Therapeutic Uses of Storytelling

An Interdisciplinary Approach to Narration as Therapy

Edited by
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NARRATIVE AND THERAPEUTIC METHODS

CHAPTER 1

Key Themes in the Study of the Therapeutic Uses of Storytelling

Camilla Asplund Ingemark

The guiding thought of this book has been to examine the ways in which narrative might aid in coping with difficult situations in life, and with the emotions that these situations engender. Since this deeply human subject is relevant not only to practitioners of psychotherapy, but to many other fields studying human culture in the present and the past, inviting authors from several different disciplines was an integral part of its design. I hope our readers will enjoy the diversity of perspectives represented. The articles are based on papers given at the symposium, "The Therapeutic Uses of Storytelling", held at Åbo Akademi University in Finland, on 13–14 December 2012. The symposium was arranged by Nordic Folkloristics, with the financial support of the Academy of Finland.[1]

The authors represent the fields of psychology, social work, folkloristics, classical archaeology/ancient history, and writing studies. They present their own approach to the topic, but they nevertheless share some basic assumptions about the therapeutic effects of narrative that may be summarised in a number of propositions; these assumptions are also shared by the research on the therapeutic uses of storytelling at large. Thus, a discussion of these basic propositions serves both as a succinct introduction to the study of the healing power of stories, and as a contextualisation of the articles contained in this volume, situating them within this broader field of inquiry. The literature on the subject is by now

vast, and the delineation of general trends presented here is by no means exhaustive.[2]

Verbalisation is in Itself Therapeutic

The most basic proposition—ground zero, so to speak—is that the verbalisation of experience is in itself therapeutic. This is the assumption underlying the practice of psychotherapy – that people can come to terms with their problems by speaking about them with an attentively listening therapist (McLeod 1997:14–15). To begin with, the stories produced in client–therapist interaction as a result of this verbalisation were not accorded attention in themselves, as narratives; rather, they were treated as clues to underlying pathologies (ibid.:20–1). With the inception of the "narrative turn" in the 1980s, spearheaded by scholars such as Jerome Bruner (1986; 2002) and Donald Polkinghorne (1988), the study of narrative in and of itself became a prime concern (see Polkinghorne in this volume for a detailed account). The importance of "emplotment", the arrangement of events into an internally coherent sequence in which each succeeding event is causally related to the preceding ones, emerged as not only a fundamental element of narrative (Ricoeur 1990:33, 54–6), but of its therapeutic power as well (Pennebaker 1997:102–103; Paal in this volume). Similarly, the intimate alliance between narrative and selfhood (Bruner 2002:70–4), embodied in the emplotment of a life story, has been exploited therapeutically in more recent forms of psychotherapy; in accordance with postmodern notions of multiple identities, the need to elicit self-narratives that accommodate this diversity of identities has been stressed (Gergen & Kaye 2010:178–83; Lundby in this volume).

In expressive writing, a therapeutic technique pioneered by James Pennebaker, the act of disclosing trauma is seen to have beneficial effects, in the form of both health benefits and peace of mind. Inhibiting memories and thoughts of the trauma requires a mental effort that affects the body as well, and disclosing them releases this tension, resulting in greater health: blood pressure and heart rate drops, and immune function is improved (Pennebaker 1997:30–56). Writing also imposes structure on our thoughts and experiences,

and since it is a slower process than that of inner speech, it allows us to pursue an idea to its logical conclusion (Pennebaker 1997:95). Furthermore, elaborating on the same event repeatedly contributes to the organisation of the experience into a coherent narrative; the writing focuses on the most salient features of the trauma, which are crystallised and contemplated in the narrative. In addition, endowing the traumatic events with a narrative form changes their scale, making them smaller and more manageable, and implies moving towards a resolution; this promotes psychological closure (Pennebaker 1997:97, 103).

