

Cadenza

流金頌

賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

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

Esther O.W. Chow, MSW, PhD, RSW

CADENZA Fellow

Department of Applied Social Studies

College of Liberal Arts & Social Studies, City University of Hong Kong

Graduate Diploma in Narrative Therapy, Dulwich Centre, Australia

E-mail: esther.chow.ss@cityu.edu.hk



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構:



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴:

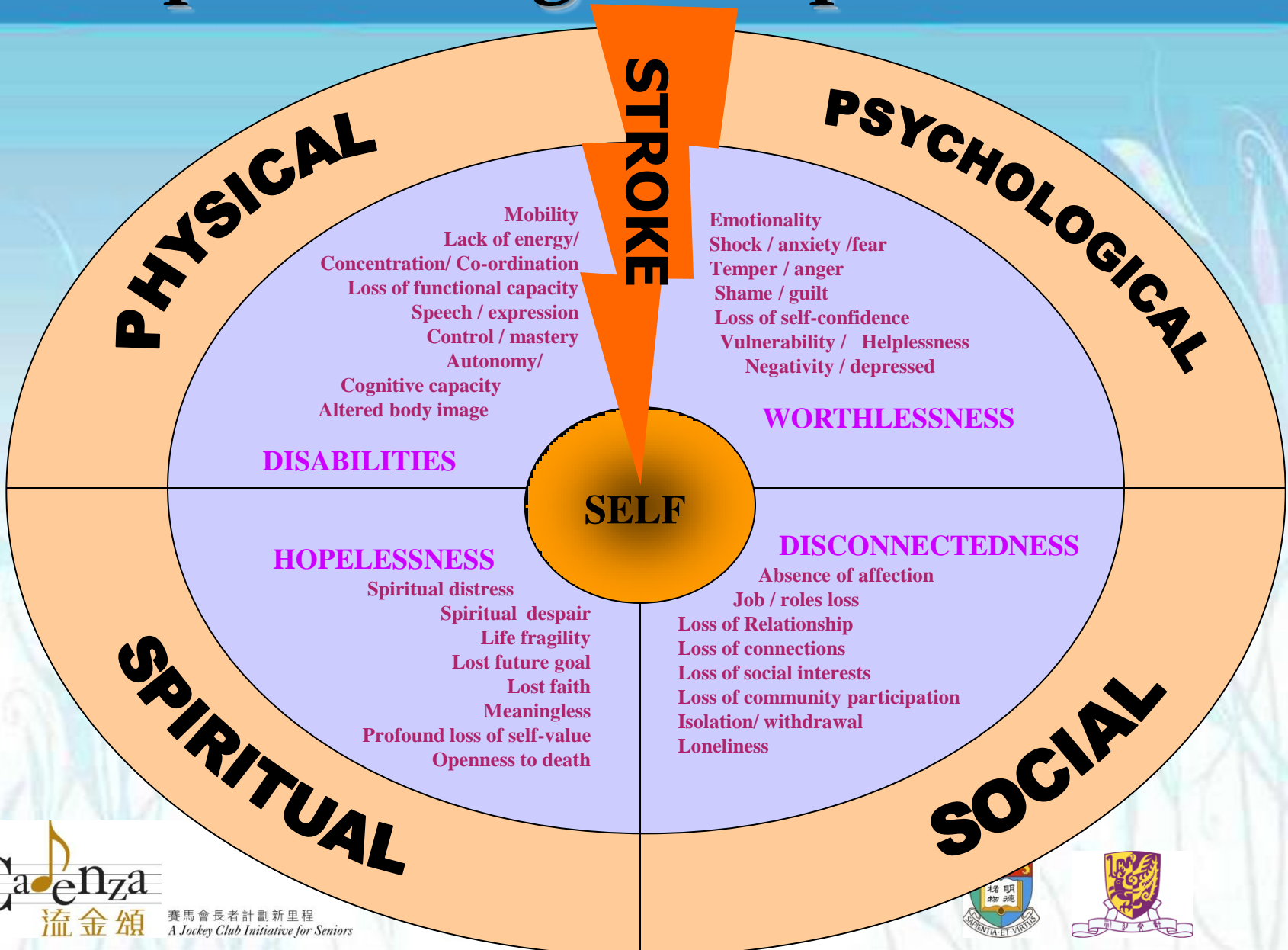


What is Stroke ?

