Narrative Therapy: Reconstructing stroke survivors and caregivers’ meaning of and purpose in life

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What is Stroke?

- Ranked **fourth** on the most common cause of death in Hong Kong since 2002 (Census & Statistics Department HKSAR, 2007)
- Leading cause of **adult disability** and results in physical impairments
- Induce needs for **family support**, arouses **anxiety, loss of freedom, financial burdens** and **social isolation** of the family
- **Physically and emotionally vulnerable** and suffer from various physical, cognitive, psychological and social deficits
- Regard as “**personal failure**” by stroke survivors and caregivers
- Both stroke survivors and caregivers was **being marginalized** as persons with personal failure in dominant Chinese culture in Hong Kong context
Experiencing Multiple Losses

**PHYSICAL**
- Mobility
- Lack of energy/Concentration/Co-ordination
- Loss of functional capacity
- Speech / expression
- Control / mastery
- Autonomy/
  - Cognitive capacity
  - Altered body image

**DISABILITIES**
- Emotionality
- Shock / anxiety /fear
- Temper / anger
- Shame / guilt
- Loss of self-confidence
- Vulnerability / Helplessness
- Negativity / depressed

**HOPELESSNESS**
- Spiritual distress
- Spiritual despair
- Life fragility
- Lost future goal
- Lost faith
- Meaningless
- Profound loss of self-value
- Openness to death

**WORTHLESSNESS**
- Absence of affection
- Job / roles loss
- Loss of Relationship
- Loss of connections
- Loss of social interests
- Loss of community participation
- Isolation/ withdrawal
- Loneliness

**DISCONNECTEDNESS**
- Social network
- Support system
- Community involvement
- Social isolation
- Emotional detachment
- Mental disconnection

**PSYCHOLOGICAL**

**SPIRITUAL**
- Spirituality
- Religious faith
- Spiritual growth
- Personal identity
- Social identity
- Community identity

**SOCIAL**

**SELF**

**STROKE**

Stroke
Conventional Medical Model

- Mainly focus on treatment and symptoms control
- the psychological impact is not addressed frequently
- The trajectory of care – sudden onset, acute hospital care followed by rehabilitation and return to community living
- chronic ill person is left to his or her own resources to work through what could be very well be the most traumatic of life-altering events
香港現行的中風復康治療模式

以身體功能的恢復為主要復康目標：

中風

急性治療
- 醫院
- 急症室
- 門診/專科

療養及復康
(醫院/復康機構)
- 護士的復康護理
- 物理治療
- 職業治療
- 言語治療
- 門診/專科

日間護理
- 日間醫院
- 物理治療
- 職業治療

家居照顧

長者社區支援
- 日間護理中心/暫託服務
- 綜合家居照顧服務
- 護老者支援服務
- 改善家居及社區照顧服務
- 家務助理服務
- 長者地區中心
- 長者鄰舍中心

院舍照顧

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計劃夥伴：
Adaptation to a New Situation Upon Discharged from Hospital

Stroke survivors –

- To remain dependent persons
- To receive therapies from a post acute rehabilitation, e.g. day hospital program, outpatient treatment, etc...
- To have difficulties to perform daily life activities (ADL), e.g. dressing, eating, and mobility
- To associate with cognitive changes
Adaptation to a New Situation Upon Discharged from Hospital

Caregivers

- Persons who provide the most care and support for the stroke survivors after their return home
- Family members – assume the role of 24 hours caregiver
- Come across changing needs from care environment
- Adapt to their new roles and adjust to the acute physical and mental change of their spouses/family members at home
Adaptation to a New Situation Upon Discharged from Hospital (cont’d)

Caregivers

- provide **essential support** to stroke survivors with various level of physical and cognitive difficulties
- experience **high levels of burden, emotional distress and adverse effects** on family relationships
- Balance of care – caregivers confront with dilemma of leaving personal life chances and choices to become primarily responsible for supporting stroke survivors’ recovery and rehabilitation
- It is important to **involve family** caregivers during rehabilitation process in the discourse of opening up possibilities of alternative ways of post-stroke life with stroke survivors
What is Narrative Therapy?
Assumptions

- Reality is *subjective* and there is a large degree of liberty in the *interpretation of events*

- Vast majority of events have taken place are not noticed, or being considered insignificant, or forgotten when they do not support our already established view because of memory biases, selection attention, and filtering

- Our view of ourselves, of others, and of the worlds, is only *one view* out of *an infinite number of other possible views*
Illness stories consisted of events, linked in sequence, across time & according to a plot.