The opportunity to verbalise experience is perhaps of particular import in the case of narratives that have previously been suppressed for some reason. Pennebaker noted that survivors of childhood sexual abuse were especially prone to illness, and this could conceivably be due to the great mental effort involved in avoiding disclosure of the abuse, as it might disrupt relations to other beloved family members (Pennebaker 1997:18–19; see McLeod 1997:100–101). In a somewhat similar vein, Georg Drakos has observed that the silence long surrounding HIV/AIDS created a need to narrate experiences of the disease, both on the part of sufferers and their next-of-kin (Drakos 2005:11–13, 18–19). What he called "broken narratives", in particular narratives that could not be voiced openly and hence were aborted or cut short, had to be elaborated in order to give both the narrator and the listener a sense of the multifaceted experiences of living with HIV/AIDS (Drakos 2005:137–138). Such suppressed narratives also feature in this book (Kverndokk; Saarinen; Strandén-Backa).

The relative coherence of self offered by casting experience into the coherence of the narrative form is emphasised in several contributions (Paal; McKeough). However, when mastery of the narrative form, or of language itself, breaks down (Niemi-Pynttäri in this volume), this can become exceedingly difficult. As narratives of earlier experiences furnish scenarios we can use to guide our appraisal of—and conduct in—a given social situation (see Polkinghorne in this volume), the plunge into disorganised narrative deprives the individual of the ability to interact with others, and to understand his or her own mental states (Dimaggio & Semerari 2004:265–6). This is most frequent in individuals suffering from personality dis-

orders, and it has been suggested that encouraging the development of a self-reflexive aspect of the self, an "Observing-I", may alleviate these problems (ibid.:270).

Particular Ways of Narrating are Therapeutic

The second proposition, that some particular ways of narrating are more therapeutic than others, is often related to the first: while the act of narrating might be perceived as beneficial in itself, the therapeutic effect can be enhanced by the employment of specific narrative strategies. Pennebaker observed that simply writing about trauma in a purely descriptive manner did not suffice to produce "the letting-go experience", which is not unlike a trance state: normal social constraints and inhibitions no longer apply (Pennebaker 1997:44–7). It is also necessary to express one's deepest emotions, to reflect on what one feels and why (ibid.:41).

The notion of some ways of narrating being more beneficial than others is basic in narrative therapy, a form of therapy introduced in the late 1980s and early 1990s by the Australian Michael White and the New Zealander David Epston, and represented in several essays in this volume (see Polkinghorne; Lundby; Ingemark & Ingemark). They proposed that the problems experienced in people's lives were not simply located within themselves, as indissoluble parts of their person, but rather derived from the ideologies and culturally sanctioned stories prevalent in society. These ideologies and stories could restrict the leverage of the individual, forcing him or her into a role with which he or she is not comfortable. Thus, constructing new, more fulfilling stories is the goal of therapy, and this is done in very specific ways.

The hallmark of the therapy is the practice of externalising conversations, in which the problem is envisioned as an external entity, sometimes to the point of personification (for an example, see Ingemark & Ingemark in this volume). This is in order to disentangle the problem from the person: White and Epston explicitly distance themselves from the historical process of the internalisation of problems that culminated with the advent of Freudian psychotherapy (White & Epston 1990:30, 38–9; Epston 1993).[3] The procedure

implies the conscious use of language (on the part of the therapist as well as the client) to frame the problem as an independent, active entity: the problem can be a "culprit" (White & Epston 1990:50), "outsmarting" and tricking the individual (ibid.:47), pushing him into a corner (ibid.:60) etc. Accordingly, the diminution or disappearance of the problem can be referred to in terms of going on strike, for instance, as in the quotation below from a therapeutic letter written by Michael White:

> When we were discussing what your problem required of you in order to guarantee its survival, your participation in the application of special techniques for blaming others seemed essential.
>
> So you decided that you would refuse to be an instrument of the problem, went on strike against it, and dismissed these techniques for blaming others from your life. (White & Epston 1990:119)

The practice of letter-writing illustrated above represents an effort to exploit the elevated status of written communication in Western cultures for curative purposes. Since writing tends to be associated with formality, legitimacy, and authority, therapy can use letter-writing as a method of conferring these qualities on clients' stories (White & Epston 1990:34–7). They are also potent tools for aiding clients in the reauthoring of their lives and relationships (White & Epston 1990:108), as the letters may summarise prior achievements, suggest new ways of approaching the problem, or ask new questions with which to probe it (see Lundby in this volume).

