

MY STORY  
*Our Future*

# STORYTELLING RESOURCE PACK

*for practitioners working  
in mental healthcare*







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Illustrations: Dr Kathryn Watson, [www.myillustratedmind.com](http://www.myillustratedmind.com)  
Design: White Halo Design, [www.whitehalo.co.uk](http://www.whitehalo.co.uk)

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# ABOUT MY STORY: OUR FUTURE

*My Story: Our Future* is a research project conducted by the McPin Foundation between April 2016 and September 2019. It used a qualitative approach to work with people who were using Early Intervention in Psychosis services. During the project we heard from nine people who had used Early Intervention in Psychosis services, and five people who had cared for people who had used the services. You can read the full report on our website here: [mcpin.org/mystoryourfuture/](http://mcpin.org/mystoryourfuture/)

The stories we heard were very rich and different from each other. We found that the way people told their stories, in their own words, enabled us to understand important things about their lives. We were able to hear not just about people's experiences of psychosis, but also about the events and situations that may have led them to become unwell in the first place, and the context in which they were trying to recover. There was something powerful about this for us and for the storyteller.

From our research, we learnt about the value that a storytelling approach can have as a tool for communicating and building trust, something that we think could help establish effective relationships in services. When we presented our findings to some mental health practitioners, we found that there was an appetite to learn more about how a storytelling approach could supplement and build on some of the therapeutic strategies they were already using.

With that in mind, we have put together this resource pack. We suggest some practical advice and tools that practitioners could try out, either in their teams or with the people they support.

# HOW WAS THIS RESOURCE DEVELOPED?

This resource was compiled by one of the researchers, Rose Thompson, from the *My Story: Our Future* project, following conversations with the research team and steering group, and with reference to appropriate peer reviewed literature. We ran a workshop with people who were either working in mental health services or who had experience of using those services to gather feedback on our ideas and comment on a draft document.

We invited individuals from Maytree, the suicide respite centre who train people in active listening, to the workshop and both they and people with relevant clinical expertise commented on drafts. We looked at all the feedback and made appropriate amendments.

We would like to thank everyone who helped produce this resource pack. This includes Sam Robertson, McPin Foundation Consultant and Involvement Lead in R&D for Sussex Partnership NHS Foundation Trust for her feedback on the tools and co-facilitation of the consultation workshop, Kathryn Watson, Communications Officer at McPin, for her artwork and Vanessa Pinfold, research director at McPin.

We received funding from the London Clinical Networks at NHS England to create this resource, and thank Victoria Glen-Day, from the *My Story: Our Future* steering group, for commissioning it.

Finally, we would like to thank all the survivor researchers for their work on *My Story: Our Future*, including Gary Coyle, Alison Faulkner and Dolly Sen, and the people who shared their stories with us.

# AIMS OF THIS RESOURCES PACK

**We hope that the information and resources in this pack may:**

1. Help practitioners prepare themselves and get into a 'space' to be able to listen to people's stories.
2. Help teams to prepare and support practitioners around storytelling.
3. Help people who want to tell their stories prepare by deciding what they want to talk about and what they do not want to talk about. (See accompanying 'Workbook for people using mental health services' also on our website).
4. Help services make it clear that storytelling is something that is encouraged and what may happen to people's stories once they are told.

**We have designed these resources to explore how storytelling may be used in services to:**

- Help people explain what has happened to them in their own words, outside of formal formats such as being interviewed, assessed or reviewed.
- Help people feel comfortable to share their story, taking time to do so in their own words.
- Help staff to actively listen and ensure service users feel heard while storytelling.

**We have also designed the resources to provide strategies to help you use storytelling and consider how to do so in practice. We will cover a range of practical aspects including:**

- What do we mean by 'storytelling'?
- How can it be useful?
- How does it fit with other approaches in mental health?
- How to create a comfortable environment including:
  - Creating a comfortable space
  - Setting clear boundaries
  - How to prepare yourself
  - Active listening skills and hearing what is said
  - Thinking about support for you
- A set of templates or printable tools that you may be able to use in your clinical practice.

**These resources are *not* intended to:**

- Replace current treatments, including talking therapies, or provide a substitute form of talking therapy for individuals on waiting lists.
- Train staff to do any form of narrative therapy.
- Replace Recovery Story Workshops that may be available through Recovery Colleges.
- Direct people using your services to develop and tell their own 'recovery story' in public before they may be ready.







# WHAT IS STORYTELLING?

## WHAT DO WE MEAN BY A 'STORYTELLING' APPROACH?

In these resources, what we mean by 'storytelling' is creating the space and time that will enable people to explore with you what has happened to them. This will be different for each person you are working with. We do not mean helping people to develop a complete and 'polished' story and would actively discourage using this resource with anyone wishing to tell their story in public. Instead we see this resource as being useful in enabling people to tell you about the things they feel are important to their lives and their recovery.

It may be helpful to think about this process as going on a journey with people, where they are able to tell you about their experiences in different ways over time. You may encounter varied aspects of their story through hearing about different events, and the telling may not always happen in chronological order. It is likely that this approach will fit with other things you are already doing, or want to be doing, in your day to day work. We hope the information and tools we provide in this guide will enable you to enhance and develop your practice.

## WHY USE A STORYTELLING APPROACH? PSYCHOLOGICAL BENEFITS

There is a growing body of evidence that storytelling, when managed appropriately, can be beneficial. Researchers (see Pennebaker & Smyth, 2016) have found evidence that the process of writing down or telling personal stories about difficult experiences can:

- Help people make sense of those experiences.
- Have modest positive effects on depressive symptoms and aspects of physical health such as blood pressure and immune functioning.
- Enable some people to move from being passive to being more actively engaged in taking control of what happens to them.

This research group has also suggested that deliberately not talking about difficult experiences takes mental work and can take up energy that people may better use in thinking about what would be best for them to do next. This can be exhausting and impede a person's recovery.



## HOW DOES THIS FIT WITH OTHER APPROACHES IN MENTAL HEALTH CARE?

A storytelling approach can fit into both recovery-focused and trauma-informed approaches to mental health care. It is person-centred. If done well, it can limit the extent to which services may create fresh trauma or exacerbate existing traumatic experiences. It can support best practice therapeutic communication.

### Recovery approaches

Mental health recovery is an approach that was developed by service user activists. It does not seek to 'cure' people who struggle with their mental health but rather frame recovering from a mental health problem as a journey through which people come to live well: developing meaningful lives in the presence or absence of mental health symptoms. This means that recovery may mean different things to different people.

Slade (2009) has developed a Personal Recovery Framework and has suggested that there are four 'tasks' for people to work through during their recovery journey:

1. Developing a positive identity
2. Reframing the mental illness
3. Developing self-management strategies that may allow an individual to rely less on professional support
4. Developing valued social roles through relationships with family and friends, and through engaging in work or other meaningful social activities.

Leamy, et al. (2011) built on this work and developed the CHIME framework to encapsulate themes that are common to many people's recovery. These themes are:

- 1. Connectedness**  
Connecting to other people through social relationships, peer support or other activities.
- 2. Hope and Optimism**  
Maintaining a belief that recovery can work; developing dreams, aspirations and positive, hope-inspiring relationships.
- 3. Identity**  
Rebuilding a positive sense of identity and overcoming personal and external stigma.
- 4. Meaning**  
Developing an understanding of a mental health experience and working towards meaningful social goals and relationships.
- 5. Empowerment**  
Developing a sense of control over one's life, focusing on one's strengths and feeling able to take personal responsibility for recovery, and potentially moving on.

Storytelling has been a useful strategy in helping people progress with their personal recovery. It is thought that supporting people to produce a personal 'recovery story' can be part of the process of re-framing a mental health experience and of developing an understanding of what has happened to them. Arthur Frank, a medical sociologist, has talked about the healing potential of telling stories in enabling people to "escape the sick role". When people have been through an experience, such as psychosis, that has left them confused about what has happened to them, telling stories about that experience can lead to understanding. As Frank (2013) has said, "the way out of the narrative wreck is telling stories".

However, there can be pitfalls in encouraging people to tell their stories, especially if this involves people revisiting traumatic experiences:

- It can be difficult to talk about a traumatic experience, and if this is done in an environment that is unsupportive, it can lead to re-traumatisation.
- A person's story needs to evolve over time. Encouraging people to produce a 'final' version of their story, especially if this is performed regularly in public, can result in someone becoming 'stuck' at that point in their story, which may hinder the ongoing process of their recovery.

In this resource, we are not suggesting that practitioners work with people to produce a finished 'recovery' story. Rather we are suggesting the use of storytelling as a means of further developing relationships and foster understanding between people who use mental health services and the people who work in them.

## Trauma-informed approaches

### What is a trauma-informed approach in mental health care?

Research evidence suggests that people who use mental health services are twice as likely to have experienced violence as the general population (Sweeney et al., 2016). Trauma-informed approaches assume that many people who experience mental distress will have experienced some form of trauma. Research supports this, including links between trauma and psychosis (Krann, et al., 2015).

Trauma can be defined as events or circumstances that are experienced as harmful or potentially life threatening, and which can have a persistent impact on physical and mental health (see Sweeney et al., 2016).

### TRAUMA CAN INCLUDE THE FOLLOWING:

- Physical violence or abuse as a child or adult
- Sexual violence or abuse as a child or adult
- Emotional abuse
- Mental abuse
- Spiritual trauma
- Experiences of inequality, racism, poverty, marginalisation or discrimination
- A legacy of exploitation of and violence against specific groups, for example, slavery and genocide
- Poor experiences of health care including seclusion, coercion and restraint

Trauma can have an impact on people at a neurological level. This means they may be 'primed' to react to current situations that remind them of previous traumatic events in ways that appear to be extreme or illogical. This can sometimes result in the use of seclusion or restraint on the part of services, which can replicate previous experiences of loss of autonomy and control. Restraint and seclusion in these circumstances can themselves be traumatising or re-traumatising (Sweeney et al., 2016).

Trauma-informed approaches to mental health care start with the question "What happened to you?" not "What is wrong with you?". They recognise that people who have experienced trauma may have complex emotional and physical reactions to different situations and may have changing needs over time. The focus of these approaches is to build trust and relationships over time and will involve working flexibly with people to allow services to feel safe and supportive (Sweeney et al., 2018).