- **Onset of Illness**
- **Dominant plot/story (Trauma Storyline)**
- **Problem-saturated Identity**

* Different persons, different therapist, different alternative storyline contents
Rationale of NT

- Individuals are *personal agency* with *different roles* and *identities* in different social contexts.

- Some people are pre-occupied with *problem-saturated stories having totalizing effect* (thinness of story), i.e. dominant story.

- The person is not the problem. The problem is the problem.
Core Beliefs
(Morgan, 2000)

- People are *experts* in their own lives. They have *many skills, competences, beliefs, values, commitments and abilities* that will assist them to change their relationship with problems in their lives.

- Each of us has *a coherent story* that is composed of events in our *past*, our *current* circumstances, and our *future* plans, as well as *the meaning* that we ascribe to these events.

- To *separate the person with the problem* through the externalization of problem.

- To *open up any possibilities* for the person finding the *unique outcomes* and choose their *alternative ways of lives, preferred storyline*.
Goal

- Begin to **let go** of the **problematic story** that has become “fossilized” over time, and

- **Start** writing a **new, preferred story** that one can begin living

- Mean **recovering** forgotten or lost events from the past that have been left by the wayside to **resurrect** past **successes, strengths, and resources** that prop up a more **positive, forgotten story**
Objectives

• Seek to be a respectful, non-blaming approach to counseling, group work and community work
• Not-knowing attitude with curiosity and willingness to ask questions
• Many possible directions that any conversation can take
• The person consulting the therapist plays a significant part in determining the direction that are taken
• The therapist and the person deconstruct, co-construct and re-construct thin storylines (dominant or problem-saturated story) to thick storylines (alternative story or preferred story) (White, 2007; 列小慧, 2008; 列小慧 2009)
Illness stories consisted of events, linked in sequence, across time & according to a plot.

- Dominant plot/story (Trauma Storyline)
- Problem-saturated identity

- Alternative plot/story 1 (Coping Storyline 1)
- Alternative plot/story 2 (Hope & Dreams Storyline 2)

* Different persons, different therapist, different alternative storyline contents
How to achieve the goals and objectives of Narrative Therapy?
Tools for NT

Major skills and techniques*

1. Externalization Conversations
2. Re-authoring conversations
3. Re-membering conversations
4. Outsider-witnesses
5. Definitional ceremony
6. Therapeutic documentation
7. Use of metaphor

* not in linear position
Externalization Conversations
外化對話

- Deconstructing the dominant life-stories of the person through *externalization conversations*
  - Definition and effect of “the Problem”
  - Evaluating the relationships of “the Problem”
  - Naming of “the Problem”
  - Dialoguing with “the Problem”
Finding exceptions (unique-outcomes 獨特結果) in the one’s problem-saturated story

Opening space for alternatives stories and life possibilities through re-authorizing conversations (重構生命故事/重寫新的生命故事)(White, 2007; Morgan, 2000; Headman, 2004)

- Landscape of action (行為全景)
  - Events, circumstances, sequence, time, and plot

- Landscape of identity (身份全景)
  - Intentional understandings, understanding about what is accorded value, internal understandings, realization, learning, knowledge
find out the **unique outcomes** - anything that the problem would not like and fit the dominant storylines, i.e. a plan, action, feeling, statement, quality, desire, dream, thoughts, belief, abilities, or commitment....