In the project of helping people with the reauthoring of their lives to make them more satisfactory, the work of identifying unique outcomes is fundamental. These can consist of instances when the individual succeeded in resisting the problem and its effects. Locating the source of strength to do so is also important to enable the individual to draw on it more consciously in future situations, and to stake out new directions for the future (White 2007:108–27).

Another variation on this second proposition is the therapeutic use of metaphor. In the wake of George Lakoff and Mark Johnson's classic study *Metaphors We Live By* (1980), metaphor has for the last few decades been viewed as more or less ingrained in our thinking

and language, and this is believed to make it an apt resource in clinical work (Loue 2008:139; Kähmi in this volume). Employing metaphor offers a roundabout way of approaching a problem, as the client is able to manipulate the distance between him- or herself and the situation addressed through the metaphor. Sana Loue describes how one of her clients had worked with the metaphor "Yellow Brick Road" for one year before he could acknowledge to himself that he was gay. (The yellow brick road features in *The Wizard of Oz* by L. Frank Baum, and represents the route Dorothy must take to get to the Wizard in the Emerald City.) Loue states: "Reliance on the metaphor allowed him to maintain a distance from that realization and gradually move closer to and farther from his Truth depending upon his level of comfort and the circumstances in his life outside the therapy room" (Loue 2008:133). Hence metaphor may afford a safe environment for exploring sensitive issues (see Kähmi in this volume). The metaphors used can also be chosen to highlight the strengths of the client, which increases motivation and decreases the sense of being blamed for the current situation (Loue 2008:135).

Some Things Are Better Left Untold

In the humanities, it is sometimes stressed that some events are too traumatic to be narrated. Susanne Nylund Skog has discussed what we might call "the cultural imperative to narrate" in several contexts, and questioned the therapeutic qualities of narration in all cases. In her doctoral dissertation on Swedish narratives of childbirth, she interviewed a couple who had experienced a traumatic delivery, and found that they were unable to give their experience a coherent narrative form, with a beginning, middle and end. The story—or perhaps rather the stories—moved in circles. This made her question whether narrating really was therapeutic for this couple (Skog 2002:152–6). In another study of the Holocaust narrative of a Jewish woman in Sweden, centring on the key event of the murder of her mother and young daughter in the gas chambers, Skog first points to the narrator's need to narrate in order to keep their memory alive. This met with opposition from her surviving brothers, however, who preferred to remain silent. Eventually though, having submitted

her life story to Nordiska museet in Stockholm, she could not bear reliving these experiences any longer, and self-immolated herself (Skog 2010:41–5). Narrative could not in itself heal these painful memories. Holocaust narratives and stories of extreme atrocities in war of course constitute a very special case, and the context of narration was not a therapy room, but the privacy of the narrator's home, where professional support was unavailable.

Narrating Opens a Space for Reflection

The fourth proposition is that narrating opens a space for reflection (Paal in this volume). Generally, particular strategies are viewed as conducive to this effect. Externalisation in narrative therapy is perceived as one such strategy: in externalisation, a separation of person and story is achieved, which engenders a sense of personal agency. Since the separation liberates the individual from being defined by his or her problem; affords an opportunity for the elaboration of other, more rewarding stories; and aids in the development of a new relationship to the problem, it functions as a form of empowerment that also has implications for ethics. By acquiring a new sense of agency, individuals are better able to assume responsibility for their actions (White & Epston 1990:16, 65). Nevertheless, there are some restrictions to the use of this technique: violence and abuse are not externalised, as the perpetrator must assume unequivocal responsibility for his or her actions (Lundby 2008:149–51).

The distance created between the person and the issue explored through the use of metaphor similarly implies learning to separate content from process; clients can step back and view themselves. Using the metaphor of a bicycle, clients can envision the path they have taken, where they are at the moment and where they want to go. By reviewing the contents of their lives, they can come to understand their actions and their meanings. This enhanced capacity for self-reflection enables them to respond to situations, not merely react to them (Loue 2008:134).