- 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



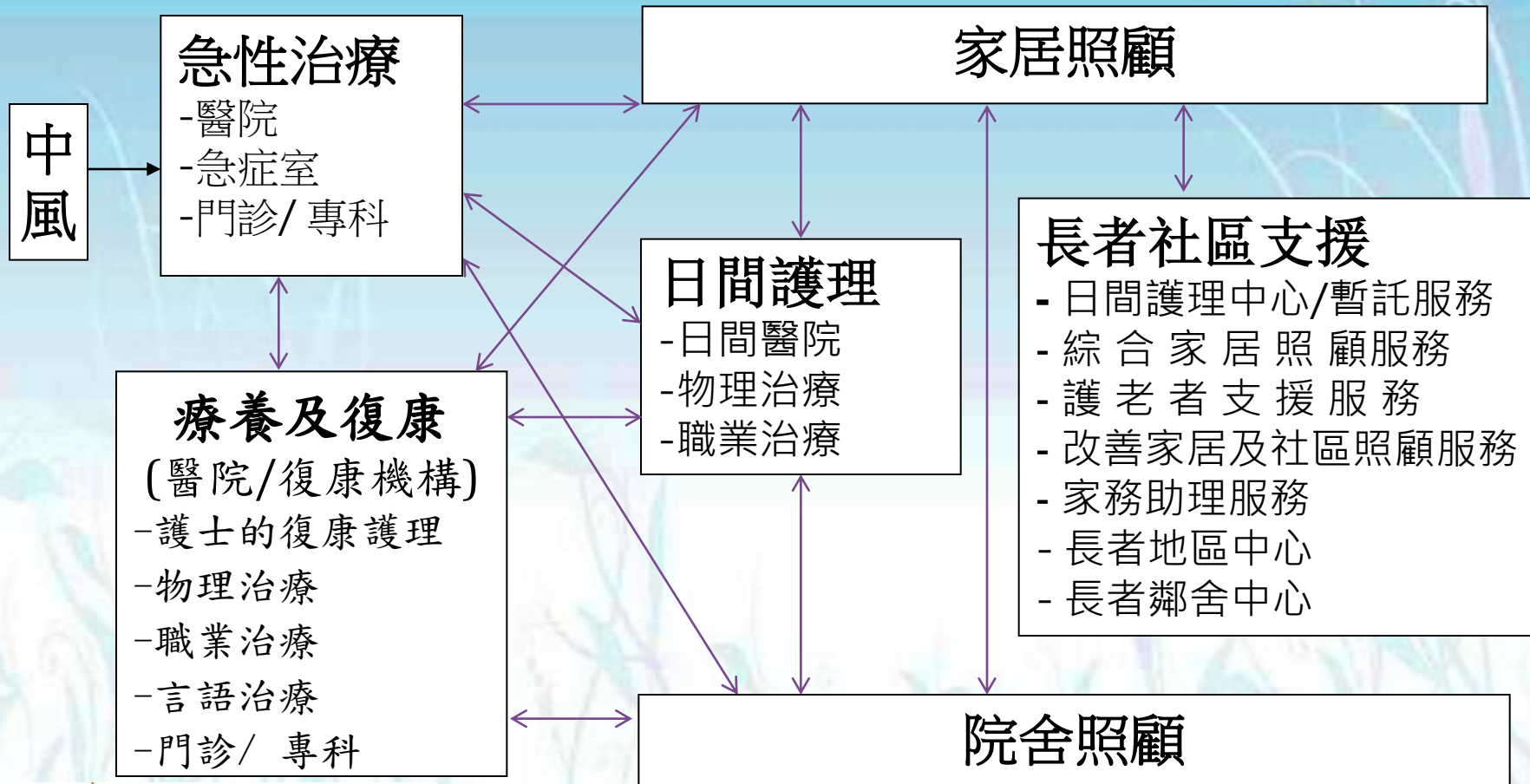
Conventional Medical Model

- 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：



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, out-patient 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?