The Centre for Mental Health developed guidance on trauma-informed approaches with women who had experience of trauma (see Wilton & Williams, 2016). They highlighted the following processes as being important in trauma-informed care:

- **Listening** – listen to and understand people's stories
- **Understanding** – understand how someone's current difficulties may be informed by past experiences
- **Responding** – respond on an individual level when a response is needed
- **Checking** – check with individuals whether approaches are working, and review approaches when they are not

## HOW DOES STORYTELLING FIT WITH A TRAUMA INFORMED APPROACH?

One of the key principles of trauma-informed approaches is to listen to people's accounts of their experiences in their own words. The storytelling approach we suggest in these resources can support deep listening skills. It may enable you to create an environment in which the people you work with can tell you about traumatic events or situations that have happened to them.

You will then be able to shape their care plan to be more sensitive to their history of trauma, and to understand why a given approach may be ineffective. However, encouraging storytelling alone will not make your service trauma-informed.

If you wish to learn more these approaches, you may find the suggestions in the Additional Resources section on page 39 helpful.



## Principles of good communication in clinical settings

Within mental health care, good communication is seen as the basis of treatment. The development of a good relationship between practitioners in a service and the people who use those services is essential.

It has been demonstrated that a strong therapeutic alliance is associated with a greater likelihood that people using services will follow a treatment plan produced with clinical staff (Thompson & McCabe, 2012).

Research by Rose McCabe and her colleagues has found that people who use services describe a good relationship as involving:

- Trust
- Empathy
- Respect
- Kindness
- Warmth
- Understanding
- Really listening

These characteristics closely align with those that clinicians list when describing a good relationship. Because of the importance of communication, there has been a considerable amount of research about the principles of good communication in clinical mental health settings.

One review of the academic literature (Priebe et al., 2011) identified five guiding principles for good communication:

1. **Focus on patients' concerns**  
Communication should be focused on the concerns of people who use services and guided by what they wish to talk about
2. **Positive regard and personal respect**  
People who use services should be accepted and respected, and their views taken seriously and regarded as important
3. **Appropriate involvement of patients in decision making**  
Reaching appropriate decisions about the care of someone who uses services should involve a partnership in which both services and people using them contribute
4. **Genuineness and personal touch**  
People working in services should be warm, genuine and open
5. **Using a psychological model**  
A therapeutic model may be used as a framework to support care.

A storytelling approach can help practitioners build relationships with the people who use their services by allowing them time to explain what has happened to them and so communicate concerns they may have about their treatment. Making space for someone to talk about the experiences that have led to them becoming unwell conveys respect for them as a person and a willingness to hear their point of view.







# CAN STORYTELLING CAUSE HARM?

YES. THERE ARE WAYS IN WHICH THIS APPROACH CAN CAUSE HARM.

## LIMITING THE STORY

Some storytelling activities encourage people to tell their stories to a prescribed formula. In mental health, this often follows the pattern of: terrible experience, struggle for understanding, acceptance and personal efforts to recover, recovery and hope. People may be actively encouraged to leave out important aspects of their experience. For example, they may be encouraged to focus only on the medicalised aspects of their story, when important factors contributing to their current mental health are rooted in their living situation, financial difficulties or social world (see Costa et al., 2012; Woods et al., 2019).

Devaluing or ignoring aspects of a person's experience can be damaging. The person may not feel heard, and this may impact trust or relationship building efforts, ultimately leading to a poorer therapeutic relationship or result in re-traumatisation.

## REPEATING THE SAME VERSION OF THE STORY

If someone is asked to tell and retell a story of traumatic events, it is possible that repeatedly revisiting those events can result in someone becoming 'stuck' in that part of their story. Pennebaker and his team (see Pennebaker & Smyth, 2016) have found that where people write or tell a story about a traumatic event in the same way over and over again, this can have detrimental effects on the storyteller. A person must be allowed to evolve their story over time, so that they are able to process what has happened to them and develop new insights into their experiences.

While a common impression is that someone is unreliable if they change their story, in the context of talking about their mental health or trauma, it is healthy if their story evolves over time. People may begin to emphasise different aspects of their experiences, come to new insights, or remember details that were lost to them before.



If you are working with someone using storytelling, it is helpful to make space for this evolution in your practice. It is also helpful to avoid the impulse to 'fact check' the story with phrases such as 'but last time we spoke you said x...'

When we consulted with people with lived experience on these resources, one of the experiences they highlighted was being asked to tell their story repeatedly to medical students or other trainees within training sessions. People with lived experience suggested that this left them feeling like the students were 'just practising' and not really engaging in the process with a view to deep listening or understanding.

If this happened repeatedly, the experience was felt to be damaging. It may be tempting to ask someone who speaks eloquently about their experiences to talk to students frequently, but this should be approached with caution and avoided if possible.

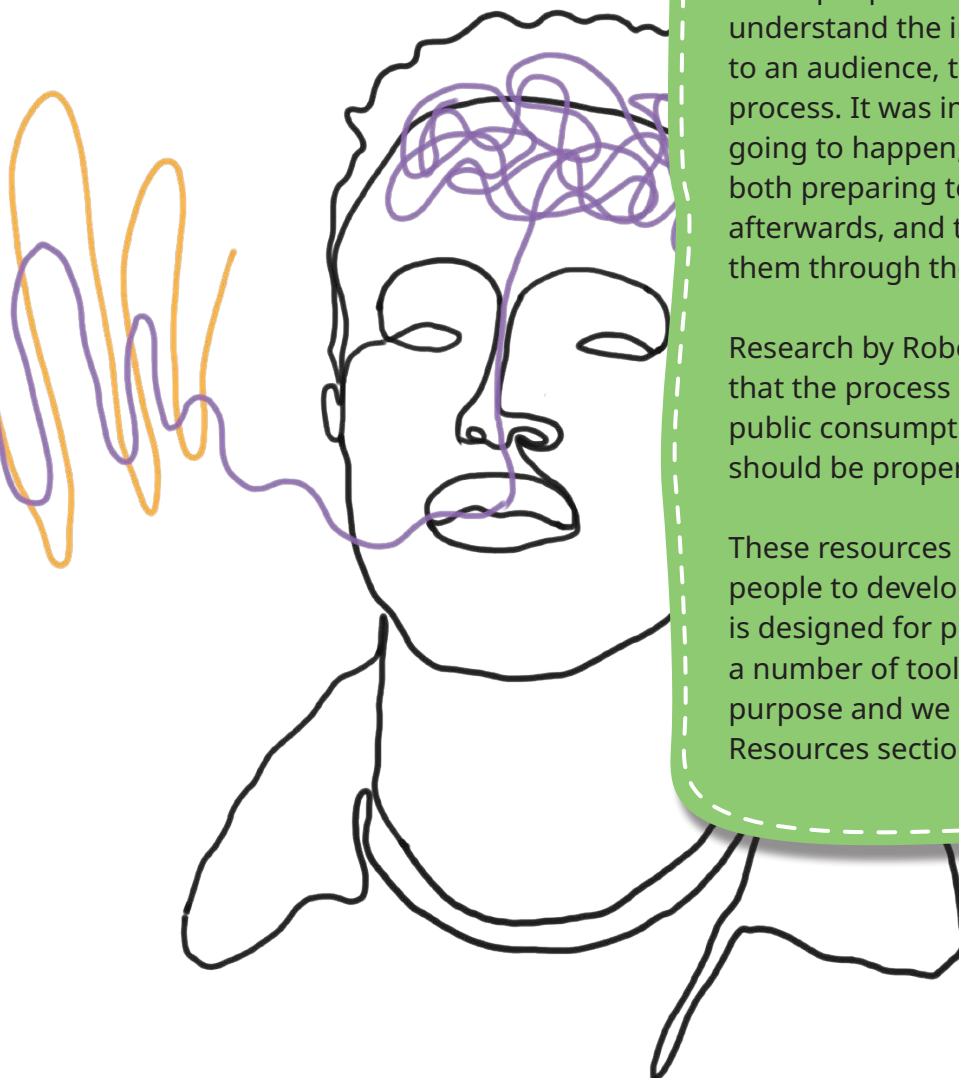
## PUBLIC STORYTELLING WITHOUT PREPARATION

When we consulted with people with lived experience of mental health difficulties, public storytelling was identified as something that was felt to be unsafe.

When people are not ready or do not fully understand the implications of telling their story to an audience, they could be harmed by the process. It was impressed upon us that if this was going to happen, people needed to spend time both preparing to tell their story and debriefing afterwards, and they needed someone to support them through the process of public storytelling.

Research by Roberston et al. (2017) has also found that the process of producing a 'recovery story' for public consumption is not necessarily benign and should be properly supported.

