

# Therapeutic Stories

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## SOME CATEGORIES OF THERAPEUTIC STORIES

1. Stories that help build a therapeutic alliance.
2. Stories that help teach life lessons.
3. Stories that address human problems.
4. Stories that help explain the human condition.
5. Stories our clients tell us.

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#### PRESENTATION OBJECTIVES

1. Increase understanding of the use of storytelling as a therapeutic tool.
2. Increase your repertoire of therapeutic stories.
3. Improve ability to recognize a useful story vs. a non-therapeutic story.
4. Refine your ability to select stories that match your client's needs and situations.
5. Develop greater awareness of ethical considerations when using therapeutic storytelling.
6. Learn ways to help clients use their own personal stories in more useful ways.

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#### WHAT DO YOU THINK YOUR CLIENTS WANT TO KNOW ABOUT YOU?

1. Can you understand my suffering?
2. Do you have expertise regarding my situation?
3. Are you a safe person to confide in?
4. How can you stand to listen to people talk about their problems day in and day out? (i.e. How can you stand to listen to ME talk about my problems?)

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According to Dr. Paul Zak, a noted neurobiologist and neuroeconomist:

When someone STARTS to tell a story, the brain of the LISTENER secretes:

A. CORTISOL: a neurochemical that focuses attention and increases arousal and engagement.

If the story is INTERESTING ENOUGH, the brain releases:

B. DOPAMINE: a neurochemical that increases emotional involvement and sustains engagement.

When the LISTENER stays ENGAGED:

C. OXYTOCIN: is released. Oxytocin is a neurochemical that creates an experience of bonding. The release of oxytocin increases empathy and a sense of being connected to another person. Oxytocin also increases imagination.

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Dr. Uri Hasson' research confirmed SPEAKER-LISTENER COUPLING.

When a person is listening to and comprehending a story, their brain wave activity begins to align with the brain wave activity of the storyteller.

The listener and the speaker literally "get on the same wave length."

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TEACHING STORIES can come from:

1. Movies, books, songs, poems and cartoons.
2. Your own life experiences, the experiences of people you have known and the experiences clients tell you about.
3. Fables, fairy tales, Asian teaching stories, parables and mythologies.
4. Other storytellers' stories; for example: Ted Talks and The Moth Stories and other oral traditions.

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## AUTOBIOGRAPHY IN FIVE SHORT CHAPTERS

by Portia Nelson

### CHAPTER I

I walk down a street.  
 There is a deep hole in the sidewalk.  
 I fall in.  
 I am lost...I am helpless  
 it isn't my fault.  
 It takes forever to find a way out.

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## CHAPTER II

I walk down the same street.  
There is a deep hole in the sidewalk.  
I pretend I don't see it.  
I fall in.  
I can't believe I am in the same place,  
but it isn't my fault.  
It still takes a long time to get out.

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## CHAPTER III

I walk down the same street.  
There is a deep hole in the sidewalk.  
I see it is there.  
I still fall in...it's a habit.  
My eyes are open. I know where I am.  
It is my fault.  
I get out immediately.

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CHAPTER IV

I walk down the same street.  
There is a deep hole in the sidewalk.  
I walk around it.

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CHAPTER V

I walk down a different street.

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### WRITING OUT YOUR TEACHING STORIES.

Write out each new story you might want to use in your practice.

Writing the story out will help you shorten it, refine it and make it more vibrant.

Remember:

1. Your story is for your client, no matter what it is about. It is a therapeutic intervention.
2. Keep your teaching stories short, under one minute. It is your client's session, not yours.

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### A Good Story.....

... has a beginning, middle and end.

... expresses a clear message or theme.

... is one the audience can identify with.

... is about CHANGE.

... has a PLOT LINE. Events...linked in a sequence...across time...according to a plot.

...usually uses STANDARD PLOT LINE PATTERNS AND ARCHETYPICAL THEMES to make the story

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An Example of a Plot Line

A PERSON (animal, group, nation, object, plant)

In a SITUATION (event, circumstance, place)

MAKES A DECISION (makes a change, has a new idea, feels differently) or

TAKES AN ACTION (does something new, does the same thing they always do, does something...).

And then...and then...and then...UNTIL.

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Told well.....

...Has been PRACTICED.....but NOT TOO MUCH.