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴：

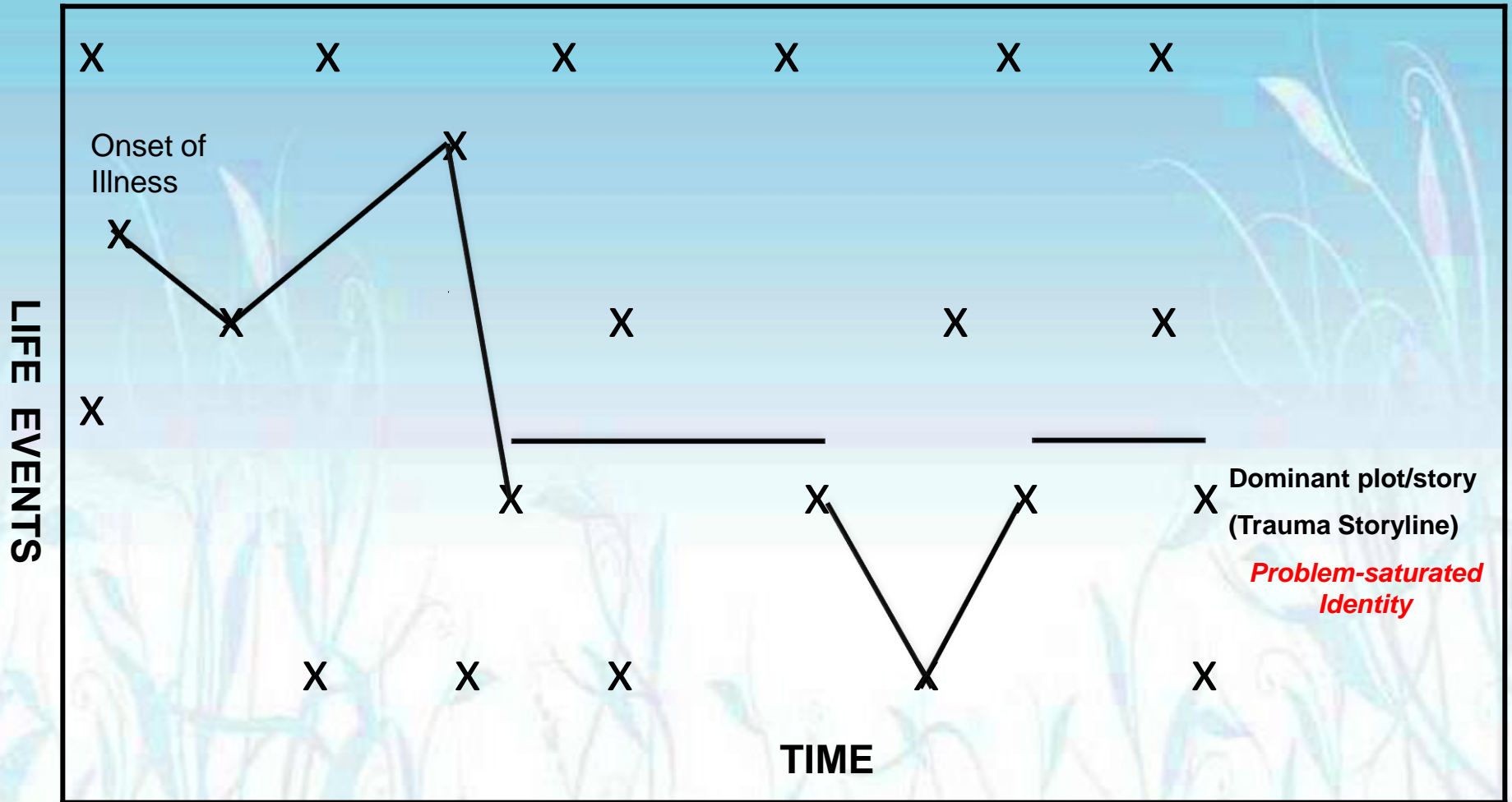


Assumptions

- 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



* Different persons, different therapist, different alternative storyline contents