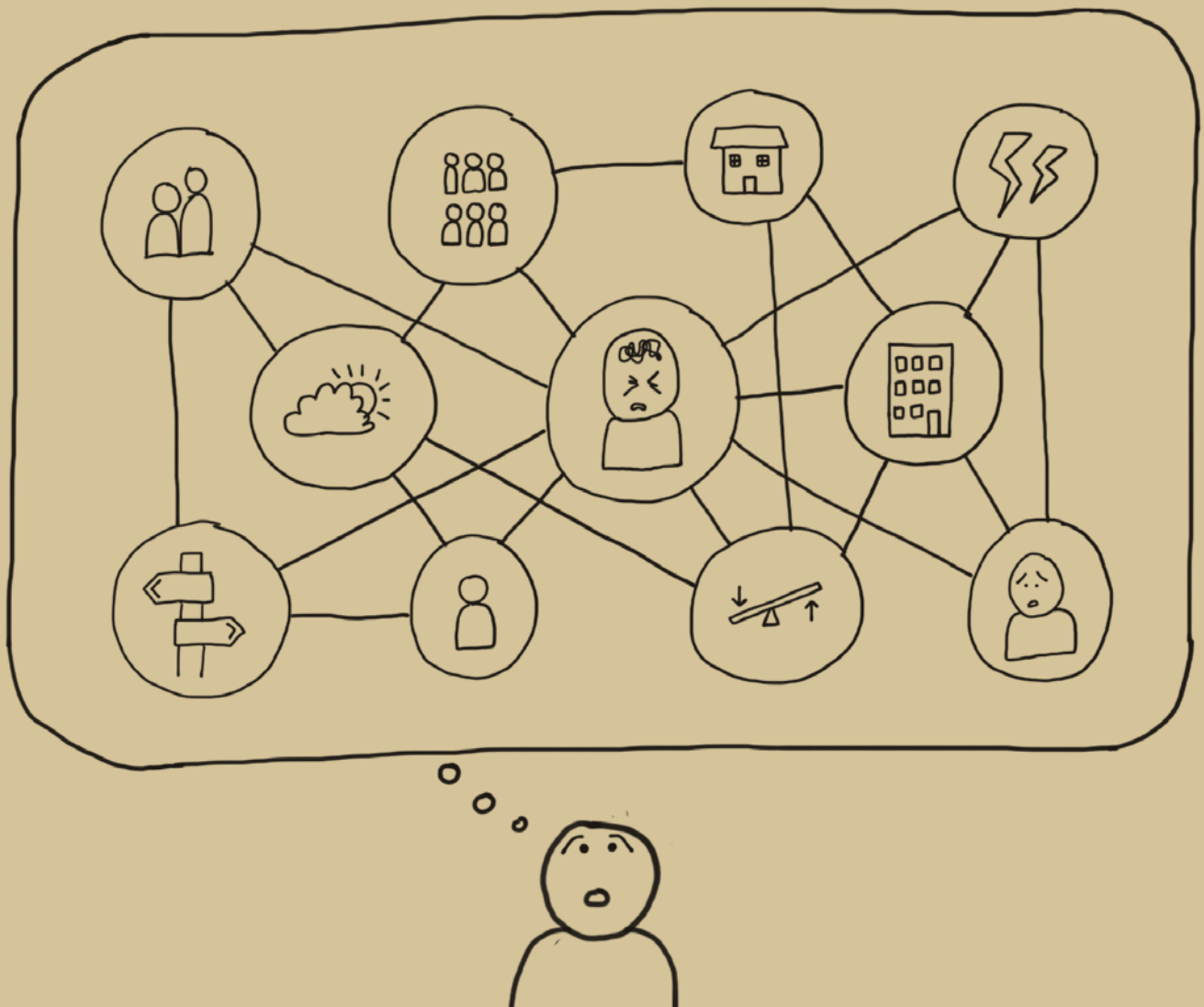
These resources are not designed to enable people to develop a finished 'recovery story' which is designed for public consumption. There are a number of toolkits that already exist for this purpose and we have listed some in the Additional Resources section of this guide.



# HOW PEOPLE TELL THEIR STORIES

While we were working on *My Story: Our Future*, we learned that:

- People often do not tell their whole story at once.
- People tell their stories in ways that are non-linear, complicated and hard to follow at times.
- People often circle back to important events and explain them in a different way.
- Sometimes when people are telling their story they use it as an opportunity to make sense of it for themselves. This means being the listener can be confusing at times.
- People find different ways to tell their stories. Some people find it helpful to use photos or draw a picture. Others prefer to be asked open questions as their story unfolds.



# STORYTELLING IN PRACTICE - WORKING WITH PEOPLE TO ENABLE THEM TO TELL THEIR STORY

## CHECKLIST TO CONSIDER



1. Storytelling takes time. Do you have enough if it?
2. Think about your environment. Is it quiet enough? Is it private enough?
3. Are refreshments/ water available?
4. Is the person you are working with ready to tell their story?
5. Are you ready to listen to their story? What kind of day have you had? Are you able to 'switch off' other priorities and concerns to concentrate?
6. How will you ensure they are ok afterwards?
7. How will you look after yourself afterwards? Is there someone (line manager/ colleague) you can talk to if you hear something troubling/ upsetting?
8. What will you do with the story? Does the person you are working with understand this?



## WHAT STOPS PEOPLE TELLING THEIR STORIES

THERE ARE SEVERAL THINGS THAT MAY PREVENT OR DISCOURAGE PEOPLE FROM TELLING THEIR STORIES. THESE CAN INCLUDE THE FOLLOWING:



### Timing

It may not be the right time for the person. It could be too soon for them to make sense of what has happened to them. Pushing someone to tell their story at this point will do more harm than good.

If you think this is the case, leave it for now. You can always re-visit the idea of storytelling later.

### Trust

If you are working with someone who is new, either to you or to the service, you may not have had time to build up the trust needed for them to start telling their story to you.



### Feeling vulnerable

There could be many reasons why someone feels vulnerable and unable to engage in storytelling, not all of which may be obvious to you:

- The room may be too noisy/crowded/they may feel like they are being overheard
- They may have traumatic events in their past that they have never spoken about
- They may have experienced discrimination/ bullying/violence in the past that relate to certain aspects of their story.



They may be concerned about the **consequences** of telling their story, which could include concerns about:

- Being sectioned
- Being pressured into taking medication they do not want to
- Losing their children to social services
- Being judged and information being recorded on their clinical notes.

### Previous poor experiences with statutory services

They may have had experience of not being listened to/ heard/ believed.



### Scepticism

They may feel that this is a paperwork exercise and they are not really going to be listened to.

### Environment

They may not feel safe in the surroundings where they are supposed to tell their story.

### Feeling unwell

They may not have the mental resources to engage in storytelling that day.

GIVEN ALL  
THESE REASONS,  
IT IS IMPORTANT  
TO PLAN HOW  
STORYTELLING IS  
USED CAREFULLY.

### Not a talker

Some people aren't avid speakers and don't chat naturally with others. Even if they are, they may be feeling shy and reserved that day. People may need encouragement to start talking openly, freely and at length.

### Stories involve other people

The story may involve friends or family members, and the person telling the story may feel bad about talking about them without them being there.

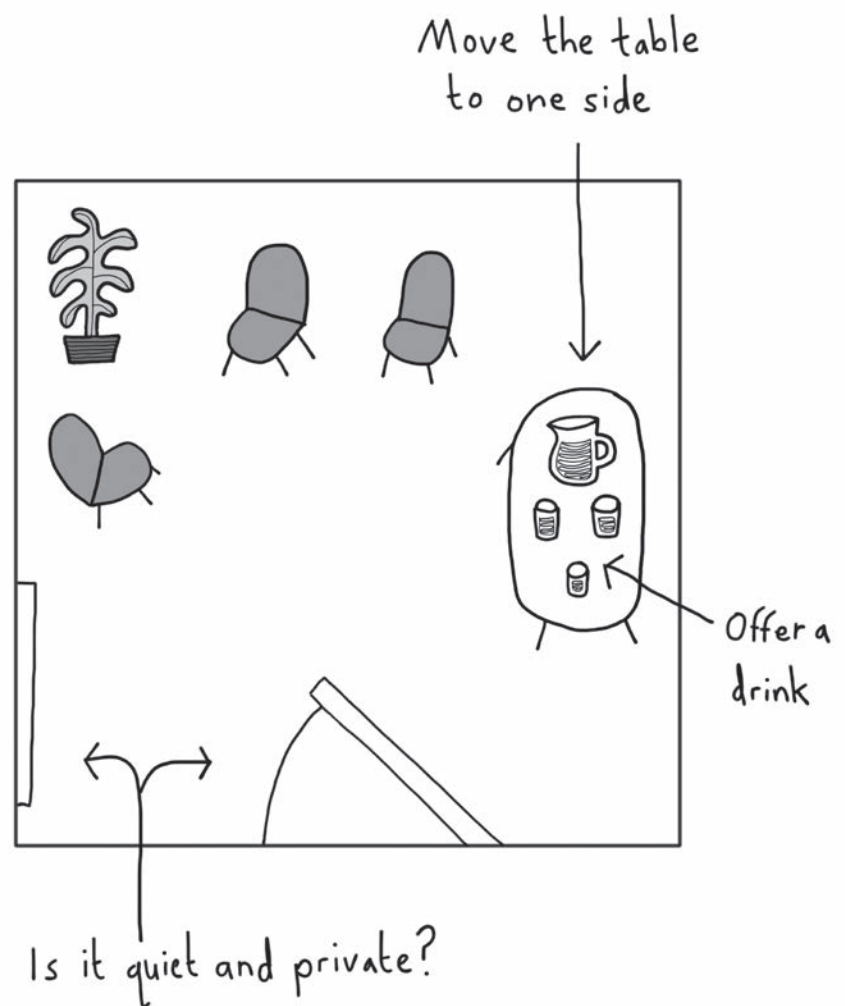
## THINKING ABOUT THE ENVIRONMENT: WHAT HELPS PEOPLE TELL THEIR STORIES

In *My Story: Our Future*, we found that places that were quiet, comfortable, private and where people had plenty of time to speak, were the best environments for storytelling. We realise that this may feel like a luxury to people working in busy services. However, spaces can make a difference as to whether people are comfortable or not, and small things can be done to improve a space for storytelling.

### MEETINGS ROOMS

Your service may have already done quite a bit of work to make consultation rooms comfortable. However, it is worth having a look at the room before you use it.

- What is the room like?
- How is the furniture arranged?
- Can you sit comfortably with each other so that you can hear what is said without encroaching on each other's personal space?
- Is there a table in the middle of the room separating you that could be moved to the side?
- Is there water available? Are you able to offer a cup of tea?
- Is the room quiet/private or can you hear everything that is said in the meeting room next door?
- Is the room light enough/ warm enough/ cool enough?



### OPEN SPACES

Sometimes a person who wants to tell their story may find it easier to do so outside, for example while walking around a local park. Some people find it intimidating to sit with someone in a face to face situation or may feel trapped while talking about difficult experiences in a closed room. Sometimes people may find it easier to express themselves in situations where they can move about freely. When walking and talking in public spaces, similar concerns will be relevant to holding these conversations in a public venue (see next page).

