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TWO BOOK REVIEWS ON :

Healing Tales: The Narrative Arts in Spiritual Traditions

Edited by Stanley Krippner, Michael Bova, Leslie Gray, Adam Kay

Charlottesville, VA: Puente Publications, 2007. 512 pp. ISBN: 978-0963450159. \$38.00 (Paperback)

Healing Stories: The Use of Narrative in Counseling and Psychotherapy

Edited by Stanley Krippner, Michael Bova, Leslie Gray

Charlottesville, VA: Puente Publications, 2007. 384 pp. ISBN: 978-0963450142. \$27.36 (Paperback)

REVIEW OF BOTH VOLUMES

BY LOUISE SUNDARARAJAN, PH.D., ED.D.

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Stanley Krippner, a leading researcher on spirituality and healing practices across cultures, and his colleagues (M. Bova, Gray, Kay) have taken up the ambitious project of editing a two volume series on healing stories. The dividing line between the two volumes seems to fall along the conventional distinction between the religious and the secular, with the volume on healing and spirituality (hereafter referred to as SP) covering religion, culture, and mythology, whereas the volume on psychotherapy (hereafter referred to as PS) healing that takes place within the clinical framework. Another line that roughly distinguishes the two volumes is the divide between the non-medical model (SP) and the medical model of healing (PS). These distinctions are arbitrary, thus it comes as no surprise that the SP volume also contains a sprinkling of psychotherapy cases (Krippner & Feinstein; Montiegel; Booth; Freedman; Bynum). Nonetheless, the two volumes deal with different albeit overlapping themes: The SP volume revolves around the nature and power of stories, whereas the PS volume focuses on how narrative sheds light on the nature of psychotherapy.

Healing tales: The narrative arts in spiritual traditions [SP]

The SP volume is a collection of stories on healing and spirituality. These are powerful stories that run the whole gamut from personal stories in every stripe imaginable--life transforming stories (Belas; Sherman-Levine & Ayars; Piedilato), story of a pet dog (Simurro), writing (Paguaga), dreams of a Balinese artist (Carpenter

& Krippner), stories of dissociation (Cohn), and stories used in acting (A. Bova, Kawano), to cultural stories-- Italian (M. Bova & Coluccio), Jewish and Irish (Follette), and Native American. The most adequately treated stories are Native American, which form one section of their own and are accompanied by introductions that ground these stories in the larger conceptual framework of belief systems (Richardson; Kremer).

Traditionally, stories teach us something important (Underwood). What insights can be gleaned from the SP volume? First, myth can serve as paradigm of healing, as is demonstrated in the myth of goddess (Nold), and the trickster myth (Holland & Combs). I like in particular the application of the trickster myth to healing: "Healing . . . does not mean closing our wounds but learning how to see through them" (Holland & Combs, p. 444). There are other nuggets of insight to be found. I learned that the learning story of Native Americans (Underwood) reveals the triadic structure of story telling (the teller, the listener, and the story), which is consistent with the semiotic framework of spiritual healing (Sundararajan, 2007). I also learned that critical distance is a crucial factor in expressing emotions in acting (Kawano, this volume), as well as in illness (Frank, in PS), an observation that is consistent with my emotion refinement model (Frijda & Sundararajan, 2007) of processing emotions. Lastly, I learned that contrary to the promotion of positive emotions in the contemporary West, negative rather than positive dreams tend to be shared in the Native American tradition (Krippner).

Healing stories: The use of narrative in counseling and psychotherapy [PS]

This volume begins with an introduction to the storied nature of our existence (Barclay), showing again a sensitivity on the part of the editors to the need to ground conceptually the phenomena under investigation. The narrative net is rightly cast wide enough to include metaphors and imageries. A wide spectrum of therapies have been presented, ranging from treatment of trauma (Stewart & Neimeyer; Hammond), to dream work (Schwartz; Ellis), age regression (Hammond), art therapy (Koepfer), and movement therapy (Serlin). In comparison to SP, this volume is more conceptually oriented, which gives more substance for the analytical mind to sink its teeth in. How does the narrative mode shed light on psychotherapy? To answer this question, there are at least three paradigms to explore--writing (Perrine), drama (Heide), and art (Rosenbaum & Bohart). There are other conceptual threads to be followed. I shall confine myself to two observations and one question.