It has been suggested that repeated narration of the same event is particularly effective in promoting self-reflection, as it facilitates the creation of a distance to the event that allows for this: individuals are

able to critically examine the complex causes of events and their mixed emotions about them. It is possible that this results in a diminution of emotional intensity over time, due to a change in perspective, which becomes increasingly detached (Pennebaker 1997:95).

Inclusion in a Community is Therapeutic

In many forms of traditional psychological healing, the healing is believed to be in part achieved through the employment of collective ritual, i.e., through the inclusion of the individual in a larger community. Sometimes, this ritual involves some kind of confession in which the individual and significant others unreservedly tell their story to give their views of events (McLeod 1997:7–8). A lucid example of this is to be found in Victor Turner's work, in which the Ndembu doctor enlists the aid of the relatives of a patient in order to cure him:

> Part of the process of removing the *ihamba* consists in the doctor summoning kin of the patient to come before the improvised hunter's shrine … and inducing them to confess any grudges (*yitela*) and hard feelings they may nourish against the patient. The tooth will "not allow itself to be caught", he will assert, until every ill-wisher in the village or kin group has "made his liver white" (or, as we would say, purified his intentions) toward the patient. The patient, too, must acknowledge his own grudges against his fellow villagers if he is to be rid of the "bite" of *ihamba*. (Turner 1967:366)

"Ihamba" is the upper central incisor tooth of a deceased hunter, which is construed as capable of entering people's bodies and causing severe pain. The doctor, who must be an initiate of a gun-hunters' cult, is able to remove the tooth from patients' bodies and hence liberate them from the hunters' shadow, but in addition to the physical remedy of extracting the tooth through cupping, the social aspects of the affliction must be similarly addressed (Turner 1967:362–3).

The importance of providing a social context for the individual was not recognised until quite recently in psychotherapy (see McLeod 1997:20–1). In narrative therapy, this takes the form of

definitional ceremonies, which give the client an opportunity to tell his or her story while carefully selected outsider witnesses are listening, without taking part in the conversation (for an example, see Lundby in this volume). The outsider witnesses are then invited to retell the client's story while the client assumes the audience's position, but this is not done by summarising or theorising on the stories, but by focusing on particular expressions they were drawn to, the images—such as metaphors—these expressions evoked, personal experiences resonating with what had been told, and the influence of the stories on how they would now choose to conduct their own lives (White 2007:165–6, 169). Finally, the client retells the retellings of the outsider witnesses, concentrating on the same aspects as in their retellings (White 2007:196–7). These definitional ceremonies allow clients to reintegrate into the community on their own terms, contribute to the rich development of new stories and the new sense of self evinced in them, demonstrate the authentication of this new self, and shape their lives in accordance with what they truly value in life (White 2007:184). They touch deeply the lives of both clients and outsider witnesses.

Even though there are very significant differences between definitional ceremonies and "normal" storytelling situations, the crucial impact of the audience is recognised in both cases. Ever since folklorists began to view oral narrative and other folklore genres as performances embedded in a precise situational and socio-cultural context, storytelling as a type of contact-building has been to the fore (Bauman 1975; Bauman 1986; Ben-Amos 1971). Now the therapeutic qualities of this contact-building are also being acknowledged (Meier in this volume).

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2 I would like to thank Dominic Ingemark for comments on the draft.
3 I would like to thank Jakob Löfgren for reminding me of the need to discuss this aspect explicitly.

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IDENTITY AND THERAPEUTIC NARRATIVE

CHAPTER 2

Narrative Identity and Psychotherapy

Donald E. Polkinghorne

Therapeutic efforts with clients are grounded in an understanding of the character of human existence. In this essay, I propose that this understanding has the form of narrative. Narrative is a mode of thought that links together a set of life happenings or choices as they hinder or contribute to an outcome. It grasps life as movement through time in which actions are directed to desired ends. It is the mode of thought through which we understand ourselves and others.