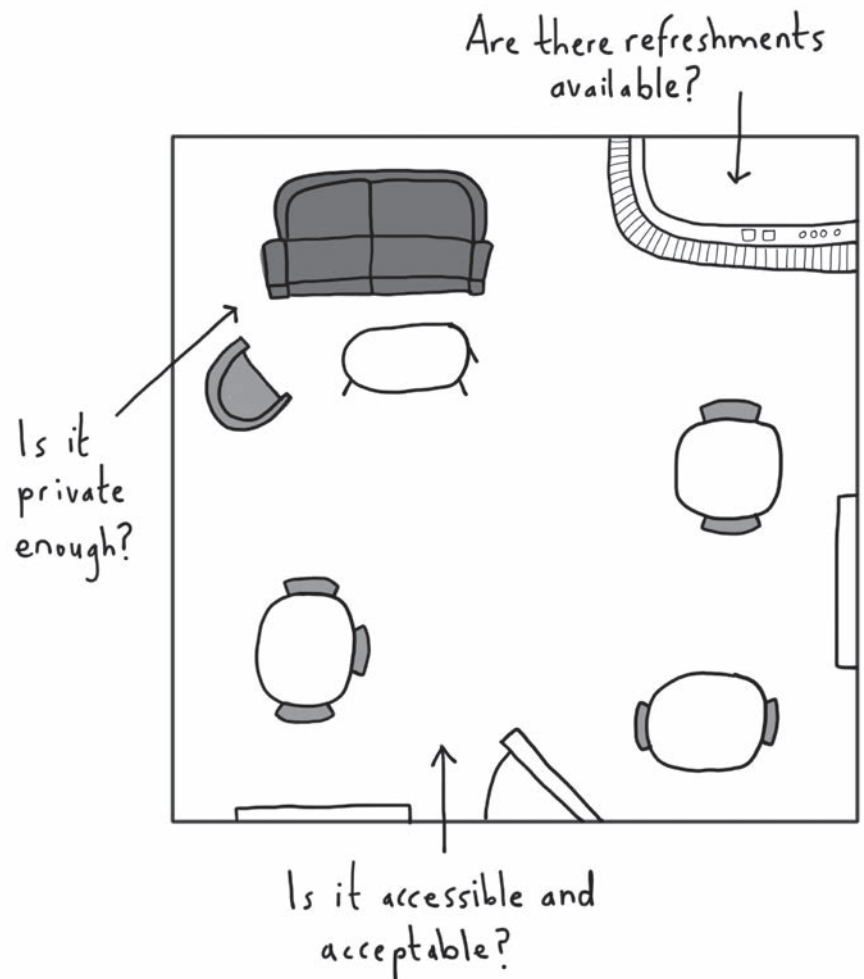


## PUBLIC VENUES

Some practitioners prefer to meet people in non-NHS venues.

If you are thinking about using a public venue when using a storytelling approach, the following things are helpful to consider:

- How noisy is the venue? Will you be able to hear each other? Are there quiet, more private corners or even private rooms you can use? For example, many libraries and other community venues have rooms you can use for free.
- Is the venue private enough? Some people are comfortable talking about their lives in public but may not want to be in a venue where they are sitting very close to others who may overhear them. For example, a table in the middle of a busy coffee shop may not be appropriate if the conversation strays into sensitive territory.
- Can you get refreshments if you want them? Are those refreshments affordable?
- Is it easily accessible by public transport? Is it located in an area that the person you are working is comfortable with?
- What are the other people like who use the venue? For example, a woman who has experienced domestic violence or sexual assault may not be comfortable in a venue dominated by men.
- Is the venue light enough/ warm enough/ cool enough?



## AT HOME

During our consultation, we heard that some people would prefer to talk about their story at home, in an environment they already feel safe in.

It will be important to consider whether this is a possibility.

- Do you have a home visit/ lone-working policy that covers home visiting?
- It is logistically/practically possible?
- Is this something you feel comfortable with?
- Who else is at home? Are there people living in the property that may mean it is difficult to have a private conversation?

## PREPARING FOR STORYTELLING - LOOKING AFTER YOURSELF

When using this approach, you may find you need to be in a different frame of mind than for other parts of your work. Listening to people for extended periods of time, who may be telling you emotionally difficult things, can be a time and energy-consuming exercise.

You may want to think carefully about when you schedule a storytelling session so that you have time beforehand to settle yourself. Rushing in from a stressful team meeting may make it difficult to concentrate on what you are listening to.

While it may seem like a luxury when working in a busy service, we suggest you try to think about the following things before a session:

- How are you doing? Have you got something pressing on your mind? Can you put this aside?
- Will you have time to have a moment to yourself before your meeting?
- Is there time for a cup of tea/ walk around the block/ quiet sit down somewhere?
- Will you be able to talk to anyone after the session if you hear anything difficult/ upsetting/ that causes you concern? When is your next supervision?
- Are the rest of your team aware/ supportive of using storytelling in the service?



## BEING 'THE LISTENER'

Often when someone tells you their story, they may not want you to do anything about it. They may simply be looking for someone to listen to them. It can be helpful to do some of the following to show you are listening attentively and paying attention.



### 1. Setting boundaries

Before you begin a storytelling session, it can be very helpful to set the boundaries of the conversation. This means that you both understand how much time you have together and what to expect in terms of how the conversation will be drawn to a close.

You may want to set out what part of a person's story you will focus on and what may happen to the story that is told. We have designed some tools to help with this under the Practical Tools section of this guide, starting on page 32.

### 2. Opening the conversation

How you open a storytelling conversation can be very important. You want the person to know that you are there to listen, not to judge or measure what they are saying.

There are subtle ways you can frame this that can make a big difference. For example, saying things like "I am here to hear your story from you, in your own word" sets a different tone to "I am here to talk to you about". The latter frames you as the active person and them as the passive recipient. Saying "I am here to listen" can have the opposite effect.



### 3. Body language

Leaning gently forward and looking at the person, while not intruding on their personal space can show someone you are listening. Making eye contact is also important. Sitting back casually with your arms crossed or looking at your phone, tablet computer or paperwork can give the opposite effect.

Try to avoid taking notes as this may appear as if the session is another paperwork exercise. At the end of the session you can talk with the storyteller and decide together what to record in their notes.





## 4. Simple encouragement

Sometimes a person telling you their story may feel that they are wasting your time, or that their story is somehow not worth telling.

This may be especially acute for people with the low self-esteem that can often accompany a mental health struggle.

At times simply giving some encouragement such as saying "go on", "take your time", or "I am listening" can be very helpful.

## 5. Asking questions

Asking sensitive questions at pauses in the conversation can be very helpful, especially if someone has not told their story before and is unsure where to go next. It can be especially helpful if these questions pick up on something that has already been spoken about.

The kinds of questions you ask can also be important. Questions that demand a limited answer, so called 'closed questions' can shut down or limit conversation while more open-ended questions can create space in the conversation for someone to explain in more detail.

**Examples could include:**

- *"You just mentioned your sister, what is she like?"*
- *"It sounds like you had a tough time at school, were there any parts of school you enjoyed?"*



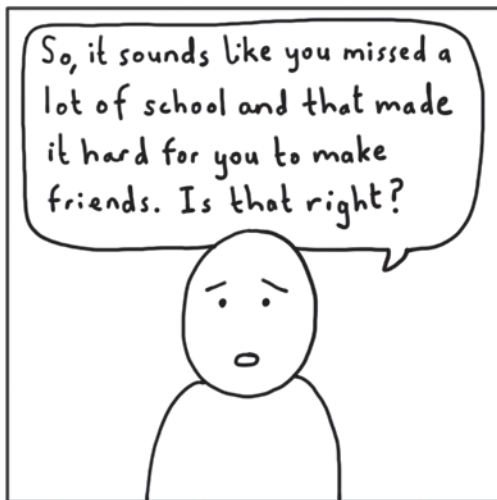
## 6. Asking 'declarative' questions

This involves asking questions that directly relate to something that someone has just said, either by repeating a detail or by drawing out a theme from that conversation and framing a question around it.

This type of question is demonstrating that a listener is acknowledging and working with someone's contribution, and framing it in such a way that acknowledges how they are feeling. (For more information, see Thompson, Howes & McCabe, 2015)

**For example:**

- **Storyteller:** *"In the afternoons I just can't help feeling that I'll end up in hospital again."*
- **Listener:** *"So, you feel very anxious at that time?"*



## 7. Summarising and reflecting back

Sometimes after someone has told you a section of their story, it can be helpful to summarise what they have said to check you have heard and understood correctly.

**For example:**

- *"Can I just check I have heard you correctly? You felt under pressure at school to pursue subjects that you didn't enjoy, and you feel this contributed to the stress you were feeling. Have I got that right?"*

A similar technique can be to 'reflect back' on an important message that may have been in the story but not expressed completely clearly.

**For example:**

- *"From what you have just told me it sounds like you were doing well at school, but when you began to find things more difficult, it was difficult to get help from your teachers. Is that right?"*

## 8. Sympathetic statements

For some people, hearing a sympathetic response to their story can be an important validation of their feelings.

This can be very important for people who have mental health difficulties, and who may have experienced being ignored, side-lined, not listened to or told that they are "too sensitive".

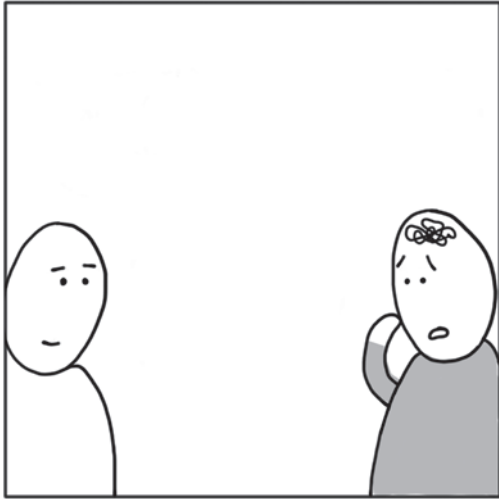
It is not always easy to know what to say but it can be helpful to avoid phrases that imply you 'know' what a person has been through (e.g. "that must have been hard, I know how you feel") as the person you are listening to may feel that you cannot know how they feel.

Slightly more tentative supportive statements can be helpful.

