORYTELLING

- A. Create new insights, interpretations, understandings
- B. Makes sense of something that was confusing, chaotic
- C. Leads to change
- D. Creates greater empathy, caring

I trusted her. And she betrayed me. It's happened before - I put people on a pedestal, and then they have feet of clay. Finally I think I've found someone worthy of my trust - this time it'll be different. Of course it's not.*

I thought she was my buddy, my comrade. Like in Viet Nam - all the guys really had was each other. But they knew they'd die for each other. That day, when she told me she wouldn't die for me, that really hurt. I'd like to hurt her - bear her brains out, maybe napalm her. Wipe that superior smile off her face. Maybe then she'd quit attacking my mother. Mom - she's the only one who's ever really been there for me. The only one who'll really fight for me. She knows I'm special - I deserve better than what I'm getting. But things are too complicated now - mom can't help. And when I rely on her, I just keep running into her damn boundaries. Who is there now to help me fight my fights? I feel so alone. I am soldiering on alone, and I am so tired. God am I tired. And scared. Maybe scared more than anything.

* She keeps saying she feels like she's walking on eggshells around me. I'd like to throw a dozen eggs right in her face.

GENOGRAM AS NARRATIVE

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11-19-90
P.

I. THE TEXT ANALOGY

II. GENOGRAM AS NARRATIVE

- A. Identification of change requires location of events in cross-time patterns
- B. Change essential to experience of meaning and personal agency

III. THE DEFINITION OF A STORY

- A. Action, happenings, and chronology
- B. Double movement in time

IV. THE GOAL OF STORYTELLING

- A. Storytelling as healing
- B. Restoring connectedness, reducing anxiety and guilt
- C. Pathogenic and therapeutic stories

V. ELEMENTS OF LITERATURE

- A. Character, plot, theme, and style
- B. The resident as storyteller
- C. Types of stories

VI. DISTINCTIONS BETWEEN LOGICO-SCIENTIFIC AND NARRATIVE MODES

- A. Experience
- B. Time
- C. Language
- D. Position of observer

VII. FINDING THE MEANING

- A. Human beings as meaning-makers

B. Power of narrative

C. Need for alternative stories

1. Challenging official truths

2. Resurrecting subjugated knowledge

VIII. CO-CREATION OF THE STORY

A. Reciprocity

B. Actual text vs. virtual text

C. Pitfalls of co-creation

1. Censorship

2. Poor translation

IX. CONDITIONS FACILITATING THE CREATION OF MEANING

A. Strong emotional arousal

B. Challenging cherished beliefs

C. Acknowledgment of confusion, surprise

X. LEVELS OF INTERPRETATION

A. Literal

B. Moral

C. Allegorical

D. Anagogical

XI. IS IT A GOOD STORY? TRUSTWORTHINESS CRITERIA

A. Lifelikeness

B. Multiple interpretations

C. Credibility/coherency

D. Helpfulness/meaning

E. Aesthetic/moral quality

F. Empowering and catalytic

GENOGRAM AS NARRATIVE

10:30

I. INTRODUCTION: THE NARRATIVE METAPHOR 10 min.

- A. A discipline such as family medicine which *The Narrative Metaphor*
1. continues to struggle with its own identity or
 2. in a more positive construction, is not afraid to entertain simultaneous multiple and complex meanings
 3. continues to seek out metaphors to enhance its self-understanding
 - a. the hippy, counterculture metaphor
 - b. the gatekeeper metaphor

- B. Recently, the metaphor of medicine as narrative has surfaced; and even more recently been criticised in some circles as overblown, overworked, and irrelevant

- new layer pseudo-tech. in language - just had listen to stories*
1. But narrative metaphor is a particularly compelling one, and one from which I believe we still have not yet extracted all we may learn - *Need to reflect on what we mean - deconstruct them unplug reconstruct*
 2. The value of metaphor is that it conjures up a third thing through the linking of two dissimilar domains
 - a. "Her life was a prison" suggests insights into both the nature of her life and the nature of prison
 - b. while at the same time evoking an imprisoned life as an independent entity
 3. Narrative a dry, technical word
 - a. Substitute "storytelling," images unfold, overwhelming us with their richness of association
 - b. Stories of fantasy and adventure heard in a mother's lap; delicious terror exchanged around a campfire; the ritualized storytelling that passes from generation to generation to preserve the history of a family or a people
 - c. sounds, words, music, emotions, relationship, connection - storytelling a highly interactive process
 4. When these images are paired with patient history-taking, for example, a sense of congruency and discord, familiarity and strangeness arises
 - a. If we contemplate the nature of family medicine, the image becomes at once completely right and alien
 - b. It is a successful metaphor because its rich associations challenge our conventional thinking about what we do and how we do it; allows us to see different, deeper dimensions

