

**Module 2 \_\_\_\_\_**

**Content \_\_\_\_\_**

**\_\_\_\_\_ -based**

**\_\_\_\_\_ story**

**\_\_\_\_\_ interpretation**

### Module learning objective

- Increased awareness of how to understand patients' desires
- Increased communicative and interpretative competencies

Patient and citizen stories contain many strands of meaning, transferred via overt and hidden information. These may not be aspects of a story that a care professional is trained to recognise and they may have difficulty in exploring them for professional or social reasons.

This module looks at the content of stories – what are people communicating in their stories? How can we better listen for this content and interpret it when we might have limited time and specific pressures in our professional roles? The module provides a range of exercises that draw out skills and attributes which support professionals to interpret the content of patients' stories.

In this module we hope to:

- Orient you to the idea of narratives.
  - Introduce key concepts and ideas.
  - Help you, in a small way, to begin the process of self-reflection through narrative.
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## Story content

The content of a story is held together by sequence and consequence – events are organised, structured and told so that they are meaningful in a particular context. The content is more than just a description or list, but rather a story about an experience brings to the surface values, feelings, priorities and expectations. In thinking about the content of a story we are focused on what these experiences are and what meaning they convey.

Story content is often interpreted through key themes – this is a common and well used form of interpretation used in story-based research, called thematic analysis. But we must take care that the themes we draw out of the story do not reduce the overall meaning or content to a series of disconnected fragments. If we remember that the value of a story lies in its entirety – in the holistic way that it communicates meaning – then any interpretation should remain as faithful as we can to this whole.

We can also use other tools and frames through which to better understand the content of stories. These might include maps, biographical timelines and distillation to the core story. These are all filtering devices to help us attend more closely to story content. They can also remind us how selective our listening can be – that we might be listening for certain information in particular and neglect to hear the fuller story, so such tools can also help us to be more reflective about how we listen and what we hear.

## Story-tellers

Both person-centred care and story-based learning are underpinned by a conception of our uniqueness as human beings and the resulting need to be treated as such. As storytellers we are also unique. Whilst we draw on cultural and social norms and scripts to tell our stories, we imbue them with our own personhood such that each is personal and unique. We also differ in our desire and capacity to elaborate on the details of our stories. Professor Ivor Goodson has worked with story-based learning for much of his career, suggests that we can distinguish storytellers on a continuum from describers to elaborators.

Describers focus mainly on the events with little embellishment. Elaborators offer a good deal of extra reflection, comment and personal insight. It might help to think about the storytellers we encounter as being on such a continuum. These exercises will help you to think about what kinds of elaboration there can be in stories and what this tells us over and above the details of the events described – whereas for describers you will be able to think about what additional questions or prompts might be needed in your communication with them to support a more expanded and personal story.

### Exercise 2.1

# The key aspects of a narrative

- Foundation
- Yes
- Medium

We will explore the content of a patient-created story using the digital story made by Margaret, about her experiences as a carer for her husband, David.

 First watch her story "My Journey with David"

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## 2.1.1

What are the dilemmas that Margaret describes in her story?

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What social changes does the story reveal in Margaret and David's lives?

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## 2.1.2

Create a biographical line for Margaret and a biographical line for David.

Compare the two – what areas of social tension might they reveal?

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## 2.1.3

Create a map of all the people in Margaret's narrative and identify their roles in her and David's care.