The first observation is that a binocular vision would serve us well to give importance to personal mythologies (Anderson & Holmes; Lawlis) on the one hand; and on the other, to recognize the communal nature of stories, as Frank (this volume) points out that stories are relationships to be entered, an insight that finds ample support in the SP volume. My second observation is that the medical model that undergirds this volume is masked by the conventional hero myth (Campbell, 1990). While the hero myth is functional for individuals confronted with illness and trauma, does it serve the field of psychotherapy as a whole? Doesn't it unnecessarily narrow the scope of healing as much as the medical model does? This leads to the question I intend to raise, namely, the need to evaluate our stories for their far-reaching ramifications.

Krippner (Introduction, SP) points out that stories heal as well as harm, and the need for a critical analysis and evaluation of narratives seems imperative. However, this assumption—that not all stories are created equal--is contested by Frank (this volume) who claims that nurturing change is to believe

sincerely that the story you are hearing *needs no change*. Indeed, Vogel (this volume) points out that there is a tension between diagnosis and the constructivist narrative perspective. Driven underground by this tension is the implicit awareness that myths need growth and change as much as our own lives. This implicit awareness is evident in the therapy techniques of revising our stories (Feinstein, Krippner). True, as Holland and Combs point out, “we need the ordering, clarifying, all encompassing power of fiction” (in SP, p. 444) to construct meaning out of chaos. Yet, the organizing power of the narrative may sometimes purchase stability at the expense of flexibility. Put another way, myths can promote as well as hinder change and growth. Therapy techniques exist to challenge the prevailing myths and to restore the balance between stability and flexibility (Feinstein; Krippner). But one important question remains to be explored, namely whether the growth retarding factor of narratives resides in the narrative structure itself (the tentative answer is yes, see Sundararajan, 2008). A related question is whether there are different forms of narratives, some more conducive to change and growth than others. A case in point is the protonarrative.

Protonarratives are small stories, stories that are deficient in plot development (Sundararajan, 2008; Frijda & Sundararajan, 2007). Without much of a plot, these small stories invest minimally on the explanatory, and maximally on the evocative function of narratives, to invoke Perrine’s (this volume) felicitous categorizations of writing. Or to borrow a useful distinction from Rosenbaum and Bohart (this volume), the protonarrative privileges style over content in its representation of experience. If the full fledged narrative may be compared to mature cells, protonarratives are akin to stem cells—the advantage of the latter lies in their enormous stores of variation, and ready adaptability. In other words, protonarratives are less likely than conventional narratives to purchase stability at the expense of flexibility. Examples of protonarratives are imageries used in art therapy (Koepfer), movement therapy (Serlin), musical techniques of termination in psychotherapy (Rosenbaum & Bohart), and imagery training (Remen), to name just a few obvious cases in this volume — cases which can be more fruitfully explored, I believe, within the framework of protonarratives.

Overall Evaluation

Taken together, what marks this series one notch above the garden variety of healing myths and stories is its testimonial tone of voice. Read about how the Zen koan incorporates Meister Eckhart (Aston, SP), how Campbell’s work (1990) on the rites of passage breathes new life to experiences of illness (Perrine, PS), and combat veterans experience (Paulson, PS), and how Castaneda’s (1987) vision quest is re-enacted time and again in the personal stories of hiking (Mason, SP), and you will see what I mean. But the most eloquent and convincing story tellers are Native Americans. If you ever wonder about the healing power of stories, read about a Native American man who had been in and out of jail before he was exposed to the indigenous myths and rituals (Heidlebaugh, SP). What’s it like to have life without myth: “Life was like a flat piece of paper, and there was nowhere to go in it” (p. 279). After his participation in the cultural resurgence of the Canoe Nations: “Now, life is like this.” He crumbled up a piece of paper and laid it gently on the floor. “There is a shape to things and I can travel through it.” (p. 280)

