The value(s) of narrative approaches

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I abstain...

• Which neuropsychotherapy gives the most added value...?

• Whatever seems to work best for the team
  – You
  – The client
  – The system

“...whole identity is at risk of annihilation”

(Myles, 2004, p.497)
We Work with Stories

- Clinicians, whatever their theoretical orientation and practical commitments, spend their days working with people’s stories

(Hunter, 1991)
“...they [cognitive assessments] do not tell us a great deal about how people with neuropsychological deficits cope in everyday life. Nor do they tell us what brain injured people and their families hope to achieve and what is important to them.”

(Wilson, Evans, & Gracey, 2009, p.37)
Science & narrative

“Science and narrative, the quantitative and qualitative, are not competitors but represent a complementary duality, as intimately connected as the two sides of the cerebral cortex.”

(Roberts, 2000, p.440)
We are our stories...

Stories

Values ↔ Identity
What are our stories?

• DClinPsy training session
  – Therapy in Neuropsychological settings
  – Neuropsychological report writing
  – Contextual neuropsychological assessment
  – Critical perspectives on psychometric assessment

• Some of the leading figures...
  – Broca
  – Wernicke
  – Luria
Paul Broca (1824-1880)

- Neurologist, surgeon, anthropologist
- Christian and Evolutionist
- Founded the society of free-thinkers, and tried to establish the society of anthropology
- Spied on by the French police (though he did catch-on)
- Described as:
  
  “Generous, compassionate, and kind, with unbreakable fortitude and honesty, venerated by all”
Carl Wernicke (1848-1905)

- Neuropsychiatrist
- Student of Theodore Meynert (as was Freud)
- Studied at a time of great political uncertainty in Germany
  - Separation into principalities
  - Marginalisation of higher education
    - Universities were dwindling
Luria (1902 – 1977)

- Founding father of neuropsychology
- Russian, educated and practicing during Russian revolution
- Parents = ‘intelligentsia’
- Removed from Institute of Neurosurgery during anti-Semitic period of WWII
- Friends with Vygotsky
A bit more on Luria

• Bridged to great divides:
  – Science v Philosophy
  – Explanatory v Descriptive Psychology

Lurian Rehab.
1. Respect for individual difference
2. Use in tact links to compensate for damaged ones
3. Externalise previously internalised acts
4. Constant feedback
And yet...

It’s for those who are rubbish at therapy

It’s boring / prescriptive

It’s just test bashing
If Neuropsychology Was an Animal
Metaphors in NT

Bobby (63)

• Referred by GP
  – Stroke (2\textsuperscript{nd}) - mild to moderate generalised impairments
  – “longstanding history of depression”

• Quiet, unkempt, struggling with hygiene

• Schooling – “No Einstein but no idiot”

• Decades of experiencing “racist bullying”
The Lead Cloud
NT with Bobby

• Externalising
  – “The Lead Cloud”

• Continuing the metaphor
  – “Are there times when The Lead Cloud is lighter?”
  – “Sometimes I hear on weather forecasts that a strong wind will blow the clouds over quickly, what conditions in your life make The Lead Cloud blow away?”
  – “Is there anyone you know who might not notice the Lead Cloud as much as you do?”

• Sparkling moment - Librarian
We are our stories...

Stories

Values

Identity
Foucauldian backdrop

Language

Power ↔ Knowledge
Knowledge, Language, Power

• Knowledge
  – Reduces autonomy & causes problematic narratives to feel permanent (‘Jimmy is a difficult patient’)

• Language
  – Constitutes lives & relationships

• Power
  – Narrow descriptions are a form of social control that limits identity, by being void of context (race, gender, sexuality)
“...whole identity is at risk of annihilation”  
(Myles, 2004, p.497)
Sense of self

Past / Present / Future self

• Past
  – memory problems, poor insight, and trauma.
• Present
  – cognitive problems, as well as the social, emotional and behavioural problems that can occur.
• Future
  – Long term effects on work, relationships, abilities, and personal resources.
Scott

• **Mapping the problem (ANGER)**
  – Relationship with anger began in his parent’s pub
  – “The best way to defend is to attack” / “You need to be tough to get through life"
  – Played out regularly during therapy
  – Cooling off periods
Scott - Continued

• Externalising the Problem
  – ‘The Surge’
  – Control / Button Pushing
  – Therapeutic letter
    • Metaphors – Scott as an electrician
    • Circuit Breaker
    • Importance of family
    • Big brother / not dad
Scott: NT Formulation of Problem & Intervention

**PROBLEM**

**Individual Level Discourses**
- Fighting is a way to prove your dominance
- The best way to defend is to attack
- You need to be tough to get through life

**Family Level Discourses**
- Witness to many arguments in youth
- Emotional events lead to arguments
- Scott has an anger problem

**Society Level Discourses**
- ‘The man of the house’
- ‘Alpha Male’
- Fighting is a show of strength
- It is weak to avoid a battle

**The Surge**
- Uncontrollable
- All encompassing
- Identifies who I am
- Identifies what I stand for

**Landscape of Action**
- Alternative behaviours outside of violence
- Conversations with Katie about their future
- Disagreements not leading to violence

**Unique Outcome**
Incident in the pub where Scott found a non-confrontational solution to a problem Amber faced with a man “pestering” her.

**Landscape of Identity**
- Family is very important
- Scott is a brother to Amber, not a father
- I don’t want my children to experience violence
The problem

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Alternative story

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**ALTERNATIVE STORY**
Therapy doesn’t have to be complex...

• Essentially we are looking at uncovering a person’s:
  – Intentions & Purposes
  – Beliefs & Values
  – Hopes & Dreams
  – Principles & Commitments

(Redstone, 2009)
Marginalising the narrative?

- Monetising of therapy = Outcomes!
- Threat of marginalisation
- Narrow definition of evidence
- No single group holds privileged access to the truth or de-constructing ‘truths’
- Present a narrative similar enough to avoid alienation, but different enough to offer something new
Re-emergence of narrative medicine

‘Awareness of the diverse experiences of individuals’, psychological qualitative research in particular forms a platform for ‘Hearing the voices of the excluded’ (Ashworth, 2003, p.24)

A ‘Multiverse’ of Knowledge: To deconstruct is not to destroy an institution, but to encourage reflection, promote inclusion, and reduce oppression (Derrida & Ferraris, 2001)
Re-emergence of narrative medicine

• “The past decade has seen the re-emergence in human medicine of a close concern for patient narratives – how people tell their stories in clinical contexts. This move to what has become known as narrative medicine is in part an attempt to reaffirm that there is more to the ‘art’ of healing than pills, tests and numbers”

http://veterinaryrecord.bmj.com/content/170/20/522.extract
Evidence-based practice

• We create our own stories about that one.

Data capture
Rigour
Talking the commissioning language

The person
Parsimony
Changing the narrative of evidence
Don’t be too Rule-Bound

- Hayley
  - Young woman
  - Very Complex History
  - Years of therapy input before me

- Identity
- Confidence
- Trust
- Pain
Therapy is not apolitical

• The actions of those hearing a narrative are as central to it as the teller themselves
  (Reissman, 1993)

• all our work is driven by our assumptions, we should aspire through our work to be a catalyst for social change
Our assumptions

Psychodynamic

Cognitive
Neuropsychological assessments or therapeutic documents?
Remember that question?

- Which neuropsychotherapy adds the most value?
Values: the client’s, the system’s, yours...
References