**For example:**

- *"That sounds very difficult."*
- *"That sounds like it may have been hard to deal with."*
- *"I am not surprised you felt upset when that happened."*
- *"It sounds to me like you have had a lot to deal with recently."*





## 9. Holding silences

For some people telling bits of their story can be difficult. They may need time to put things in order in their mind or build up the courage to speak about difficult events.

There may be gaps in the conversation. For many of us the natural impulse is to introduce a question or a thought of our own. However, it can be helpful if you can hold a silence for a few seconds if someone seems to be thinking things through.

Giving people a quiet space to think things through can be as valuable as the telling of the story itself.

## 10. Ending conversations.

It can be difficult to end a conversation when someone has been talking about things that may be very personal to them. However, ending a conversation well, rather than immediately rushing out of the door, is an important part in helping the storyteller feel heard and understood.

To end a conversation well, it can be helpful to think about how you are going to do this before the start of the session. You may want to spend some time at the end of the session deciding together how the story is recorded in the notes, and even make the written record together.



# TALKING ABOUT UNUSUAL EXPERIENCES

In *My Story: Our Future*, we heard that some people had tried to talk about unusual experiences they had had while unwell, and found their clinician unwilling to talk about it. This made them uncomfortable and less trusting that services understood their perspective or what they wanted from treatment.

Research has also found that clinicians have often attempted to avoid conversations about the content of hallucinations and delusions (Moore et al., 1992), which can make people uncomfortable and have a disruptive effect within a consultation (McCabe et al., 2001).

However, responding well to conversations about unusual experiences may be difficult if a service puts a strong emphasis on not 'colluding' with people around their unusual experiences.

One solution may be to ask further questions about a person's experiences that acknowledge their emotional situation and respect their experiences. Thompson et al. (2015) call this type of questioning asking 'declarative' questions. This approach is associated with a better therapeutic alliance.





THE PRACTICAL RESOURCES WE HAVE  
PRODUCED TO SUPPORT YOU WITH  
STORYTELLING START ON PAGE 32.

# WHAT DO YOU DO WITH A STORY ONCE YOU HAVE HEARD IT?

When you have listened to a person's life story it may be difficult to know what to do with the information you heard. In your normal day to day work, it may be your role to solve problems or help the people you work with address challenges directly. However, some of the important value to be found in storytelling is that it does not involve taking any practical action at all. You listen, and that is all.

## VALIDATION

For people who have found it difficult to explain what has happened to them, or who have had aspects of their story dismissed or disbelieved in the past, the most helpful thing you can do may be to simply acknowledge their story. This may mean ignoring the impulse to immediately act on what you have heard and instead make a conscious effort to instead show that you have listened. Some phrases that may be helpful are:

***"Thank you for telling me that. Your experience sounds very difficult."***

***"Thank you for having the courage to speak about this, I imagine it was hard to put that into words."***

Many people with mental health difficulties have experienced their feelings being dismissed as overblown, dramatic or irrelevant. This can make people reluctant to talk about experiences that may result in those feelings resurfacing. Acknowledging someone's feelings about a situation may be an important part of the process of building trust with that person.

Validating someone's feelings can have a very positive effect for someone trying to make sense of what happened to them. If you cannot identify with the feelings someone is expressing, acknowledging this too can be more helpful than claiming to "know how" someone feels. Some useful phrases may be:

***"That event sounds traumatic. I can't imagine what that feels like, but that sounds like it was very difficult."***

***"You have just described a very difficult series of events to have been through, I am not at all surprised you feel very upset."***

***"Those events sound very difficult to come to terms with."***



## CONTAINING

As a listener to a difficult story, another important thing you can do is act to contain someone when they are talking. This may mean not reacting dramatically when someone is talking about difficult events (for example, historical incidents of abuse), but instead allowing them the space to talk about what happened and the impact on them.

Expressions of shock, disgust or disbelief may cause further trauma. At times, this may mean your role is to absorb difficult emotions in the moment and to 'hold' the conversation open for as long as is needed. Therefore, it is important that you have identified support for yourself before you begin encouraging people to tell their stories, and perhaps that your team has agreed on such support mechanisms.

## SAFEGUARDING

An obvious exception to the recommendation to delay taking action will be when you have immediate and significant safeguarding concerns. It could be that someone has told you about an instance of current abuse, which will prompt you to have concerns about their immediate safety or the safety of someone close to them, particularly a child. In this situation you should follow your Trust's safeguarding policy.

## PLANNING PRACTICAL ACTION

For many people working in services, making practical plans with people to move forward is a priority in their role. With a storytelling approach we suggest that you build in extra time to do this and avoid doing any practical planning immediately after a session. This will allow both you and the storyteller some time to reflect on what has been said and what this may mean for any plans going forwards.

You may have heard something that gives you an idea of something practical that could be done, but you need some time to think about how this could be best implemented. Or you may have an idea that you wish to discuss with a colleague with specific skills or experience.

We suggest you take the time to do these things after hearing a story rather than acting immediately. When you come to take practical action, it is best to plan this with the person together. If you have an idea of something you think would help, arrange to meet the person and discuss this with them.

There is a template form in this pack on page 49 that may help you think through and record a plan with someone after they have told you part of their story.





## STORYTELLING IN MENTAL HEALTH TEAMS

### COMMUNICATING STORIES

Mental health care is frequently delivered in multi-disciplinary teams, and someone using a service may form relationships with several members of that team. It is important that teams using storytelling discuss how they would like to do this in practice, as a team. Expecting someone to repeat aspects of their story over time to numerous different people may be burdensome or even harmful.

You may feel that as a team this is something you would like to avoid, while at the same time wanting to build a better understanding of a person's story and the context in which they are working on their health and wellbeing.

One way of avoiding someone needing to constantly repeat aspects of their story may be to produce a physical or electronic document that a service user may carry with them into appointments. This could contain notes from different storytelling sessions or include a set of questions that a person can answer about themselves. We have provided a template tool on page 47 that may help with this.

### SUPERVISION

If you choose to incorporate storytelling into your team practice, it is important to think about what additional impact this may have on team members. This could include hearing more frequently about traumatic events.

It will be important to incorporate space to talk about the impact of listening to people's stories into the supervision structures you have, or to establish group supervisions. You can discuss how storytelling is working in your team, if there are any problems, and what the personal impact on staff may be.









# PRACTICAL TOOLS

## Helpful ideas when listening to stories

**We have put together a selection of practical tools that you may want to try when working with people and their stories. However, these are just suggestions and you should only use them if they are helpful. You may want to adapt them or come up with your own tools to help someone navigate their story.**

There are lots of ways you could do this. When we consulted with mental health service users, they had the following ideas about things that would help people think about which bits of their story they would like to tell:

- Give people a notebook or journal in which they could write about or draw their experiences.
- Use photographs or pictures that are important to someone.
- Help people create a collage of different things that they may like to talk about with old magazine images.
- Create images or pointers that could be attached to fridge magnets to remind someone when a storytelling session was approaching.
- Use Post-It notes to help someone 'map out' events on a large piece of paper – Post-It notes can easily be re-arranged until someone is happy with the order of things.
- Encourage people to audio-record parts of their story.



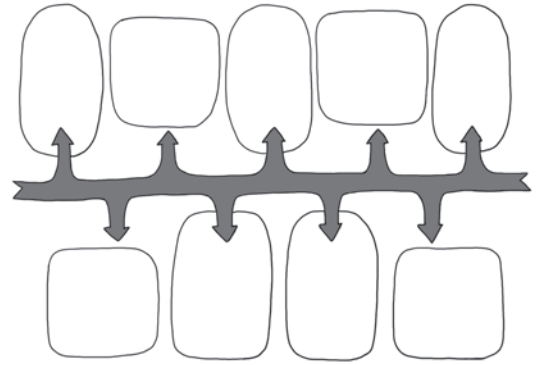
## MAPPING STORIES

In *My Story: Our Future*, we offered people a choice of several visual tools to help them think through what they wanted to tell us. We also asked people to think about what they didn't want to tell us, so that they retained control of what was and was not said. We have given examples of a selection of mapping tools that may be useful.

When we consulted with people with lived experience of mental health difficulties on these materials, they felt that they would be useful. However, they suggested that some tools might be more appropriate at certain times of someone's mental health journey.

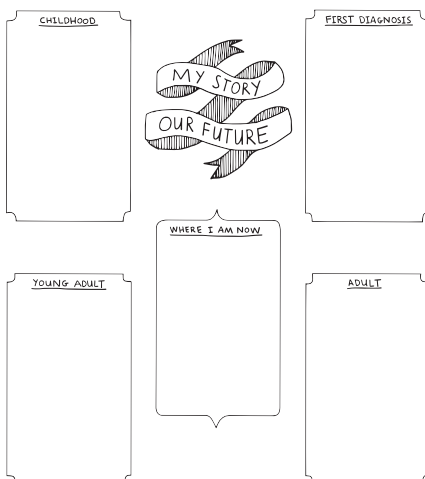
## THE TIMELINE

This tool was felt to be the simplest and may work well earlier on, when someone is still making sense of things.



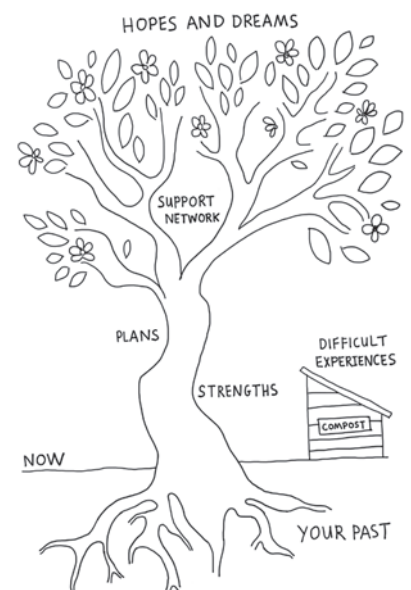
## THINKING IN PICTURES

Again this was thought to be quite simple and may help someone who is beginning to make sense of their story.



## THE TREE OF LIFE

This tool was thought to be more complicated and would be better tried later on in someone's mental health journey, after they have already begun mapping out their story.