Krippner’s claim (Introduction, SP) that storytelling connects the etic and the emic is validated by many chapters (Frank in PS; Kawano in SP, for instance), in which the personal testimonial tone blends harmoniously with the scholarly and

reflective tone of the writers to make a most powerful presentation of the phenomena under investigation. This sets a new standard for scholarly writing, which I hope will be followed by more researchers in the future. Over all, the chapters in both volumes are well written and accessible to a wide spectrum of readers--the lay person in search of a personal myth, practitioners who want to expand their repertoire of healing, students and professors in need of reading materials for under-graduate classes, graduate seminars, or research topics—each will find in this series a treasure trove of both inspiration and knowledge.

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REVIEW - HEALING STORIES: THE USE OF NARRATIVE IN COUNSELING AND PSYCHOTHERAPY

BY NICHOLAS BRINK, PH.D.

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Some clinical psychologists believe that much is lost in applying scientific methodology to describe or understand the human psyche. They believe the uniqueness of the individual is lost because of the reductionistic nature of such methodology. One attempt to maintain the integrity of the individual is found in narrative psychology. Allowing the individual to tell his or her own story in his or her own words and clinically sharing these stories maintains such uniqueness. What better way to begin to understand another person than through listening to his or her own stories. What better way for a person to understand him or herself than by telling and listening to, retelling and refining his or her own stories. What better way for a person to find alternatives for his or her own troubling stories than to listen to the stories of others in similar situations, with similar struggles or with different perspectives on these stories. Sharing stories reveals basic human nature in a most personal way. Basic human and cultural commonalities are identified that bring people together in a healing manner. Our ancestors told such stories. The bards and skalds of ancient time were the historians, teachers, healers, and psychologists of their time. They bound the community of people together in a most human way. In our current culture, people and communities have experienced alienation when they have become “de-storied.” “Re-storying” the individual, the family, and the community is a way of healing, a

way that is being recaptured in Narrative Psychology. That is what this book, *Healing Stories*, is all about.

Stories are distorted and our memories are “screened” for what we want to remember and forget what we don’t want to remember. Stories may change or undergo revision depending upon the context in or purpose for which they are told. Psychotherapists hopefully are sensitive to these factors in listening to the stories of clients. Michael Barclay in Chapter 1 examines the use of story in therapy by examining several different dimensions: the individual’s personal story of one’s experience of one’s self; the interpersonal stories and how one sees one’s self in the eyes of others in the context of the family and other primary relationships; and the societal, cultural, and historical stories that influence the individual and community. These stories are told at multiple levels, including how the story is told beyond its content and what the metaphors used have to say about the individual. These stories in therapy may be found to support the individual’s illness or struggle. The therapist then needs to help the individual re-write the story to de-emphasize the illness and emphasize strength and healing. “Stories can heal. Moreover, stories can be healed” (p. 18).

Arthur Frank in Chapter 2 defines deep illness as “deep when perceived as lasting, as affecting virtually all life choices and decisions, and as altering identity” (p. 21). One kind of story told by the ill person is the

Restitution Story, the story that tells of the restoration of health. *The Chaos Story* tells of one’s inability to tell what is wrong. It is the story of the inability to cure one’s illness or of increasing disability, the story of the deep illness. The third story is *The Quest Story*, the story of the illness as a condition from which something can be learned. The three stories intertwine and all are needed in order to work through the suffering or illness of the teller. Just by telling and retelling one’s own story, the person moves through the situation and change happens. Listening with a sincere attitude of honoring the story without the intent of changing it facilitates change. Honoring or nurturing the story is to honor the suffering, thus helping the person hear the story exactly as he or she is telling it, validating the person telling the story. This attitude assists the teller in resolving the issues of the deep illness.

