

# **Society for Storytelling**

## **Guidance notes on**

### **Storytelling in Health and Therapy settings**

#### **Why set out Guidance notes for using stories in health and therapy settings**

There is considerable evidence that using stories in health and therapy settings can have a beneficial and therapeutic effect. More details are available on [www.healingstory.org](http://www.healingstory.org). However there are a variety of different means that stories can be used and ways that they can impact on the audience. The storyteller working in health and therapy settings needs to be aware of the potential impact of stories for good and for ill.

Storytellers are using stories in different kinds of health and therapy settings with different kinds of experience and training. It is important that someone using stories in a health and therapy setting understands their role and accountability in that setting, the outcomes that they are trying to achieve and the impact on the audience.

As importantly storytellers need to have an understanding of how they themselves may need to be supported in that role. The SfS has been approached by several storytellers who want to work in health and therapy settings and were unsure how they should approach it. Others have told of bad experiences. One was asked to work collaboratively in a health and therapy setting by telling stories with a child in an abuse case to encourage and support the child in dealing with the after effects of the abuse. Several years later the storyteller was still distressed by what they had heard because they had not been offered an opportunity to talk about their own reactions to what they had heard during the therapy. Another storyteller had been engaged to tell stories to a group of inpatients in a hospital. During the course of the telling, one of the audience had become visibly distressed, and the storyteller had not been sure how to deal with the situation.

The SfS has developed these guidance notes to enable people who use stories in health and therapy setting, and the people who employ them, to have a better understanding of the different

- roles and accountabilities
- support
- responsibilities

that are involved.

#### **Different kinds of roles and accountability.**

There are at least four kinds of roles in which stories may be used in health and therapy settings

- Storytelling as a part of individual or group therapy

- Storytelling as part of a change agent process
- Storytelling as an activity to support a therapeutic process in a health and therapy setting
- Storytelling as a social activity in a health and therapy setting

### **Storytelling as a part of individual or group therapy**

This is the domain of professional therapists, psychologists, counselors who are also 'amateur' storytellers and who want to tell or use stories in the context of a therapeutic contract with a client or clients.

They will have had a professional training which has included specific training in interpersonal therapy. They are accountable to their employer, to their client and to their professional organization for a high standard of care. This will include supervision and record making. Supervision will include reviewing the form and content of the clinical work, how the clinical work is impacting on the client, and how the therapist is responding to the material that the client is producing. The record making allows progress to be monitored over time and is evidence of the interventions that are made, as well as an aid to supervision.

### **Storytelling as a part of a change agent process**

This is the domain of professional change-agents (teachers, community workers, health education staff, nurses, social workers, occupational therapists, speech and language therapists etc) who are qualified facilitators of change and developmental processes as well as 'amateur' or 'professional' storytellers. They use stories as part of the way that they work. They will have had a professional training in their specific field of client care. They are accountable to their employer, to their client and to their professional organization for a high standard of care. This will include supervision and record making as above.

### **Storytelling as an activity to support a therapeutic process in health and therapy setting**

This is where a 'professional' storyteller is working jointly with a therapeutic change agent or therapist to facilitate change/support with a client or group. The storyteller would work with the therapist to select stories of a relevant theme, and the storyteller would tell them. The therapist would then facilitate the client/group to explore the themes.

The storyteller would not be expected to, nor should they seek to, explore the themes with the clients alone (unless they had the training as above). Their role is to research and retell the stories in agreement with the therapist. The employer would be responsible to ensure that the storyteller in this situation had appropriate support and supervision, which should include appropriate debriefing and the space for the storyteller to explore their own emotional responses to issues that may have been raised. The employer and storyteller

should also agree an appropriate process related to record keeping.

### **Storytelling as a social activity in a health and therapy setting**

This is where a 'professional' or 'amateur' storyteller is employed/volunteers to tell stories in a health and therapy setting as a social activity.

The storyteller would not be expected to explore themes with the clients alone (unless they had the training as above and it is an agreed part of their role). Their storyteller role is to research and retell stories that they think are appropriate to the setting; bearing in mind the potential impact on clients who may be experiencing distress the choice of stories should be explored with the employer / therapist before hand. The employer would be responsible for support to the worker and clients (in the form of a named person to whom the storyteller can refer if they feel that any client has been affected by the storytelling and would need follow up). This should include appropriate debriefing and the space for the storyteller to explore their own emotional responses to any client / audience reactions.

### **Types of support that should be available to a storyteller in a health and therapy setting**

A professional therapist or counselor, or therapeutic change agent etc would normally have supervision as part of their professional development either with a more experienced person or as part of a peer group. They may also seek out other professionals, who also use stories, for peer supervision.

A storyteller who works in a health and therapy setting to support a therapeutic process should have supervision with the therapist they are working with or other qualified person to clarify their role in the therapy setting. This should include an opportunity to explore their own responses to confidential information disclosed by the client/s during the session such as sexual abuse and to any emotional distress or trauma that may have been communicated by the client/s. Supervision could also mean that the therapist is present during the storytelling or the session could be videoed. In that way unforeseen reactions which the storyteller may have missed can be dealt with and the storyteller can have confidence that he or she is being fully supported.

A storyteller who works in a health and therapy setting as a social activity needs to be aware that the audience may be more vulnerable and sensitive to the stories. They should ask for a named person on the staff of the unit to discuss any concerns such as acute audience responses to the stories, and should have access to this person both before the session (to discuss if the stories might create an adverse reaction in some listeners) and after (to discuss any issues that may have arisen).

## **Responsibilities of Storytellers working in Health and Therapy settings**

This is a checklist that all storytellers should consider of responsibilities towards:

- the story and its originators - (know it well, select it carefully - maintain a strong relationship with it, know its evocative potentials, honour its creators, maintain your repertoire and telling style, etc.);
- the listener(s) - (make a clear contract with your listeners, be cautious in offering this story, select materials sensitively, be open to changing to another story, be available for some listener feedback in line with the guidelines as formulated);
- the setting - (liaise, arrange support, create clear beginnings and endings, understand mutual responsibilities);
- ourselves (be aware of why we seek out this client group/these settings, seek support to manage the impact that our tellings have on our listeners and how this affects us, have professional liability insurance, etc.);
- our colleagues in this field - (maintain contacts, contribute to developing knowledge, etc.).

### **Conclusion.**

It is not the intention of the SfS to micro manage people working in health and therapy settings, nor is it the role of the SfS to do so. However it is the role of the SfS to share information with and support storytellers working in different fields of experience. These guidance notes are just that- guidance notes to support storytellers, with different skills and abilities, to work in health and therapy settings and to feel confident that they are telling stories in a way and a setting that is of benefit to their audience and to themselves.

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