**Successful stories (of coping)** regarding the problem

re-confirm the unique outcomes and **preferred identity**
Re-membering Conversations

- Recruiting support for *preferred meanings, preferred identity* and *ways of living* through *re-membering, outsider-witness and definitional ceremony practices* (White, 2007; Morgan, 2000; Headman, 2004)

- **Re-membering Conversations**
  - Identify the *figure* that contributes to person’s life
  - Person’s identity through eyes of the *figure*
  - Person’s *contributions* to the figure’s life
  - Implication of this contribution for *figure’s identity*
Invite family members, friends, or community members rather than professional workers

Witness the re-authorizing conversations, and retell what have been heard in ways that contribute to rich description of alternative stories of people’s lives and identities

Outsider Witnesses Practice through telling and re-telling processes
- Identifying the expression (表達)
- Describing the image (意象)
- Embodying response/resonance (共鳴)
- Acknowledging transport (轉移)
Definitional Ceremony 特定儀式

- Acknowledging, witnessing and honoring the re-authorizing conversations, hopes and dreams
- Helping to further separate the individuals from problem-saturated stories of their lives, and contributing to profound developments in the rebuilding of their lives around preferred stories of their identity
Refer to documents, declarations, certificates, handbooks, notes from the session, videotapes, lists, and pictures

Play a significant part in NT

In some circumstances, the entire therapy can occur through letters, especially where people are unsure as to whether they wish to talk to a therapist

Documents act as a parallel process to actual conversation, contributing to the thickening of alternative stories and providing reflections that can be referred to at any time
Narrative Therapy Group for Stroke Survivors & Caregivers:  
All starts from a stroke-
rekindling the light of life
Aims

• address their *psycho-social-spiritual needs*
• *accept* their trauma from onset of stroke
• share their *practical wisdom of life*
• *re-affirm* their *continuity of personal values, strengths, and life philosophy* to post-stroke life with positive attitudes
• *open up possibilities of alternative ways* of post-stroke *life* for both caregivers in living well with stroke survivors – to accept of stroke and its impairment, develop alternative stroke life, and
• inspire of *hopes* for future stroke life
Group Goals

- To enhance the overall *life satisfaction*
- To *broaden* participants’ *understanding* on their *own experience with stroke*
- To *affirm personal values and strengths* on coping with hard times
- To share *practical wisdom of life and living*
- To promote continuity of the post-stroke life with *positive attitude*
Group Objectives

- To share **self-care strategies**, ways of **regulation emotions and stress** induced by stroke and other related chronic illnesses
- To **accept and improve psychosocial adjustment** to stroke
- To **adjust lifestyle** with living well with stroke **positively**
- To preserve a **long-term perspective of achievement** by activating enjoyable and meaning activities, and / or seek alternatives to sustain such activities
- To **inspire hope** and introduce alternative life philosophy for change
- To build up a **sense of mutuality** through peer support
Group Structure

- Group size – 7 to 8 stroke survivors, and also caregivers
- Group session – 8 sessions per group, 90 minutes per group session
- Parallel group for over 4 group caregivers and mixed group with group below 4 caregivers
Session Plan

1. setting up group goals and share the influence of problems among group members

2 & 3. to have externalization conversations with group members by naming the hard times

4. to conduct health talk with the adaptation of externalization conversations & therapeutic documentations
Session Plan (cont’d)

5 & 6
- to conduct **re-authoring and re-membering conversations** for opening up new opportunities of alternative stories, and instillation of hopes/dreams

7
- to affirm meaning in life, and purpose of life through **outsider witness practice** and **definitional ceremony** to uphold preferred stories and personal agency

8
- to have group evaluation session and termination
Evaluation Methods

- Practice-based evidence method
- Change in intensity on:
  1. Naming of dominant story and alternative story
  2. The degree of externalization of problems
  3. Emergence of unique outcomes
  4. Hopes and dreams of post-stroke lives
  5. Change of relationships with stroke
  6. Creation of new personal identity
- Three Narrative Assessment Interview (NAI) questions
  1. How do you perceive yourself now?
  2. How do other people perceive you now?
  3. What is your anticipation of your future life?
Use of Metaphor: Train of Life
Use of Narrative Metaphors (NM)

Train of Life:

1. Life Journey on Railway Planner
2. Collective narrative timelines
3. Direct Dialog with Stroke

By the choice of group members, we experience and share “The Journey with stroke” with the group members to construct their railway journey planner with different times in life with stroke, i.e. hard times in the past, coping with hard time and preferred life in the future.
Train of Life

Both stroke survivors and caregivers could –

1. Trace the history of their connections to stroke (PAST)
2. Document their strengths/unique outcomes in the context of coping (Present)
3. Trace the experiences of those who had lived the issues were powerfully honored (Present)
4. Share powerful personal memories and history linking to preferred identity, hopes and dreams (Future)

To bring them together and acknowledge a great diversity of experiences ultimately
Train of Life (cont’d)

I) The railway stations they had come across:
1. speak about the effect of stroke on participants through externalization conversations
2. identity difficulties or hardships experienced through naming of the problem
3. describe the life experience with problem and give a name to a station
4. Communicate with the problem directly

II) The newly constructed railway carriage:
1. Documenting and acknowledging “a alternative story” about their lives living with stroke through re-authorizing conversations, and their unique outcomes
2. consisted of the skills, abilities, hopes, dreams of each group member, and the histories of these with re-membering practice

III) Blue prints of new stations in the future:
1. Ensuring group members left the group with a rich acknowledgement of their skills, abilities, values and beliefs thickening through outsider witnesses therapeutic documents and definitional ceremony

To ensure group members had a safe territory of identity in which to stand before speaking about difficulties in their lives
Narrative Therapy Group for Stroke Survivors and Caregivers: Practice-based Evidences
Externalizing Conversations

In different degrees and levels:

- **naming the stroke** by exploring and evaluating the effects and consequences of the stroke: story of traumatic (session 2 or 3),

- **naming the stroke experience** by giving a *name* to a station *(where one comes from)* on the railway line (session 2 or 3),

- **naming** the journey with stroke experiences collectively (session 3),

- having direct conversations with Stroke (session 4)
Direct Dialog with Stroke

- To be conducted by a medical profession with “Questioning by group members and answering by Stroke (the speaker) with reference to Wingard and Lester(2001) as the ultimate level of externalization conversations

- The script had been prepared for a dialog with 14 questions

- To reduce shame – they became a part of talking with “Stroke” - breaking down the isolation

- To offer a different way of seeing “Stroke”: as a community problem

- to facilitate the knowledge and management of stroke through the externalization conversations

- To engage in the re-authoring conversations for the development of alternative stories
<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th><strong>Story of Trauma; Stroke Survivors</strong></th>
<th><strong>Name of Dominant Story</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Mr. Lee</td>
<td>I was very discourage, and had bad feelings about myself. I had high blood pressure, and diabetic. Why I had all kinds of these chronic illnesses? The most difficult time was the onset of the illnesses. It was very difficult for me to come out again. I felt I had become a burden to my family, particular to my partner...</td>
<td>Troublesome (麻煩友)</td>
</tr>
<tr>
<td>2 Mr. Chu</td>
<td>I had a stroke in Mainland China. It was so difficult to bring me out to Hong Kong. I had never had any serious illness before. It was so difficult, and I was very upset, and always felt very tired. I called stroke a “difficult illness”. I lost all my activities, and they just ask me to sit. It was so painful, but I was so tired that I had to rest.</td>
<td>Difficult illness (辛苦病)</td>
</tr>
</tbody>
</table>
## Naming of stroke experiences

<table>
<thead>
<tr>
<th>Grp 1</th>
<th>Journey of Pain and Bitterness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>a) Stroke survivors’ stations:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>i) Manic/Madness (發風站)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>ii) Persistence (毅力站)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>iii) Hubby (夫妻站)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>iv) Vigor (奮鬥站)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>v) Hope (希望站)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>vi) Connected with other railway lines &amp; other stations</strong></td>
</tr>
</tbody>
</table>
## Re-authorizing Conversations