...COMES ALIVE because the storyteller

- a. acts out the story.
- b. uses different voices for different characters.
- c. interacts with the audience.
- d. becomes one of the characters.
- e. knows and emphasizes the punch line.
- f. informally "titles" the story.
- g. sets the stage in an engaging way. h. uses repetition.
- h. has an emotional response themselves.

A story well told is JUST LONG ENOUGH.

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### COMMON OR UNIVERSAL EVENTS THAT TEACHING STORIES MIGHT ADDRESS

What are some problems you have helped clients with over and over in your practice?

...Loss of a loved one...birth of a child...being bullied...coping with illness...divorce...failing at something...relationship problems...being afraid...feeling helpless...getting really angry...aging...job change...childhood issues...being a parent...

the FIRST anything.....

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Many life events and situations that can cause humans problems; problems that can be hard to solve and can motivate a person to seek a therapist. Having a repertoire of stories that offer alternative solutions or perspectives on these problems can help your clients.

When you share a teaching story about their issue, your clients can see the problem as more normal and more solvable. A teaching story gives a solution without "telling your client what to do".

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### PERCEPTION IS EVERYTHING

How a person sees something to be, what a person BELIEVES about something determines how that person FEELS and what they DO about that something.

Humans have five basic belief patterns we use when assessing situations, events, people or ideas.

We usually see something as a

1. THREAT
2. LOSS
3. CHALLENGE/OPPORTUNITY
4. FACT OF LIFE
5. LEARNING EXPERIENCE

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### THREAT

THINKING: \_\_\_\_\_ is a threat.

FEELING: Angry Scared Numb.

DOING: Fight Flight Freeze

...immediate, "hard wired" whole body response.

...turns on the more primitive parts of our brain...our "alligator brain".

...thoughts get simpler. black/white.... either/or.....my tribe/not my tribe.

...thoughts focused on future, projecting the negative consequences of the belief into the future.

...become more easily influenced by simple solutions and by commanding people who take charge.

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## LOSS

THINKING: \_\_\_\_\_ is seen as a loss.

FEELING: Sad

DOING: Cry and grieve

...connects people to one another, "for who has never experienced loss?"

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## CHALLENGE/OPPORTUNITY

THINKING: \_\_\_\_\_ is seen as a challenge or an opportunity.

FEELING: Excitement positive anticipation happy

DOING: Approach and interact with \_\_\_\_\_

...frontal lobes "turn on"...where we do our best and most complicated thinking.

...search for solutions: "find the problem, solve the problem."

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## FACT OF LIFE

THINKING: \_\_\_\_\_ is a fact of life.

FEELING: Calm

DOING: Acceptance, focusing on other things.

...person becomes more objective.

...person moves on to other thoughts, feelings and behaviors.

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## LEARNING EXPERIENCE

THINKING: \_\_\_\_\_ is a learning experience.

FEELING: Calm positive anticipation

DOING: Perseverance on a task.

...more willing to ignore current pain, discomfort or deprivation.

...thoughts focused on the future, projecting positive outcomes.

..."What good could come of this learning experience in the future?"

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### PUTTING FACTS INTO A NARRATIVE STORY

Dr. Jerome Bruner studied memory. He found:

...a fact wrapped in a story is remembered 22 times more often than that fact by itself.

...when we read "just the facts", only 5% of us remember those facts after ten minutes.

If we are told a story with those facts imbedded in it, we remember the facts 63% of the time.

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The addict uses addiction

...to manage free time.

...to cope with difficult emotions.

...to participate in social situations. (Be there but not be there.)

...as a substitute for intimacy.

TRANSLATION: "What my addiction does for me."

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Have you ever wondered what it's like to be listened to by you?

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Mental health professionals have many organized, logical, consistent explanations for how and why humans think, feel and behave as we do.

We call them MODELS.

Your clients have MODELS, too.

Your clients have been making meaning from their life experiences all along...using models they have learned or created... in order to understand themselves, the world and others and to cope with being human.

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The models of the human experience that mental health professionals learn are valuable and helpful.

You do not need to know every one of them to be a good therapist.

WHAT YOU REALLY NEED TO KNOW IS YOUR CLIENTS' MODELS  
OF THEIR HUMAN EXPERIENCE.

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### Working Within Your Client's Story

Clients express their models of human experience in narrative form. Clients share their understanding of their problem, its origin, its meaning and their attempts to resolve it by telling a story.