## SIX-PART STORY METHOD

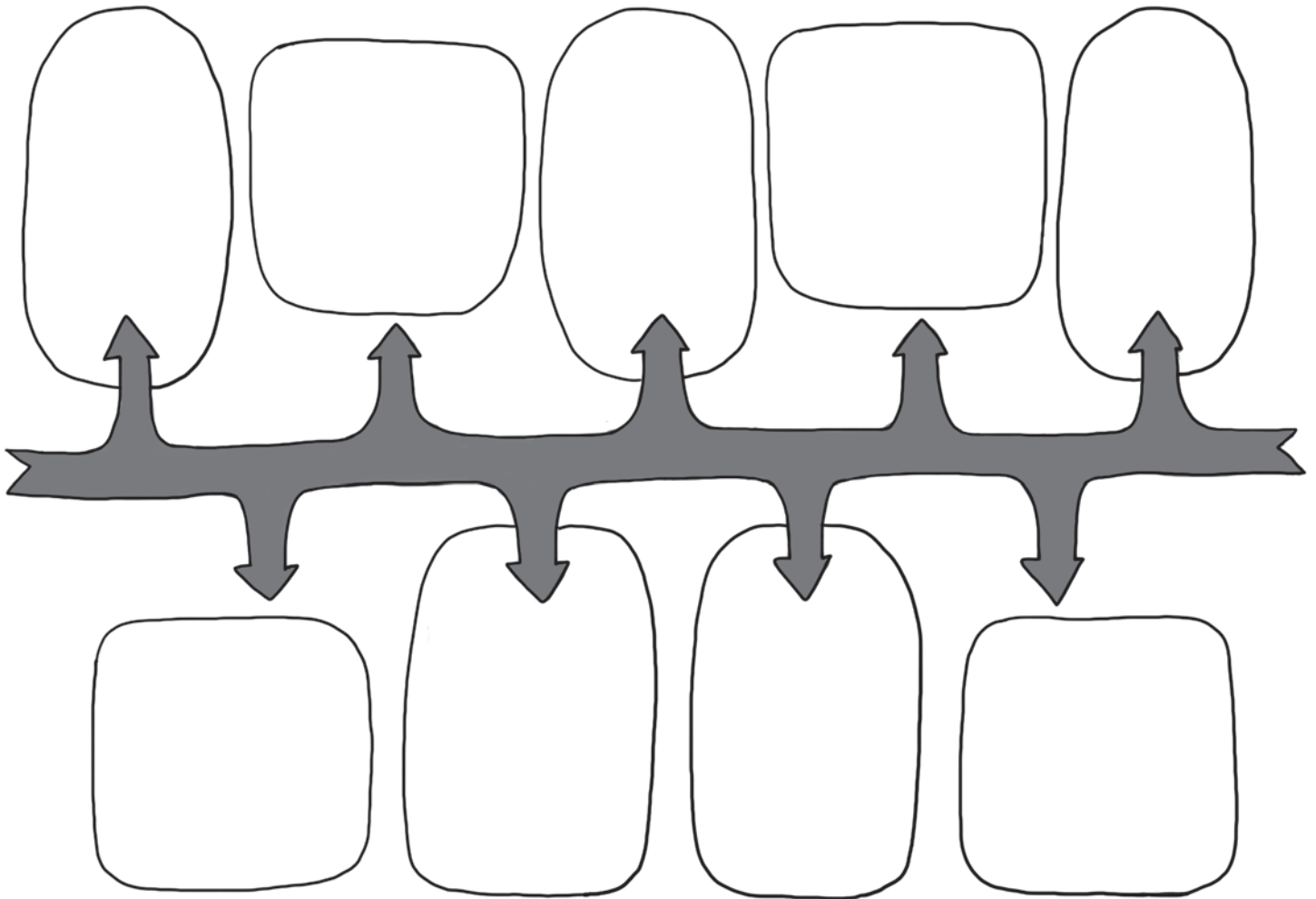
This tool was also thought to be more complicated and may be useful later in someone's mental health journey.

A main character in his/her setting	A task for the main character	Things that hinder the main character
Things that help main character	Main action or climax of the story	What follows from the main action? What have I learnt?

## THE TIMELINE

Perhaps the simplest way of starting to think about a story will be to draw a timeline of important things that have happened. Some people like to use the boxes above the central line to highlight positive events and boxes below the line to highlight negative events, but it is up to individuals to decide how you use it.

People may stick photographs or magazine images that are meaningful to them within some of the boxes. People can then choose one box to start talking about.



## THINKING IN PICTURES

In each of these boxes, people can draw or write something that may be important to different stages of their life. They may also like to stick meaningful photographs or magazine images in some of the boxes, if this helps them think about what they want to talk about. When complete, they can choose which box they may want to talk about with you, or if there are any that they are not ready to talk about.

CHILDHOOD



FIRST DIAGNOSIS

YOUNG ADULT

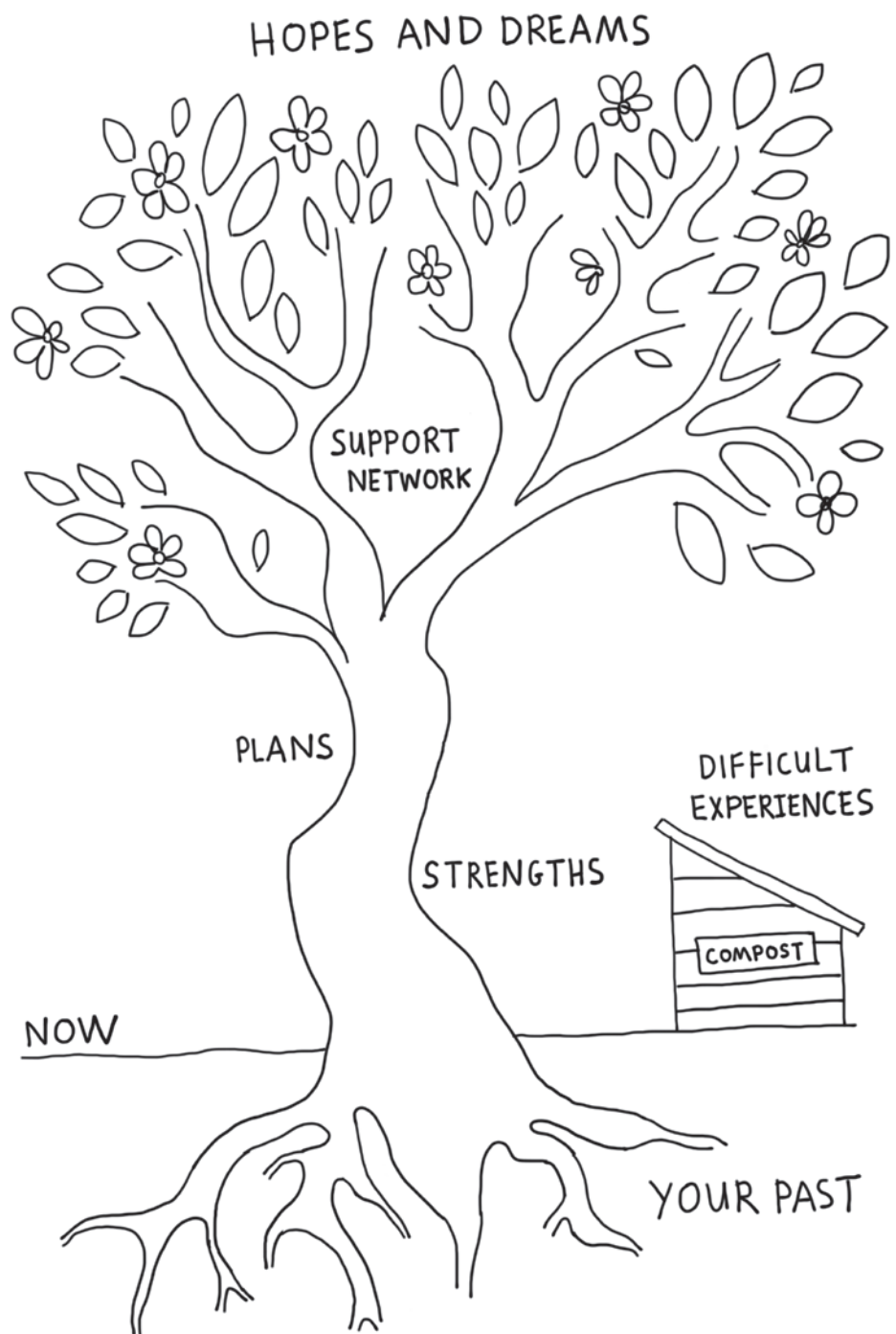
WHERE I AM NOW

ADULT

## THE TREE OF LIFE

In *My Story: Our Future*, we explained this tool to people like this:

- The ground symbolises where you are now
- The roots symbolise where you come from – this could mean your family, your community or the place you grew up
- The trunk symbolises your strengths, the things you are good at as well as future plans
- The branches symbolise the people you support and the people who support you
- The leaves and flowers symbolise your hopes and dreams for the future
- The compost bin symbolises experiences you may have had that were difficult, but that may have led you to do something better



This is the Tree of Life that was originally designed by Ncazelo Ncube (2006).



## SIX-PART STORY METHOD

This method was developed by Mooli Lahad (1992) in his work as a trauma specialist in Israel. His idea was to ask the people he worked with to tell him a fictional story based on six specific features.

He suggested that the way people told stories and the metaphors they used could tell you a lot about their perceptions of themselves in the world. However, this technique of interpreting fictional stories requires a trained therapist to do it successfully. Instead, we suggest that asking people to identify the following six features of one of their own stories may be a useful way to help people ‘map out’ an aspect of their own narrative.

This tool is more abstract than the others and we suggest you actively work through it with the people you are listening to.

Using the six boxes above, ask the person to draw or write the following six features of the story:

1. The main character – this may be themselves, but it could be someone close to them or a made up/ fictional character that they can identify with
2. A task that the main character was trying to do at the time
3. An obstacle they encountered while trying to complete that task
4. Helpful things that occurred to them, or people they met, while trying to complete the task
5. The climax, or big moment of the story (what happened)
6. The aftermath, or what happened after the end of that story.

