

A narrative-based approach

Tracking stories and challenging them

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In this series of articles, I have been putting forward the idea that patients often seem to be seeking a 'new story' in the consultation: an account that helps them to make sense of their problems and also offers them new options that fit that account. A narrative-based approach puts the exploration of the existing story and the search for a new one at the centre of consultations, and at the centre of what doctors and health practitioners do.¹ In this article, I want to look at how it is possible to 'track' a patient's existing story, while looking out for opportunities to challenge the story in a way that is creative without being confrontational. Once again, I want to emphasise that the approach I demonstrate here is not the only one that merits the description of being 'narrative based'. There are other, similar approaches that draw on the productive three-way conversation that is now going on between medicine, narrative studies and the psychological therapies.² Some readers may also detect points of resemblance to other contemporary medical approaches such as patient-centred medicine and motivational interviewing.^{3,4} This is because these too draw upon some of the same cultural and intellectual currents that have influenced narrative-based approaches.

What follows is another 'fictive' account drawn from a number of real consultations in primary care, combined and adapted in order to make it anonymous. This is interspersed with comments that draw attention to some of the principles informing a narrative-based approach. The patient in this case is a white woman in her 30s whom I had never seen before. She began the consultation by saying that she had a sore back. I asked her how she got it and she explained that she had fallen. I asked her to describe the fall and she explained that her husband had pushed her. They had been having an argument while driving home, she had got out of the car at traffic lights, and he had given her a push as she was getting out.

Commentary: Every general practitioner (GP) and clinician will be acutely aware of the choice they face

when presented with this kind of narrative. On the one hand there is the need to attend to the obvious medical task – to assess the woman's back injury. On the other hand, there is an invitation, and perhaps a natural impulse, to inquire into the wider human context. A narrative-based approach frames the medical task as part of the 'professional' narrative that the doctor ought to suppress for the moment in order to give priority to the emerging personal narrative of the patient. It also suggests that the doctor's main role is to track the patient's story by making an inquiry into the specific words she is using, and particularly those that suggest a movement towards a deepening or more complex story.⁵

I asked the patient whether this was the first time that her husband had given her a push and she said no. I asked her if she could give me examples of other times when he had hurt her and she began to cry. He did it often, she said, sometimes punching her as well. This time he had not been drunk, but when he had drink inside him it was worse. She had often thought of leaving him but it was so difficult as she had three children all living at home still.

Commentary: This too is another very recognisable kind of moment in primary care. The information in the patient's narrative is becoming so dense and so emotionally charged that many practitioners may begin to feel overwhelmed here. Narrative-based ideas do not offer any single solution to this predicament. However, they do point towards two useful principles. One is that virtually *any* cue in this kind of story will potentially lead in a meaningful direction if handled sensitively.⁶ The second principle is that every narrative, even the most dismal and despairing, may contain the possibility of transformation.⁷

Following on the last thing she had said, I asked her to tell me more about her children. Collecting herself, she began to give me a picture of them: an older child who was a source of pride as he had just done well in his GCSEs, a middle child who was not quite

so bright but still doing well, and a three year old who was causing her a lot of concern because of nightmares and bedwetting. I asked if she thought there was any connection between her youngest child's symptoms and his parents' fights and she said yes, it had only happened since the father's drinking had got completely out of control. I said I was wondering how she thought the children would react if she really did leave her husband. She replied that they would be better off: all her friends were telling her this.

Commentary: My questions, clearly, are not entirely neutral ones. They are so-called 'strategic' questions that are inviting her to consider possibilities that were present though dormant in her earlier narrative.⁸ They are also based on a belief that it is important to try and draw forth the 'subjugated discourse' of a person who may not be used to having the chance to explore this in the presence of someone else who is making no judgements and giving no advice.⁹

I asked her what would need to happen for her to take the course that her friends were suggesting. She said she had almost resolved to tell her husband that he had one last chance – if he hit her again she would definitely go. She wanted to see a solicitor to find out more about her rights, but really she knew it was time to start making plans, even if this was only a way of getting him to understand how serious she was. At this point I asked her if we had dealt with this enough for the time being and she said yes, so I asked if I could examine her back. At the end of the consultation I suggested she should make a further appointment so I could check her back but also hear how she was doing generally.

Commentary: No experienced GP or primary care clinician would delude themselves into believing that this kind of conversation, especially such a brief one, ever helps any patient to construct a definitive new story. Narratives like this ebb and flow. Like all the narratives we tell ourselves and others, they contain elements that dominate at one moment and are forgotten at the next. Each conversation,

whether with a professional or relative or friend, serves to reconstruct the story in a different way. In this rich context of different 'conversational realities', what a narrative-based approach helps us to do is to understand our own role in the endless activity of story-making, and to handle that role reflectively and effectively.¹⁰

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