Narrative therapies include a range of strategies designed to help a client change their relationship to their problem and to imagine and practice different plot lines that lead to better solutions to their problems.

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### SOME ASSUMPTIONS THAT INFORM NARRATIVE THERAPY

1. Humans are interpreting beings. We make meaning from the experiences we have every day.
2. People have expertise on their lives.
3. People have skills, knowledges, abilities, competencies and wisdom.
4. People make many attempts to solve their problem or at least reduce its effects on their lives and in their relationships before they ever get to a therapist.
5. By the time a person seeks consultation, they have usually made conclusions about their lives based on their struggles to cope with or overcome their problem.
6. Their conclusions make it difficult for them to access their own knowledge, competencies, wisdom or skills.
7. These knowledges, skills, etc. can be made available to clients to assist them in reclaiming their lives from the influence of the problem for which they seek help.

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### THE MOST IMPORTANT NARRATIVE THERAPY INTERVENTION

SEPARATE THE PERSON FROM THE PROBLEM: "The problem is the problem. The person is not the problem."

Externalize the problem so your client can redefine the problem as Me and \_\_\_\_\_.

..."So how has Anxiety affected your relationship with people you care about?

...How would The Part of You That Wants To Feel Better handle that situation?

...What does Depression try to talk you into doing?

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### ANOTHER INTERVENTION

CHANGING YOUR POINT OF VIEW: Personifying alternative points of view to access different problem solving strategies or create different outcomes.

...How do you want your Future Self to tell this story?

...How would your Inner Mentor solve this problem? What advice would \_\_\_\_\_ give you?

...What does the part of you that is (resourceful, independent, compassionate, etc.) think about this problem?

...How would your Inner Warrior cope with this situation/event/person?

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### ANOTHER INTERVENTION

INSERTING REALITY INTO THE NARRATIVE:

...What if this person is not able to (like you, be on time, accept you into the family, etc.)? What if it's just not in them? How would knowing that change your story?

...There is part of you that is really good at predicting your husband. How might that part approach this conversation with him?

...You kind of keep doing the same thing even when it doesn't work. What does the practical part of you have to say about that?

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### REINFORCING NEW NARRATIVES

As you and your client construct the new story, changing some of the elements for the better, you both add to and correct the story as the person implements their plan and reports progress. The therapist reinforces narrative changes that lead to more useful outcomes.

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### CONCLUSION

As mental health professionals, we become collectors of models that help us understand the human experience.

Each therapy, in its own way, attempts to influence how people construct their understanding of themselves and their place in the world.

The world of ways you can have meaningful conversations that help people change needs to include the stories you tell and the stories they tell.

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## SUGGESTIONS FOR FURTHER STUDY: BOOKS

1. Bowles, Hixson, Jeness and Tellers. HOW TO TELL A STORY, Penguin Random House, New York, NY. 2022
2. Payne, Martin. NARRATIVE THERAPY: An Introduction for Counselors, Sage Publications, 2000.
3. Ready, Romilla and Burton, Kate. NEUROLINGUISTIC PROGRAMMING for DUMMIES., Third Edition, For Dummies Books, 2015.
4. Mills, Joyce and Crowley, Richard. THERAPEUTIC METAPHORS WITH CHILDREN and the Child Within, Bruner/Mazel, New Your, NY., 1986.
5. Bettelheim, Bruno. THE USES OF ENCHANTMENT, Vintage Books, Random House, New York, NY, 1977.
6. Morgan, Aalice. WHAT IS NARRATIVE THERAPY?, Dulwich Centre Publications, Adelaide, South Australia, 2000
7. Estes, Clarissa Pinkola. WOMEN WHO RUN WITH THE WOLVES, Ballantine Books, 1992.

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## SUGGESTIONS FOR FURTHER STUDY: YOU TUBE VIDEOS

1. Borg, Debra. The Power of Stories, you tube, uploaded by TED, June 2019.
2. Brian, Michael. The Science and Secret of the Storytelling Power, you tube, uploaded by TEDX, September, 2020.
3. Gotlieb, Lori. How Changing Your Story an Change Your Life, you tube, uploaded by TED, November, 2019.
4. Phillips, David. The Magical Science of Storytelling, you tube, uploaded by TEDX, March 2017.
5. Storr, Will. The Science of Storytelling, you tube, uploaded by TEDX-Manchester, March 2018.
6. Zak, Paul. The Future of Storytelling, you tube, January, 2021.

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