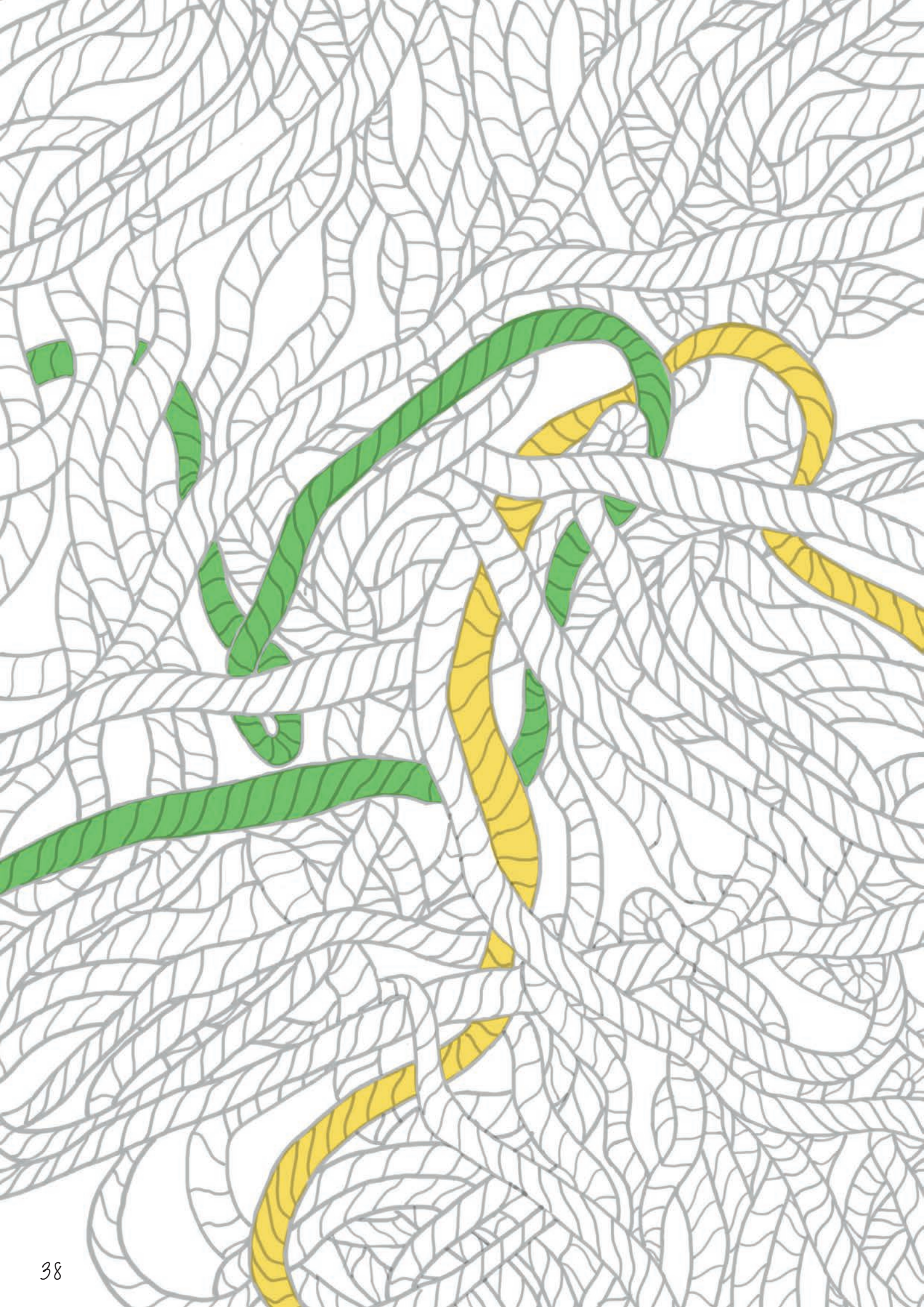
Once the person you are listening to has filled in these boxes, ask them to tell their story from beginning to end without interrupting. When people have finished, you may have follow-up questions you want to ask.

A main character in his/her setting	A task for the main character
Things that hinder the main character	Things that help main character
Main action or climax of the story	What follows from the main action? What have I learnt?

Thank you for taking an interest in a storytelling approach. We encourage you to have a go. Our research, *My Story: Our Future*, inspired us to put the resource pack together because we learnt about the value of storytelling for both the listener and the person we were working with.

We would be very pleased to gain feedback on these resources. Do get in touch: [contact@mcpin.org](mailto:contact@mcpin.org)





# ADDITIONAL RESOURCES

## TRANSFORMATIVE APPROACHES FOR SOCIAL CHANGE

An online website providing lots of resources for anyone interested in expanding their knowledge of storytelling practices.

**[www.transformativestory.org/why-do-we-need-transformative-storytelling-approaches](http://www.transformativestory.org/why-do-we-need-transformative-storytelling-approaches)**

## SCOTTISH RECOVERY NETWORK

A guide to sharing stories (2020) alongside a number of other helpful resources.

**[www.scottishrecovery.net/resources](http://www.scottishrecovery.net/resources)**

## MAYTREE

A suicide respite centre. They take a non-medical approach to working with people who feel suicidal, which involves a significant amount of listening to the stories of the people who work with them. We have drawn on some of the listening techniques they use when writing this guide.

**[www.maytree.org.uk](http://www.maytree.org.uk)**



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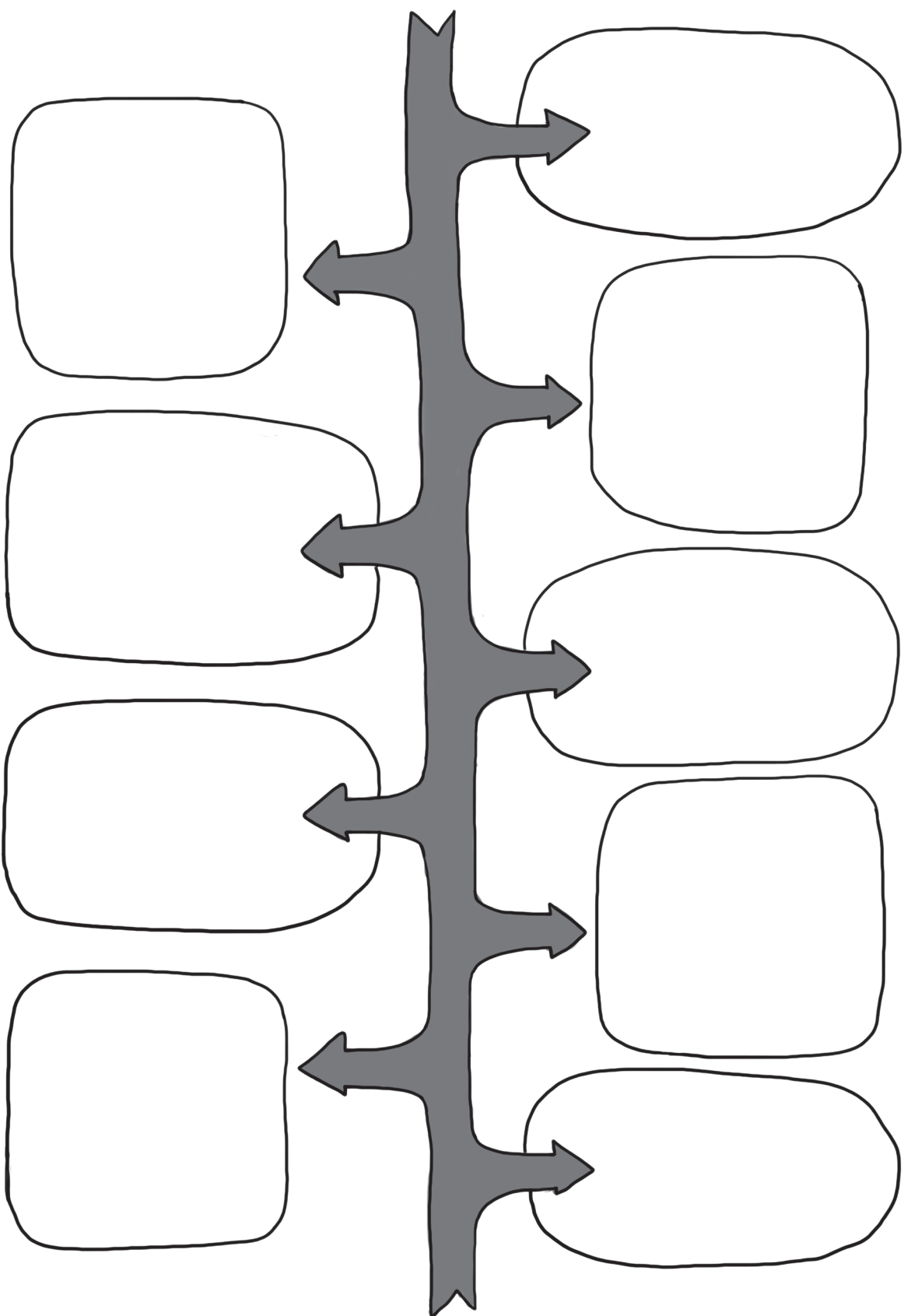
# APPENDIX: STORYTELLING TOOLS

The templates in this appendix are duplicates of those used in the resource pack and a few additional forms. They are provided here in a format that can be easily printed.

Most are for you to use with people you work with. There is also a template for use in group supervision if members of your team are using storytelling in their practice.

1. **The timeline** – this tool was felt to be the simplest and may work well earlier on, when someone is still making sense of things.
2. **Thinking in pictures** – this tool was thought to be quite simple and may help someone who is beginning to make sense of their story.
3. **The Tree of Life** – this tool was thought to be more complicated and would be better tried later on in someone's mental health journey, after they have already begun mapping out their story.
4. **The six-part story method** – this tool was also thought to be more complicated and may be useful later in someone's mental health journey.
5. **How I will tell my story today** – this template is designed to help you discuss the boundaries of the storytelling session with the person who will tell you their story. Some people may not like the look of this form as it may feel like a 'contract'. If this is the case we suggest you talk through some of the items on this form without using the form itself so that you can have a shared understanding of how the session will go.
6. **Important things about me** – this form is for people telling their story to enable them to avoid having to repeat the same information over and over. We suggest they bring a copy of this to storytelling sessions, or if they are happy with the idea, to keep a copy in their notes.
7. **What will go in my notes?** – this form is designed to enable you to decide together with the storyteller what will be recorded in their notes. It is designed with the view that the storyteller should be in control of what is written about their story in their notes. You should fill this form in together at the end of a storytelling story.
8. **What do we do next?** – if you do decide to do something practical with a storyteller after hearing their story, this form is designed to help you decide together what that practical thing should be.
9. **Staff supervision prompt questions** – this form suggests some simple questions you may want to ask each other as a team during a supervision session where you talk about your storytelling work with people who use your service.

