Doctor as story-listener and storyteller

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At a music retreat in 2002, one of the coordinators asked me to tell a story at an evening gathering. "You seem to be a storyteller—where have you trained?" No, I've never trained as a storyteller per se. But for the past 25 years I have spent my days listening to stories, interpreting them, and offering stories of my own to illustrate a shared experience or illuminate a new insight.

Medical education provided much of my training for story-listening. Medical practice provides an ongoing source of stories and the opportunity to use them in a creative and effective way.

Training as a story-listener

Gathering the story. Many patients are not intrinsically good storytellers. They don't know how to focus a narrative, structure it linearly, abstract the important, and omit the trivial. To compensate, a good listener needs to acquire these skills. I vividly remember interviewing one of my first patients in my family medicine residency program. The 15 minutes allotted stretched to 45. I managed to summarize the story for my preceptor in 10 minutes; he encapsulated its essence in 15 words: "You have a 65-year-old depressed hypertensive woman who is noncompliant with her medication."

Often what is missing turns out to be of greater importance than what is said

A common mistake is to take over the narrative, to provide the structure that the patient lacks. But too much control can be as inefficient as none at all. While directive interviewing can be useful with a checklist questionnaire, such as an anesthetist might use, interactive interviewing is far more efficient for most purposes—allowing the patient to take the lead, with some input from a physician to stay on track and to fill in important details. When emotional issues are at the forefront, a non-directive approach is most likely to allow the patient to speak from the heart.

Taking a history is like painting a picture or watching a movie. If there's a moment missing, a detail gone astray, I track it down to fill in the gap. This enhances my own memory of the experience and allows me to recall details afterward with great precision. Often what is missing turns out to be of greater importance than what is said. Whenever a patient says, "I've never told that to anyone before," the story is always of great importance.

Once the story is complete, I give an abbreviated version back to the patient. This cements the information in my own mind; alerts me to any gaps in the story; allows the patient to correct any mistakes; and enhances the doctor-patient relationship by confirming that I was truly listening.

Hidden meanings. Every story has a theme. Three possible underlying reasons for patients to seek medical care are pain, fear, and loss of function; if one of these reasons is missed, I have not provided comprehensive care. This is not always as obvious as it might appear! When I was 5, my mother heard me crying after a vaccination. She said, "Does your arm hurt that much?"

"No," I said, "but I can't bounce my ball." Here fear was not an issue; pain was a minor but manageable problem; loss of function was my primary concern.

Training as a storyteller

Storytelling involves 3 skill sets: knowing the stories, choosing when to tell them, and telling them effectively. Over the years I have collected stories, from my life and the lives of others, which I use as fables, each with a specific message intended. (Other peoples' stories are adapted to provide anonymity.) Two common themes are "your experience is common; you are normal" and "here's how someone addressed a problem similar to the one you are facing." If I tell you of my mistakes, perhaps you won't have to make them yourself. And if I tell you how I solved a problem, you won't need to reinvent the wheel.

I wait until I know a patient well enough to determine which stories will be most useful, and I select specific illustrations tailored to individual needs. Sometimes patients find stories distracting, so I often ask permission before I begin. I notice their response to the story and use it to guide my storytelling with them in the future. Generally in the clinical context "less is more," and I extract the essence of the story, leaving out details that don't contribute to the central point.

Why tell the story, rather than just state the conclusion? Because stories are clearer, more interesting, and more memorable than statements. And stories can have multiple layers of meaning, which can be lost in the summary.

Co-creating new stories

Imagination and metaphor. Guided imagery is a form of collaborative storytelling in which the guide gives suggestions and the patient responds. Through the use of imagination and metaphor, people can find ways around difficulties that evade them with a direct approach. One patient, in her imagination, found herself tied down by ropes. Initially she was unable to release them, but managed to loosen them a little; eventually she was able to remove them one by one. In parallel, she began to resolve blocks in her real life that had previously appeared insurmountable.

The body as storyteller. The body is a storyteller in its own way—it speaks the language of physical sensations, which must be translated in order to be correctly understood. Some sensations are very familiar, like the pressure of the ground beneath the foot. Others are unfamiliar, like the pain of any new disease. The physician can act as interpreter between the patient and the body, to allow the body to communicate the story it has to tell.

Having a "conversation with the body" is a technique that can be useful to clarify the source of an obscure pain or to direct treatment. A few years ago, after several months of neck pain, I finally asked my neck: "Why are you doing this to me? I can't do my work properly—you object when I'm at my computer; you complain when I'm on the phone. Can't you just stop hurting and leave me alone?"

My neck retorted: "Why are *you* doing this to *me*? I'm trying to tell you that something is wrong, and you are persistently ignoring me! Take me to a physiotherapist, get me fixed, and I will stop complaining!" So I did…and it did.

Predicting the future. "Making a prognosis" is a form of foretelling the future—what story will play out here? Sometimes (like observing Schrödinger's cat) the act of giving a prognosis can alter the outcome. "If you don't quit smoking, there is a strong chance that you will develop lung cancer and die" is a dramatic story that might change its own chance of happening, if the patient heeds the warning and quits.

Full circle

Returning to the music retreat in 2002… I took up the coordinator's challenge, told the story of the circuitous journey that had led me there, and sang a song I had composed called "The Dream." People told me that my story paralleled and illuminated their own. But what was most memorable for me was the initial question, identifying me as a storyteller. As is often the case with stories, it took someone else to tell me my own story—and to allow me to recognize myself as the story-listener and storyteller that I have been, all along.

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Competing interests
None declared

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