II. RESIDENT GENOGRAM

- A. This presentation will focus on one tool in the biopsychosocial armamentarium, the genogram, and discuss the implications of the narrative metaphor for its use
1. In this presentation, I will be discussing genograms as applied to residents, although many of these understandings are relevant to work with patients as well
 2. I have selected the genogram as a focus because it is a popular tool with wide applicability in resident training and patient care
 3. Many programs require genograms on every patient; or require residents to complete patient genograms during

specialized behavioral science rotations

4. The genogram is also frequently used during residency orientations as a quick way for people to get to know each other, either in a large group format, or in a small group interview
- B.
1. But there is a real danger of the mechanics of the genogram obscuring the potential meaning a genogram can create
 1. I first became aware of this potential through an article by Michael Crouch discussing how family-of-origin work had had a significant impact on his practice style as a physician
 2. Led to my dyadic work with residents, using the genogram as a basis
- C.
1. The kind of genograms I am describing are personal, intense, and require 2-3 sessions to complete, as well as a trusting, committed relationship with the facilitator (whether behavioral scientist or physician)
 1. They are not therapy, but they are an act of active and respectful attention, requiring the facilitator to listen with her whole being, and be willing to participate in the story the resident is presenting
 2. Their purpose is to start a healing process in those residents whose family-of-origin problems are destructively intrusive on their practice of medicine; or
 3. whose personal incompleteness and unhappiness threatens to overwhelm their ability to be good physicians

~~10 min~~ 10 min III. GENOGRAM AS NARRATIVE 10:40

- A. Genogram is both a map and a narrative
1. Bateson (anthropologist who, among other things, was a pioneer of the interpretive method) quoting Korzybski: "The map is not the territory"
- B. The actual genogram is a map
1. But the actual territory remains to be explored, traversed, and examined inch by inch
 2. Narrative is the means by which this exploration occurs
- C. The genogram is static, frozen; narrative enlivens it
1. Introduces concept of change because
 2. Narrative requires location of events in cross-time patterns
 3. Change vital to the experience of meaning and personal agency
- D. Why use the concept of narrative?
1. Thomas Kuhn was one of the first to point out that many of the great creative leaps of understanding in science originated with individuals trained in another field; it was their very lack of preconceptions which facilitated what has become known as a paradigm shift
 2. On a less elevated scale, all of us can benefit from viewing our own or others' behavior from the radical perspective of a completely different discipline
 3. In the world of medicine, the scientific story has

where practical choice & action are concerned, stories are better guides than rules or maxims; maxims state significant generalizations about experience, but stories "unpack" them - explain what these summaries mean. stories natural mediators between the particular and the general of experience

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gained preeminence

- a. While this is an appropriate story in many arenas, it is highly conventionalized and restricted formulaic
- b. It is governed by so many rules and constraints that a lot ends up being omitted *lack moral force of narrative*

Advantage of storytelling is it conveys info indirectly which would not be acceptable ~~stories are solutions to problems~~ in literal, explicit terms

- c. Worse, those of us who live in this medical world begin to think that every story can be told according to scientific criteria, even the story of our personal lives. Yet our primary meaning construction occurs through storytelling of a different sort - storytelling that is narrative: HOMO FABULANS (man the storyteller)

→ Read Segment 10 min 10:50

10 min. IV.
10:00

THE DEFINITION OF A STORY *The Definition of a Story

A. What happens next: "A narrative of events arranged in a time sequence" (EM Forster)

1. So both elements of action, happenings, and chronology are all important

2. Process - the narration itself - is also important

B. Double movement in time: "Narration is the forward movement of description of actions and events which makes possible the backward action of self-understanding"

this story definitely pursues self-understanding

(Churchill & Churchill, 1982)

1. So narrative is not only a reporting of factual description of events, but an emphasis on the human meaning involved in these events

2. In fact, Fisher (1984) defines narration as a means of organizing, making sense of our world

stories are solutions to problems in being primary form of coping with experience

V. THE GOAL OF STORYTELLING

*Life: Stories we live by

A. Life is the stories we live by

B. Psychopathology is stories gone mad

C. Psychotherapy (or the narrative genogram) is an exercise in story repair (rebiographing) (George Howard, U. Notre Dame)

Need to "fix" her story

*The Goal of Storytelling

D. Kornei Chukovsky, 19thc. Russian poet: "The goal of storytelling consists of fostering compassion and humaneness - this miraculous ability of man to be disturbed by another's misfortunes, to feel joy about another being's happiness, to experience another's fate as one's own"

a. Is this the attitude we cultivate in taking a patient history, or

b. eliciting a resident's genogram?