Stewart and Neimeyer in Chapter 3 apply the narrative approach to dealing with traumatic situations. Trauma almost by definition fragments a client’s narrative structure for organizing and anticipating life events. Traumatic experiences resist integration into the client’s pre-established system of meaning. Psychotherapy needs to address two issues: first, how the trauma alters the victim’s selfhood and basic psychological processes; and second, how the person’s primary narrative is damaged and made incomplete. Therapy needs to join the damaged traumatic self with the primary narrative of the preexisting self. To attain this goal in therapy, several therapeutic techniques and two case studies are presented.

David Vogel in Chapter 4 addresses the nature of delusions. The narrative approach to knowledge runs directly contrary to simple realism. While science endeavors for perfect reality, the narrative approach uses an active creative process with no one true story about reality. The state of health and illness are relative and deal with ideas and values. The “narrative therapist hears stories and differentiates adequate stories from inadequate ones, locates discontinuities and problems in the narratives, and opens

doors to alternate ways of constructing biographical stories” (p. 67). In this sense, the therapist is a literary analyst and critic, a process that is inconsistent with seeking the “true story.”

In Chapter 5 Susan Schwartz offers the case study of Cody to illustrate the breadth of the narrative approach in therapy. “We often do not know our thoughts until we hear ourselves speak” (p. 77). In Cody telling his story, the story of his “lobster dream,” deeper understanding of his illness was uncovered over time with retelling. This story became personal to me in my understanding of my own struggle with cancer.

In Chapter 6 Corydon Hammond tells of the reverse side of the client-therapist relationship, the side of the therapist telling the story using metaphor to provide the client with alternatives or solutions to his or her problems, to reframe the problem and bypass potential resistance that might occur with direct suggestions. Three basic styles of metaphor are suggested: stories from the therapist’s personal life, creative stories to fit the situation, and truism metaphors describing natural situations. Such stories are used to provide ego strength, suggest that there is life beyond a trauma or the suffering of an illness, and provide the client with a sense of hope. The truism metaphor uses stories experienced by everyone; for example, with persistence in learning to ride a bicycle or learning to read the initial humiliation and frustration of falling off the bike or stumbling over words is overcome, a learning experience that can apply to other situations and tasks such as learning to deal with divorce. One advantage of such stories is that they avoid the potential for uncovering memories that may be false.

Stephen Anderson and Sarah Holmes in Chapter 7 provide a framework for dealing with therapeutic and supervisory impasses using personal mythologies. Personal mythologies are stories we tell that define our superordinate personal structure system of the self. Such stories have cognitive and affective components, whether conscious or unconscious. They may define an interpersonal style as one confronts and attempts to master various developmental tasks, interpersonal conflicts, or unresolved conflicts. Four useful indicators in identifying one’s personal themes in stories are presented:

1. recurring topics of concern;
2. redundant interaction patterns;
3. repeated surfacing of specific affect-laden conflicts, and
4. the predominant affective tone of the story.

In using such stories therapeutically, a list of 14 questions is offered that can provide rich information about the conflicts, themes, or relationship dynamics. These questions include for example: “What does the character in the story do?”; “What character do you dislike the most?”; and “What change in any part of the story would you make and desire?” Again a case study enriches the use of Anderson and Holmes model of personal mythology.

In Chapter 8 David Feinstein points out that “no longer can a single storyteller sitting beside a campfire convey a mythology that speaks to every member of the group.