<table>
<thead>
<tr>
<th>Name</th>
<th>Story of Coping</th>
<th>Name of Alternative Story</th>
<th>Preferred Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mr. Lee</strong></td>
<td>I told myself to do more exercises, and kept an open mind, and proactive attitude. In so doing, I could recover better and sooner... I had many trying periods before... I persist and not afraid of hardships and pain... to press on through hard times... and take care of my family...</td>
<td>Enthusiastic (積極友)</td>
<td>Self-reliance, courageous, taking care of family</td>
</tr>
<tr>
<td><strong>Mr. Chu</strong></td>
<td>I just don’t border how others look at me. My wife took care of me very well with great care. Without her support, I would not be able to reach this far. Now that I am better, I hope I would be able to travel with my wife more... to anywhere... I will do my very best, and improve actively as I don’t want to become a burden to my family... I have to think positively, and don’t care how others look at me...</td>
<td>Happy illness (快樂病)</td>
<td>A good husband to his loving wife</td>
</tr>
</tbody>
</table>
### Re-authoring Conversations

<table>
<thead>
<tr>
<th>Grp 1</th>
<th>Happy &amp; healthy Journey with caring hearts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>a) Upcoming stations:</strong></td>
</tr>
<tr>
<td></td>
<td>i) Faith (信心站)</td>
</tr>
<tr>
<td></td>
<td>ii) Happiness (快樂站)</td>
</tr>
<tr>
<td></td>
<td>iii) Healthy (健康站)</td>
</tr>
<tr>
<td></td>
<td>iv) Stand by you (不離不棄站)</td>
</tr>
<tr>
<td></td>
<td>v) Love (愛心站)</td>
</tr>
<tr>
<td></td>
<td>vi) Hope (希望站)</td>
</tr>
</tbody>
</table>

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流金歲

香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust
Outsider Witnesses/Definitional Ceremonies

- **Outsider Witnesses:**
  1. daughters of group members, peers of stroke survivors and caregivers (group members of NT Stroke Group)
  2. To be invited by both group members and workers

- **Definitional Ceremonies:** two caregivers received the first bundle of flowers from the aged husbands with the arrangement by workers – as an act of gratitude to their partners since their marriage
Therapeutic Documents

- The journey living with stroke according to the choice of group members
- Construction of collective documents of railway station (all group members lived closely to the railway station)
- Therapeutic documents, i.e. therapeutic letters, concern cards, emotion cards, self-encouragement cards, trip photographs, trip books
- Songs singing in the last session, chosen by group members in celebrating the completion of this group, and in embarking their upcoming journey
Evaluation
<table>
<thead>
<tr>
<th>量表</th>
<th>簡單說明</th>
</tr>
</thead>
<tbody>
<tr>
<td>應對效能 Proactive coping</td>
<td>有效應付困難和處理問題的能力</td>
</tr>
<tr>
<td>希望信念 Hope</td>
<td>對生活是否抱有希望/是否相信問題能得到解決</td>
</tr>
<tr>
<td>生命意義 Meaning of life</td>
<td>個人餘下生命是否有意義和價值</td>
</tr>
<tr>
<td>受個人控制程度 Mastery</td>
<td>個人生活是否在個人控制之內</td>
</tr>
<tr>
<td>自尊感 Self-esteem</td>
<td>自我感覺是否得到尊嚴</td>
</tr>
<tr>
<td>對中風的主觀理解 Subjective knowledge</td>
<td>個人對中風的主觀理解和知識</td>
</tr>
<tr>
<td>抑鬱症狀 Depression</td>
<td>一般/常見抑鬱症狀</td>
</tr>
<tr>
<td>生活滿意度 life satisfaction</td>
<td>個人對各方面的滿意是否感到滿意</td>
</tr>
</tbody>
</table>
研究結果 (1): 完成小組後出現正面改善