VI. STORYTELLING AS HEALING

*Storytelling as Healing

A. Storytelling heals by restoring a disrupted connectedness (Brody)

connection to family members disrupted lots of guilt

B. Stories properly told will reduce anxiety and guilt, help give coherence to the self (Stein)

C. Pathogenic vs. therapeutic stories

1. Some stories trivialize, injure, alienate

2. Others promote competence, wellness, are uplifting and healing (Karl Tomm)

D. Goal is to transform stories into stories of healing

- E. Goal of narration is to transform "docile bodies" into "enlivened spirits" (Michael White)
- F. The story in medicine * *The Story in Medicine*
 - 1. A process between doctor and patient (resident):
"What is required between clinicians and patients is a coherent, convincing, and shared account of how things came to be as they are... and what might be done to ameliorate (their) debilitating effects... Such an account is not easily come by... It is part discovery and part invention"
(GG Stephens) *Hannah Arendt - Stories do not literally recreate experience; always inventions or discoveries*
 - 2. Stephens goes on to explain the nature of a story's healing properties: The results "... are not quick and easy cures, but a chance to participate with their clinicians in the reconstruction of the meaning of their critical life experiences"

VII. DIMENSIONS OF LITERATURE

- A. Four elements of literature * *Four Elements of Literature*
 - 1. Character, plot, theme, and style
 - 2. Pattern of exposition (background situation), rising action (creates suspense), climax (highest point of interest), denouement (resolution)
- B. Feminist critique of narrative approach
 - 1. Gergen: our culture has given rise to stories whose narrative structure is linear, sequential, directional
 - 2. Plot is organized to move toward a specific, well-defined goal
 - 3. But women's narratives may have different structures
 - a. aleotric
 - b. unpredictable change stressed
 - c. involvement in multiple relational patterns *fits this story*
- C. The resident as storyteller - listen to how resident tells the story: detail, language, dramatic climax
 - 1. Are above elements present or absent?
 - 2. Where are resident's strengths as as storyteller?
 - 3. Importance of naming to reduce unrecognizability of phenomena
- ~~10 min.~~
10 min. D. Types of stories I
11:10
 - 1. The Dysfunctional Family
 - a. lots of suspense, conflict, melodrama
 - b. weak on exposition, disjointed, chaotic; no resolution
 - 2. The Perfect Family
 - a. stylistically a masterpiece, careful development, clear theme
 - b. Poor character development, not believable
 - 3. Life is Hard, Be Strong; Life is Unpredictable, Be Prepared
 - a. Suspense, exciting climax
 - b. Lack compassion, characters very external
 - 4. The Ordinary Family
 - a. Very boring: Sinclair Lewis' Main Street

} vacillates between these

b. All the doors are closed, all the rooms are empty

E. Types of Stories II (Zuckerman)

Told in hopes listener can explain it
4. Despairing stories - no hope for future; fail to appropriate past

- 1. Hidden stories - puzzlement stories hidden message - needs deciphering
 - a. not clear what we're listening for
 - b. resident must become author rather than disempowered character in narrative
- 2. Disorganized, disempowering stories - victimization, imprisonment
 - a. need help in organizing, reframing
- 3. Overwhelming stories
 - a. resident needs help in facing story feeling of engulfed
- 4. Predominant themes blame, guilt, responsibility

Types of Stories III: Tragedy, comedy, romance, satire

F. Myth and monomyth * Myth and monomyth

- 1. Campbell - the basic myth of Western culture from which all other stories are derived
- 2. All heroic journeys have certain similarities
 - a. Hero leaves home and family to pursue a goal (call to adventure, departure from routines of life) doesn't start till end - wants to but fears of disloyalty
 - b. Encounters a powerful guide
 - c. Conquers many hardships, faces many adversaries (the shadow presence, gatekeeper at border of new world)
 - 1. defeat, placate, circumvent this figure
 - 2. otherwise, journey is blocked
 - d. Series of tests which try strength and courage
 - e. Eventually proves himself and emerges transformed;
 - f. Return to the world, where he is rewarded; often on generative role
- 3. Feminist critique - very male oriented (woman usually designated as obstacle to quest or reward for success) good story for f with strong father identification
- 4. Goal is to emerge from mythic structure one has created, and shift to more advanced mythic structures