I will throughout this essay use the word "narrative" to refer to the specific mode of thought in which the meaning of events is given by their contribution to an outcome. The word "narrative" is also used in a broad sense to refer to any kind of discourse, such as expositions, arguments, and pure descriptions. However, these discourses lack the essential element of a unification of life events as a movement toward an end.

Narrative is a mode of thought that is expressed or communicated orally or in writing a story. Words are a system of sounds or signs that cultures use to represent thoughts or ideas (Saussure 1907–1911/1966; Sebeok 1994) and the connections between ideas are represented by grammar and relationships among sentences by discourse. I will not be attending to the general topic of the relation between thought and language in this paper, but only to a specific system of thought—narrative—and its expression in language—story.

Attention to Narrative in Psychology

Prior to the 1970s, academic studies in psychology were focused on people's publicly observable behaviour. What occurred in the mental realm was considered unavailable for study. Then there was a change of direction that admitted the study of the mental operations—the cognitive turn. Part of this new interest in the mental realm and how people constructed meaning included attention to narrative meaning-making (Sarbin 1986). Three areas of study coalesced in their exploration of a theory of narrative mental operations as specific to human beings; cognitive psychology, general systems theory, and the philosophy of human time experience.

Also in 1986, Jerome Bruner, a leader in the cognitive revolution in psychology, published *Actual Minds, Possible Worlds* in which he identified narrative as one of the two basic modes of cognitive reasoning. While paradigmatic thinking organizes experiences according to the logical and systematic mental processes, narrative thinking is directed at recognizing the meaning of human life experiences. Each of these provided a distinctive way of ordering experience. Bruner wrote: "The two (though complementary) are irreducible to one another … Each of the ways of knowing, moreover, has operating principles of its own and its criteria of well-formedness. They differ radically in their procedures for verification" (Bruner 1986:11).

Paradigmatic thinking performs the cognitive categorizing function that identifies an experience as an instance of a category or concept. It answers the question "What is that?" and functions by constructing mental categories that are used to divide what is experienced into kinds. Its task is to recognize the properties or attributes of the things and determine if an item has the set of properties that mark and align it with those that differentiate membership in a particular concept or kind of thing. This kind of thinking aims at "getting it right"; that is, assigning an item to the correct category. Paradigmatic thinking serves humans in that by identifying what kind of thing something is, people are able to anticipate that the thing also has the other properties associated with that category. For example, knowing something is an "apple" allows a person to anticipate that this object has a juicy flesh, is a healthy food, and that it tastes good.

Bruner's second kind of cognitive functioning is narrative. This kind of thinking deals with the special subject matter that Bruner called "the vicissitudes of human intentions". It serves to make sense of people's life experiences. It identifies relationships among historical and social events and the reasons people use to decide what actions to choose. Narrative thinking recognizes that people pursue desired outcomes and that success or failure follows from the interactions among a multitude of events, including random happenings, social support, personal motivation, and well-chosen actions. Human life consists of episodes of aiming to achieve short-term, long-term, and lifelong goals. Anticipated and unexpected happenings occur as people are on the way to a goal and require alterations in planned strategies.

Narrative thinking ties together a set of events into a whole and operates as a temporal gestalt, i.e., the meaning of parts is derived from their connections to the whole, and single events gain their meaning from the whole process of achievement. Narrative thinking describes life as humans live it. It both captures and expresses the human dimension of existence and informs our understanding of ourselves and others.

Attention to Narrative in General Systems Theory

General systems theory (Laszlo 1973; Miller 1978) is based on the idea that the kind of properties and characteristics something has is dependent on the level of complexity of its organization. At certain levels of complexity, a threshold is reached in which new properties emerge that were not present in the lower levels. Although all things are basically composed of the same substances, what makes them different is how these substances are organized. Material things have properties of mass and volume and are attracted to and repelled from the positive and negative electrical charges that are near them. At a threshold point of complexity and organization of matter, the property of life emerged as cells, then organs, then organisms. As the complexity of life systems increased, human life with the characteristics of reflective consciousness and language emerged. New forms retained the properties of previous forms, but added additional properties.