Mythology has become a personal affair” (p. 145) because people in our current culture experience greater autonomy. He suggests that individual mythology evolves according to lawful principles and unfolds around the tension between existing mythic structures and new structures that arise to challenge them. Awareness of old myth grows with tension and begins to be replaced by a new myth. Personal mythology arises from four sources: our biology; our cultural history; our personal history; and the transcendent experiences that inspire. Feinstein describes the course of change in therapy with three types of stories: stories that reflect the prevailing myth; stories that reflect the counter myth; and stories that promote integration of these conflicting myths. One specific comment that I especially value is “It is not possible to make up a story that doesn’t reveal something of your own inner life” (p. 141).

Stanley Krippner (Chapter 9) then offers a case study of the resolution to mythic discord using Feinstein’s steps for integrating conflicting myths, but takes the model two steps farther with stories of commitment toward a new or renewed mythology and, second, with stories/homework to weave the renewed mythology into daily life. I find these last steps indispensable and needed to insure that change becomes automatic and accepted at a deeper level in the person’s life. I have used in therapy the concept of the Native American’s medicine bundle, a bundle of objects, generally two, representing the pre-existing and new myth, to be worn or carried as a reminder of one’s insights or new life to facilitate such deeper acceptance [1].

Frank Lawlis in Chapter 10 goes yet another step by examining the elements of a therapeutic story, the story offered by the therapist for the client. Feinstein’s counter myth is what Lawlis calls a reframing story, the story that reframes one’s personal myth into one that is more effective in promoting healing. He offers six characteristics that make a reframing story effective:

1. Partly by the way the story is told and partly by the resolution of the story, the listener’s anxiety is lowered. From my personal experience and training, the way to increase the effectiveness in the way the story is told is by the hypnotic tone of my voice and by pacing my words to follow the breathing rate of the listener, gradually slowing to encourage the breathing rate to slow.
2. A hero can be presented who captures first the patient’s reactive stance toward the illness, and then gradually adopts a proactive stance that fits within the patient’s actual or potential skill set.
3. Specifically, the story puts a coping technique in the generalized context of a person’s experience, not in the situation-specific event.
4. Inasmuch as there is family participation, the members can be given roles to play in the coping and healing process that have power and prestige.
5. As the hero learns in the story of the importance of proper behavior, such as appropriate diet and exercise, the individual can understand the need for proper rehabilitation from the perspective of being a champion instead of a victim.

6. The individual can facilitate the enhancement of healing mechanisms such as immunity systems through imagery. Each of these factors is then elaborated in the chapter.

Chapter 11 by Rachel Naomi Remen offers a brief example/story to lead a patient in imagery to facilitate the immune system.

I found most profound the Chapter by Daryl Paulson describing his Vietnam Combat Experience and dealing with his posttraumatic stress. His story begins with what leads him as a young person to join the Marine Corp, and his early expectations that are systematically broken down and destroyed in boot camp. He then faces each day in Vietnam the experience of possible death and eventually returns home with the added trauma of not being accepted as a hero. His vivid description of this process of traumatization is followed by his experience of healing and overcoming his posttraumatic stress.

The final six chapters add other therapeutic techniques such as the use of art, music, drama, writing, and bodywork to the process of healing with storytelling. In Chapter 13 dreams are experienced more deeply by acting them out. In Chapter 14, the elements that make drama, whether in a play or movie, powerful or effective are the same elements that give psychotherapy its power. Chapter 15 describes how the emotional experiences triggered by body massage and then illustrated in artwork and storytelling move the experience again to a new level. Then writing one's story, a process that objectifies oneself, and sharing it with others to receive feedback can again deepen the story, Chapter 16. Chapter 17 is similar to Chapter 14 in that it shows how the elements that make musical compositions powerful make psychotherapy powerful. And finally, in Chapter 18, expressing one's emotions nonverbally in movement adds to the experience.

Each book I have read on narrative psychology excites me more. I find that other therapists have been doing and writing about what I have been doing for years, validating and refining my own experiences. I now have a new name for what I have been doing in therapy: Narrative Therapy.

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