<table>
<thead>
<tr>
<th>量表</th>
<th>心理教育治療 (百分比%)</th>
<th>敘事治療小組 (百分比%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>對中風的主觀理解</td>
<td>86%</td>
<td>82%</td>
</tr>
<tr>
<td>生命意義</td>
<td>52%</td>
<td>73%</td>
</tr>
<tr>
<td>希望信念</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td>受個人控制程度</td>
<td>55%</td>
<td>61%</td>
</tr>
<tr>
<td>自尊感</td>
<td>51%</td>
<td>58%</td>
</tr>
<tr>
<td>應對效能</td>
<td>55%</td>
<td>57%</td>
</tr>
<tr>
<td>生活滿意度</td>
<td>44%</td>
<td>51%</td>
</tr>
<tr>
<td>抑鬱症狀</td>
<td>44%</td>
<td>50%</td>
</tr>
</tbody>
</table>
數據分析結果顯示，敘事治療小組的復康者在參與小組後，在對中風的主觀理解上有顯著的改變趨勢 (significantly different)。事後比較(post hoc comparisons)顯示，比對T₀，在中風的主觀理解上，復康者在T₁( p < .001)、T₂( p < .001)及T₃( p < .001)都有顯著的改善(significantly different)。
數據分析結果顯示，敘事治療小組的復康者在參與小組後，在生命意義上有顯著的改變趨勢 (significantly different)。事後比較 (post hoc comparisons) 顯示，比對 T_0 的表現，參與敘事治療小組的復康者的生命意義在 T_1 (p = .002)、T_2 (p < .001) 及 T_3 (p < .001) 都有顯著的改善 (significantly different)。

<table>
<thead>
<tr>
<th></th>
<th>T_0</th>
<th>T_1</th>
<th>T_2</th>
<th>T_3</th>
<th>F值</th>
</tr>
</thead>
<tbody>
<tr>
<td>敘事治療小組</td>
<td>52.52</td>
<td>57.07</td>
<td>59.82</td>
<td>57.95</td>
<td>13.21***</td>
</tr>
</tbody>
</table>

注：p<0.05*, p<0.01**, p<0.001***（統計學上，p<0.05, p<0.01均代表具有顯著的差異（significant difference），而p<0.01比p<0.05代表著指數上更顯著的差異，而p<0.001比p<0.01代表著指數上更為顯著的差異）
數據分析結果顯示，敘事治療小組的復康者在參與小組後，在希望信念上有顯著的改變趨勢（significantly different）。事後比較（post hoc comparisons）顯示，比對T0的表現，參與敘事治療小組的復康者的希望信念在T₁（p = .04）及T₂（p < .001）都有顯著的改善（significantly different）。
數據分析結果顯示，敘事治療小組的復康者在參與小組後，在受個人控制程度上有顯著的改變趨勢 (significantly different)。事後比較(post hoc comparisons)顯示，比對T0，復康者在T2( p =.032)的受個人控制程度上有顯著的改善(significantly different)。