G. Distinctions between logico-scientific and narrative modes * Distinctions

- 1. Experience * Experience
 - a. Logico-scientific - particulars of personal experience eliminated in favor of reified constructs, classes of events, systems of classification and diagnosis
 - b. Narrative - emphasizes particulars of experience
 - c. Genogram - emphasize details, incidents; avoid labels (ETOH); generalizations (typical middle-class family)
- 2. Time * Time
 - a. Logico-scientific - temporal dimension excluded; emphasis on universal laws and truths
 - 1. Resident (former policeman): Used to see everything in terms of black and white; now I see more shades of gray...
 - 2. "Objectivists are inventors who think they are discoverers..." (Efran, Lukens, Lukens, 1988)
 - b. Narrative - temporality critical dimension; stories exist as plot unfolding through time
 - c. Genogram - mother "always" sickly; WHEN did she become ill? - led to resident questioning mother;

narrative truths contain implications they can be supplanted by narratives from other times & places

learned of career as actress before rheumatic fever age 20; led to greater appreciation, understanding

- 3. Position of observer * Position
 - a. Logico-scientific - emphasis on objective stance, distance
 - b. Narrative - narrator is protagonist and participant
 - c. Genogram - intimate, not remote
- 4. Language * Language
 - a. Logico-scientific - indicative mood to reduce uncertainties, complexities; technical, unequivocal word use
 - b. Narrative - emphasizes implicit rather than explicit meanings; broadens field of interpretive possibilities
 - c. Metaphor * Metaphor
 - 1. developmental primacy of metaphor - found in language of very young children
 - 2. basic category of human thought - required to think about most basic human experiences
 - 3. metaphor represents need to articulate pressing inner experience; occurs when feelings are high, but ordinary words insufficient to convey experience
 - d. Primary vs. secondary thought process (Freud)
 - 1. primary - hallucinatory, wish-fulfilling, characterizes dreams, psychosis
 - 2. secondary - reality-oriented; precise, logical, scientific
 - 3. primary process also the mode of creativity, of imagination; stimulates many associations, memories, interpretations

lie
carnival
shattering
straightening
mirrors

~~10 min~~

10 min
11:30

VII. FINDING THE MEANING * finding the Meaning

A. Human beings as meaning-makers

- 1. We give meaning to our experience by "storying" our lives
- 2. We are also empowered to "perform" our stories through our knowledge of them

keeps repeating her story

B. Power of narrative * Power of Narrative

- 1. Storying determines the meaning ascribed to experience
- 2. Stories not only representational, they have a determinative function
 - a. they reflect not only our past experience, but become filters that regulate how we see our present, and project our future
 - b. stories are constitutive - they shape lives and relationships

Stories not located simply in past - speak of something in process of becoming

C. Need for alternative stories * Need for Alternative Stories

- 1. Often, narratives in which people are storying their experience do not sufficiently represent their lived experience
- 2. Significant and vital aspects omitted because they contradict the dominant narrative
- 3. Resurrecting subjugated knowledge

danger of overdetermining future story - need for different narrative structure more like jazz improvisation

trimmed out all the ugliness

myth of father as perfect person

D. Co-creation of the story (conjoint storytelling)

* Co-Creation of the Story

storytelling frequently collaborative - sometimes sought out, sometimes imposed; stories must be tested on others
storyteller must accommodate views of others

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1. Brody posits an innate human need to tell one's story to someone; repetition - till we get it right; narrative thinking involves move from pass, unconvincing story to one that is good, convincing
2. Narration a reciprocal exercise, consisting both of the act of telling the story and the act of responding to it
3. Bruner (1986): What is important is not the actual text, but the virtual text which the listener constructs
4. Development of a new story to promote healing, with a "more intelligent, more imaginative plot" (Hillman)
5. Act of cocreation must be mutually negotiated

E. Responsibilities of the "editor"

1. Misconception that offering one's story to someone is an act of such vulnerability that psychotherapy will always be required
2. Alternatively, may argue that the very telling of the story is therapeutic
3. Listener has responsibility