# THE TIMELINE



# THINKING IN PICTURES

CHILDHOOD

FIRST DIAGNOSIS



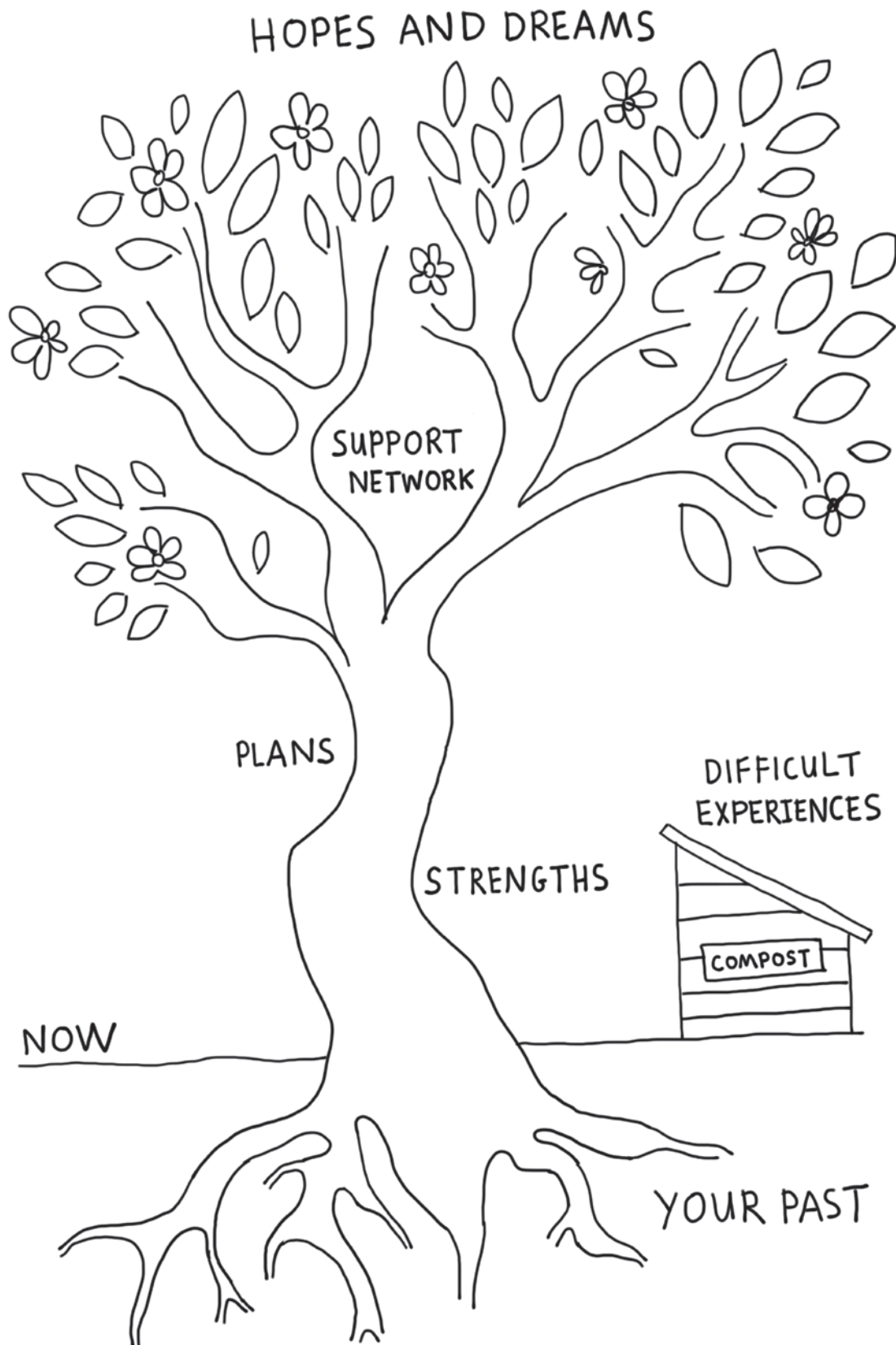
WHERE I AM NOW

YOUNG ADULT

ADULT



# THE TREE OF LIFE



# SIX-PART STORY METHOD

A main character in his/her setting

A task for the main character

Things that hinder the main character

Things that help main character

Main action or climax of the story

What follows from the main action?  
What have I learnt?

## HOW I WILL TELL MY STORY TODAY

- I will talk about my story with .....

- I know that I can stop at any time and I do not have to tell parts of my story that I do not want to.

Yes / No

- I know that this is not talking therapy.

Yes / No

- I understand that we have ..... (minutes/hours)

- I would like ..... to tell me when we have ..... minutes left.

- I would like to spend ..... discussing what parts of my story will go in my notes with .....  
We will record this together.

- I understand that my story will be confidential unless I talk about something which gives ..... concern about my safety or the safety of someone else I may be in contact with.

- If ..... has concerns about my safety or the safety of someone else they will:

.....

.....

.....

.....





## IMPORTANT THINGS ABOUT ME

- These are some things that I feel are important to who I am, and I would like you to know about them before we start talking:  
.....  
.....
- I like to (you could list hobbies or things you like to do here):  
.....  
.....
- I do not like to:  
.....  
.....
- These things have happened to me and I think they have an impact on my mental health:  
.....  
.....
- I find it difficult to talk about myself when:  
.....
- I find it easier to talk about myself when:  
.....
- In the future I would like to be:  
.....
- In the future I would like to go:  
.....
- In the future I would like to try:  
.....



## WHAT WILL GO IN MY NOTES?

- Today I discussed part of my story with:

.....

- We talked about a time when:

.....

.....

.....

.....

.....

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.....

.....

.....

- I would like the following things to be recorded about my story in my notes:

.....

.....

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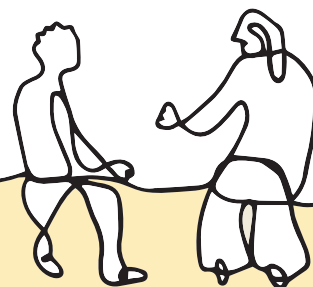
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## WHAT DO WE DO NEXT?

- On a previous occasion, I discussed part of my story with:

.....

- We talked about a time when:

.....

.....

.....

- After thinking about this part of my story we have discussed some practical things I could do that may help me. They are:

.....

.....

- I would like to try:

.....

.....

- I may need the following support to try this:

.....

.....

- I do not want to try:

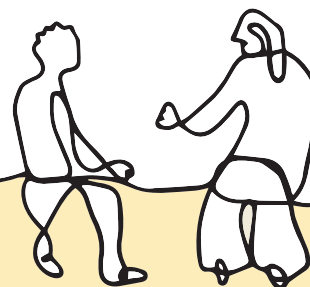
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- This is because:

.....

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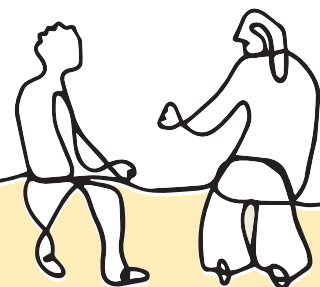




## STAFF SUPERVISION PROMPT QUESTIONS

It may be helpful to answer some of the following questions together about your storytelling practice.

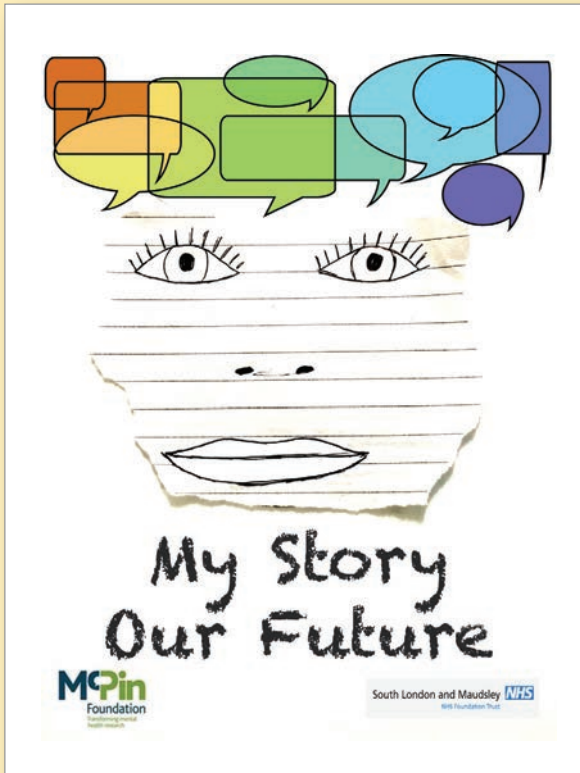
- How has talking with the people you work with about their stories had an impact on your practice?
- Do you think you have come to understand any of the people you work with better by using these techniques?
- Do you think using any of these techniques caused any problems between you and someone you work with?
- Do you think using these techniques has had an impact on your relationship with anyone you work with?
- Have you heard anything unexpected?
- Have you heard anything that has had a personal impact on you?
- Have you heard anything that has made you worried about what to do next?







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We are a mental health research charity. We believe research is done best when it involves people with relevant personal experience that relates to the research being carried out.

We call this expertise from experience and integrate this into our work by:

- Delivering high-quality mental health research and evaluations that deploy collaborative methods
- Supporting and helping to shape the research of others, often advising on involvement strategies
- Working to ensure research achieves positive change

Research matters because we need to know a lot more about what works to improve the lives of people with mental health difficulties, their families and ensure people's mental health is improved in communities everywhere.

