

A narrative-based approach

New narratives for old: the art of asking questions

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Many nurses and doctors in primary care discover through experience that what patients appear to be seeking in their consultations is not necessarily a prescription or a solution but rather 'a new story': an account that provides coherence, shape and meaning for their problems.^{1,2} This story may sometimes take the form of a conventional medical diagnosis and explanation, but often it needs to incorporate other elements, including the creation of links between life events and physical or mental symptoms. Putting the search for such a story at the heart of consultations is what is meant by a 'narrative-based' approach.³

In this article, I want to propose that general practitioners (GPs) and other primary care professionals can usefully adopt a range of specific questioning techniques in order to apply a narrative-based approach in consultations. These techniques are based on the kinds of questions commonly used by systemic family therapists. However, they can be just as effective in consultations with individuals as they are with families. There are two principles behind such techniques. The first is that all human conversations can be seen as acts in which people are not only describing reality but also creating it afresh.⁴ The second, related principle is that new descriptions of reality can feed back into people's experience of themselves and of the world in which they live.⁵ Taken together, these two principles can be seen as the pillars of a narrative-based approach – although they also resemble the principles underlying some other therapeutic approaches including cognitive behaviour therapy.

The idea that *questions* can have a therapeutic effect in their own right, dealing with mental health problems was first put forward by a team of family therapists in Milan in the 1980s.⁶ They turned away from the familiar idea that people with mental health problems were mainly helped when professionals offered formulations or interpretations of these problems, and suggested instead that what was more helpful was the style in which the

interview itself was conducted. Looking carefully at their own consultations, they discovered that patients seemed to change mainly in response to being asked questions from an interactional perspective. They developed a wide range of questions to challenge people's customary, linear ways of thinking about themselves and invited patients instead to consider entirely new habits of perception. Typical questions included: 'Who in your family gets most upset by your symptoms and who gets least upset?' and 'If your problem suddenly disappeared, what difficulties would that create for you and your family?'

Although the Milan team did not initially regard these questions as a form of narrative technique, they anticipated by a decade some of the ideas that have emerged in narrative studies since then. This includes the idea that people's accounts of their problems are often stereotyped and repetitive, but can be transformed by the use of appropriate questions into stories that are more subtle, polyphonic and amenable to change. This is a particularly useful concept in primary care, where 'stuck record' consultations are so common. In consultations like these, questions about interactions can disrupt established narratives of victimhood and can introduce some negotiability into doctor–patient relationships.

One person who further developed the idea of therapeutic questioning is the Canadian psychologist Karl Tomm.⁷ Tomm makes a distinction between four types of useful questions. 'Lineal' questions are straightforward ones about facts and causes, the kind that doctors are asking all the time ('How much alcohol do you drink?'). 'Circular' questions invite people to think about themselves not as passive objects but as participants in a dance of human interactions ('Who would be the best person to help you control your level of drinking?'). 'Strategic' questions implicitly propose options for changing the situation ('What help would you need to try and cut down on your drinking?'). 'Reflexive'

questions jolt patients into new ways of looking at their dilemmas by examining them in an unexpected light ('if you succeeded in giving up, is there someone else in the family that everyone would then become worried about?'). Tomm counsels moving between these four types of questions, so that consultations are challenging without being intrusive, and never fall back into ritual or repetitiveness. He also points out that they need to be used with respect; they are of little use if they are trotted out in a standardised fashion, or offered ironically.

Two other therapists have had a considerable influence in the development of such questioning techniques. One is the Australian Michael White, who explicitly identifies himself as a narrative therapist.⁸ The best known of his ideas is 'externalisation'. This involves naming the problem as if it had a separate and independent existence that patients had the power to overcome ('How long has depression had this strong hold over you? Have you ever turned the tables on it and taken charge of depression?'). A similar innovator is Steve de Shazer, the founder of solution-focused brief therapy.⁹ His techniques include the 'miracle question' ('Suppose you go to bed tonight and a miracle happens and your problem is solved, what will you notice in the morning that will give you a clue that a miracle has happened?'). He also commonly uses 'staging' questions. ('Where are you now on a scale of one to ten in terms of getting better? How will you know when you've gone up just one more notch on the scale?')

All these kinds of questions can be used to great effect in primary care consultations, not just with mental health problems but with people who feel overwhelmed by physical illness and disability as well. The best questions, crafted in response to the

patient's own narrative, and posed at exactly the right moment, can sometimes stop people in their tracks and bring them to a turning point in their understanding of themselves.

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