See Next Page

I'm here to activate stories

much more to tell here
make tale gain momentum & depth
draw out story in hiding -

help storyteller see where story wants to go

Hermeneutic listening

- a) restoration of meaning
- b) reduction of illusion

- a. Not to abandon, not to shut book half-way
 - b. Treat every story with respect and dignity
 - c. Challenge automatic or conventional elements of story
 - d. Scrutinize story to find new meanings that more accurately reflect the reality of storyteller
- F. Conditions facilitating the creation of meaning * Conditions Facilitating
1. Strong emotional arousal present
 2. Confronting or challenging cherished beliefs present
 3. Presence of confusion, surprise, lack of understanding present

G. Implications for residents' stories present

1. Resident must be emotionally engaged in story, telling gut-wrenching, rather than "official" story
2. Resident must challenge a family myth
3. Resident must confess aspects of story are confusing, full of gaps

H. Pitfalls of Co-creation * Pitfalls of Co-Creation

narrative smoothing - omit data, make story fit pre-conceived model

1. Stein - importance of paying attention to what we allow and do not allow to emerge as "acceptable" narrative material I also had to give up a "perfect storyfather" myth
2. Distinction between presenting and "hidden" story
3. We unconsciously censor our own and other's stories - enmeshment - risk of punishing her

leading suggestions to elicit narrative, supporting certain kinds of explanations

- translate what they are saying into what we can tolerate
- a. do our translations tend toward the official version - in line with our own theories, methods, observations?
- b. do our translations reinforce the constantly reiterated myth?
4. We confuse our own stories with the stories of others
5. We try to treat and cure our stories instead of theirs
6. We deprive or deny people their stories
7. Narrative failures (Steve Zuckerman, Margaret Wiedman)
 - a. failure to connect
 - b. inability to create a therapeutic alliance
 - c. failure to elicit more than fragments of story
 - d. inability to resolve conflicts about nature of story
 - e. all storytelling tries to deny & be silent as much as it tries to convey
 - f. some deception, evasion found in all stories

RESPONSIBILITY

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VIII. LEVELS OF INTERPRETATION

- textual interpretation: A. Interpretation - how we comprehend meaning
- 1) must be intimate w/text B. Derivation from Biblical exegesis
- 2) be willing to immerse self in world created by text C. Pardes - paradise
- 3) must care about text - not do violence to meaning of text D. Four levels
 1. Literal - literal facts of the story
 2. Moral - implications for conduct; teaches a lesson of how we should behave
 3. Allegorical - uncovering of hidden meanings
 4. Anagogical - spiritual; nature of universe
 - a. implications of story for life-worlds of both narrator and listener
 - b. implications for both revelation and healing

11:45 5 min. IX. IS IT A GOOD STORY? TRUSTWORTHINESS CRITERIA

- A. Is it lifelike (verisimilitude, life-likeness; Bruner)
 1. scientific story - goal to establish truth
 2. narrative - goal to provide recognizable representation of life
- B. Is it capable of generating multiple interpretations? (Narrative indeterminacy; Bruner)
 1. Meaning is not predetermined but multiple
 2. Not preexistent, but constructed
 3. "Recruit reader in the performance of meaning under the guidance of the text"
- C. Does it make sense? *Does It Make Sense?
 1. Is it credible? - narrative fidelity (whether story rings true in light of one's own experience and in light of previous stories one has accepted)
 2. Does it have coherence? - narrative probability
 - a. is it internally consistent?
 - b. reveals no self-contradictions
- D. Is it helpful to the narrator and others? *Is It Helpful...?
 1. Does it provide meaning?
 2. Is it capable of deepening understanding?
 3. does it explore surprises, gaps, inconsistencies with family myths, self-image?
 4. Does it provide insight into current (professional) relationships?
- E. Does it have empathic resonance? (Howard) *Does it have moral...?
 1. Is it capable of emotionally moving both narrator and listener?
 2. Does it facilitate caring responses in others?
 - a. "Woundedness makes the difference" (G. Gayle Stephens, talking about the doctor-patient relationship)
 - b. Is there a mutual extension of grace between narrator and listener? (unconditional regard which goes beyond acceptance)
 3. Is the story empowering or impoverishing to narrator and listener?
 4. Is the story catalytic? Does it produce change?

*Is It Good Story?

*Does It Make Sense?

*Is It Helpful...?

*Does it have moral...?

dramatic engagement - capacity to arouse, compel

In Biblical exegesis, when all levels of interpretation have been satisfied, the Hebrew letters form the acronym for PARDÉS, a paradise - a heavenly sublime oneness w/ the text