<table>
<thead>
<tr>
<th>敘事治療小組</th>
<th>平均值</th>
<th>「前測－後測」測試 F值</th>
</tr>
</thead>
<tbody>
<tr>
<td>T0</td>
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```
註：p<0.05*, p<0.01**, p<0.001***（統計學上，p<0.05, p<0.01均代表具有顯著的差異（significant difference），而p<0.01比p<0.05代表指數上更顯著的差異，而p<0.001比p<0.01代表指數上更為顯著的差異）
```
數據分析結果顯示，敘事治療小組的復康者在參與小組後，在自尊感上有顯著的改變趨勢（significantly different）。事後比較（post hoc comparisons）顯示，比對 $T_0$，參與敘事治療小組的復康者的自尊感在 $T_1$ ($p = .001$)、$T_2$ ($p = .001$) 及 $T_3$ ($p = .003$) 都有顯著的改善（significantly different）。

### 研究結果 (2.5)

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<th>階段</th>
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### 註釋

統計學上，$p < 0.05$、$p < 0.01$、$p < 0.001$ 均代表具有顯著的差異（significant difference），而 $p < 0.01$ 比 $p < 0.05$ 代表著數值上更顯著的差異，而 $p < 0.001$ 比 $p < 0.01$ 代表著數值上更為顯著的差異。
數據分析結果顯示，敘事治療小組的復康者在參與小組後，在應對效能上有顯著的改變趨勢(significantly different)。事後比較(post hoc comparisons)顯示，比對基線評估(T₀)，復康者的應對效能在完成小組後(T₂)(p < .001)及完成小組後四個月(T₃)(p = .028)都有顯著的改善(significantly different)。
數據分析結果顯示，敘事治療小組的復康者在參與小組後，在生活滿意度上有顯著的改變趨勢（significantly different）。事後比較（post hoc comparisons）顯示，比對T₀，復康者的生活滿意度在T₃ (p = .003)有顯著的改善（significantly different）。
數據分析結果顯示，參與敘事治療小組的復康者在抑鬱症狀上有顯著的改變趨勢（significant different）。事後比較（post hoc comparisons）顯示，比對T₀，參與敘事治療小組的復康者的抑鬱症狀在T₃（p = .02）有顯著的下降，但在統計有顯著的改善（significantly different）。
Practice Implications
Key Concepts of Narrative Therapy

- Listen to the persons with an open mind
- invite the persons to share their stories of trauma
- Listen to a problem-saturated story of a client without getting stuck
- Therapists demonstrate respectful curiosity and persistence
- The person is not the problem, but the problem is the problem
The Therapeutic Process

- Collaborate with the persons in identifying (naming) the problem
- Separate the person from his or her problem
- Investigate how the problem has been disrupting or dominating the person
- Search for unique outcomes through doubly listening
- Invite the persons to identify the sources of strengths values and beliefs through re-authoring and re-membering practice, and validating them using therapeutic documents
- Create an audience to support their preferred identity using outsider witness practice
Narrative Therapist’s Functions and Roles

- To become **active** facilitators
- To demonstrate **care**, interests, respectful curiosity, openness, empathy, contact, and fascination
- To adopt a **not-knowing position** that allows being guided by the person’s story
- To work with the persons **co-construct a preferred alternative story**
- To **separate the problem from the people** (instead of person own the problem)
- To create a **collaborative relationship** --- with the persons
Therapeutic Relationships

- Emphasize the quality of therapeutic relationships, in particular therapists’ attitudes
- person-as-expert, persons are the primary interpreters of their own experiences
- Therapists seek to understand person's lived experience and avoid effort to predict, interpret, and pathologies.
This approach is grounded in a philosophical framework.

**Use of Questions—and more questions:**

- Questions are used as a way to generate experience rather than to gather information.
- Asking questions can lead to separating “person” from “problem”, identifying preferred directions, and creating alternative stories to support these directions.
From a Multicultural Perspective

- Contributions
  - Fit with diverse worldview
  - Persons provide their own interpretations of life events

- Limitations
  - Diverse persons may expect therapist as an expert instead of “client-as-expert”
Conclusion

- Problem of stroke – different meanings in different social contexts
- In health care settings (dominant medical model) – as persons with personal failure
- With dominant Chinese Culture, stroke caregivers were marginalized as persons with problems
- In Hong Kong context, the meaning of caregivers was founded in Confucian ideology
Conclusion (cont’d)

- Different in meaning of care, illness and stroke
- To a certain extent, medical knowledge can be regarded as knowledge in achieving SSs’ and caregivers’ hope – to maintain stable physical health and enjoy pleasure life, medical knowledge is not a must to include the meaning of health
- Social worker: to listen different context of Chinese cultures in various areas in Mainland China, and also meaning of illness to different persons
Narrative Therapy Intervention

Therapeutic Documents →
Outsider witnesses Conversations →

Externalization Conversations (Problem) →
Re-membering Conversations →
Externalization Conversations (Strengths) →
Re-authoring Conversations →

Problem-saturated Storylines
Perceived Identity

Alternative/Preferred Storylines
Preferred Identity

Trauma Storylines

Coping Storylines

Therapeutic Conversations
- Meaning making
- Language
- History and cultures
- Power
- Social context
- De-construct, re-construct and co-construct; doubly listening
Reflection

NT appeals to me because it recognizes social and cultural narratives in relation to social justice, individual and cultural identity in relation to societal discourse, and subjective reality in relation to language. The most powerful aspect of NT is its exploration and discovery of individual meaning through narratives....
Key References


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## Acknowledgments

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Q & A

Thank you