流金頌

賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors



The Hong Kong Jockey Club Charities Trust



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*

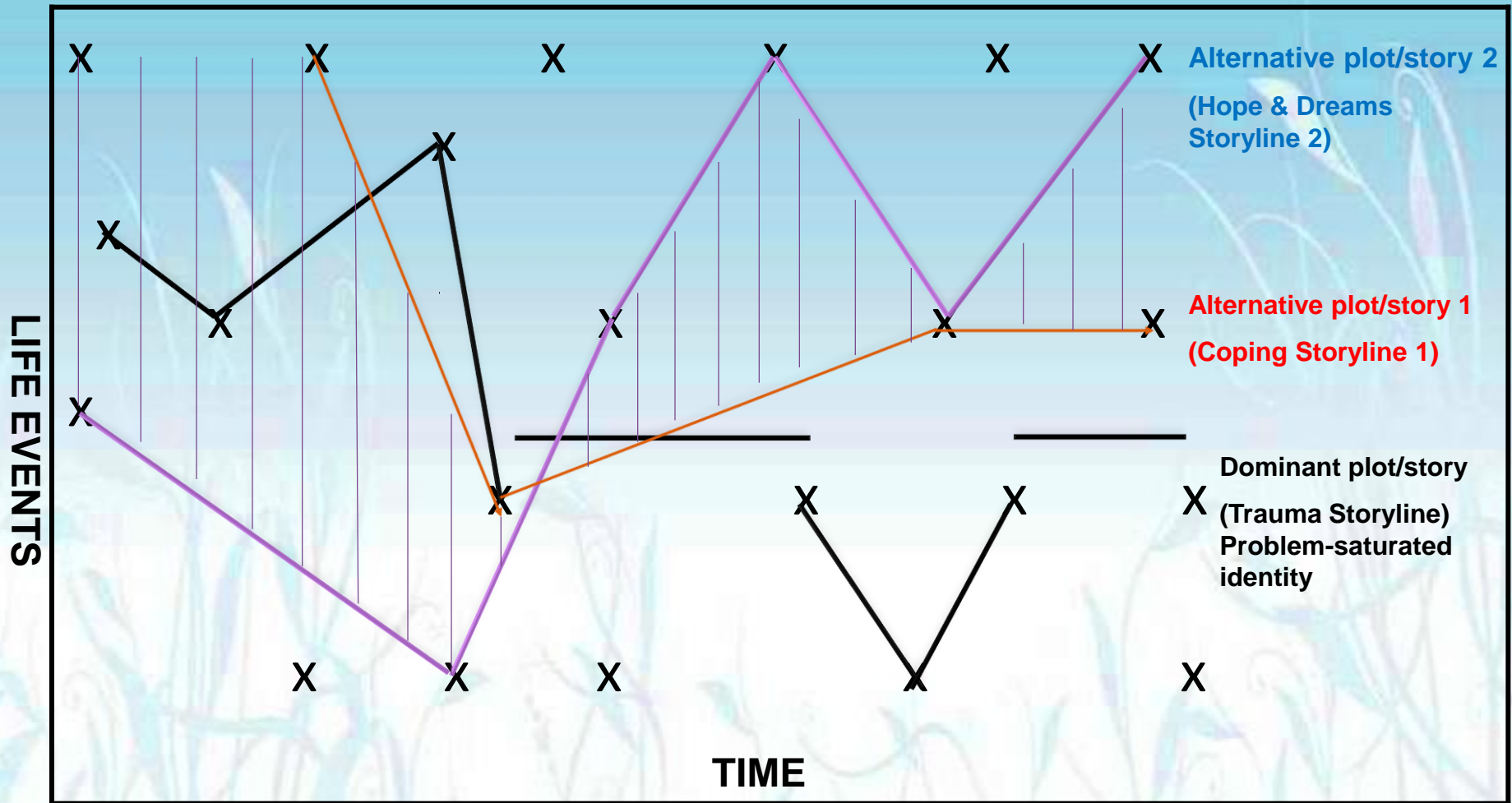


Objectives

- 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



* Different persons, different therapist, different alternative storyline contents

How to achieve the goals and objectives of Narrative Therapy?



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴：



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”



Re-authoring Conversations

故事重構對話

- 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-authoring 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

Re-authoring conversations (*cont'd*)

(White, 2007; 列小慧, 2009)

- ❑ 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

「重組會員」對話

- 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*

Outsider Witnesses 外在見證人實踐

- 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



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴：



Therapeutic Documents 治療文件

- 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



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴：



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



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴：



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



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴：



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



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴：



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



Externalization Conversations

Name	Story of Trauma; Stroke Survivors	Name of Dominant Story
1 Mr. Lee	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...	Troublesome (麻煩友)
2 Mr. Chu	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.	Difficult illness (辛苦病)



Naming of stroke experiences

Grp 1	Journey of Pain and Bitterness
	a) Stroke survivors' stations:
	i) Manic/Madness (發風站)
	ii) Persistence (毅力站)
	iii) Hubby (夫妻站)
	iv) Vigor (奮鬥站)
	v) Hope (希望站)
	vi) Connected with other railway lines & other stations

Re-authorizing Conversations

Name	Story of Coping	Name of Alternative Story	Preferred Identity
Mr. Lee	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...	Enthusiastic (積極友)	Self-reliance, courageous, taking care of family
Mr. Chu	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...	Happy illness (快樂病)	A good husband to his loving wife

Re-authoring Conversations

Grp 1 Happy & healthy Journey with caring hearts

a) Upcoming stations:

i) Faith (信心站)

ii) Happiness (快樂站)

iii) Healthy (健康站)

iv) Stand by you (不離不棄站)

v) Love (愛心站)

vi) Hope (希望站)



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



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴：



評估心理健康量表

量表	簡單說明
應對效能 Proactive coping	有效應付困難和處理問題的能力
希望信念 Hope	對生活是否抱有希望/是否相信問題能得到解決
生命意義 Meaning of life	個人餘下生命是否有意義和價值
受個人控制程度 Mastery	個人生活是否在個人控制之內
自尊感 Self-esteem	自我感覺是否得到尊嚴
對中風的主觀理解 Subjective knowledge	個人對中風的主觀理解和知識
抑鬱症狀 Depression	一般/常見抑鬱症狀
生活滿意度 life satisfaction	個人對各方面的生活是否感到滿意

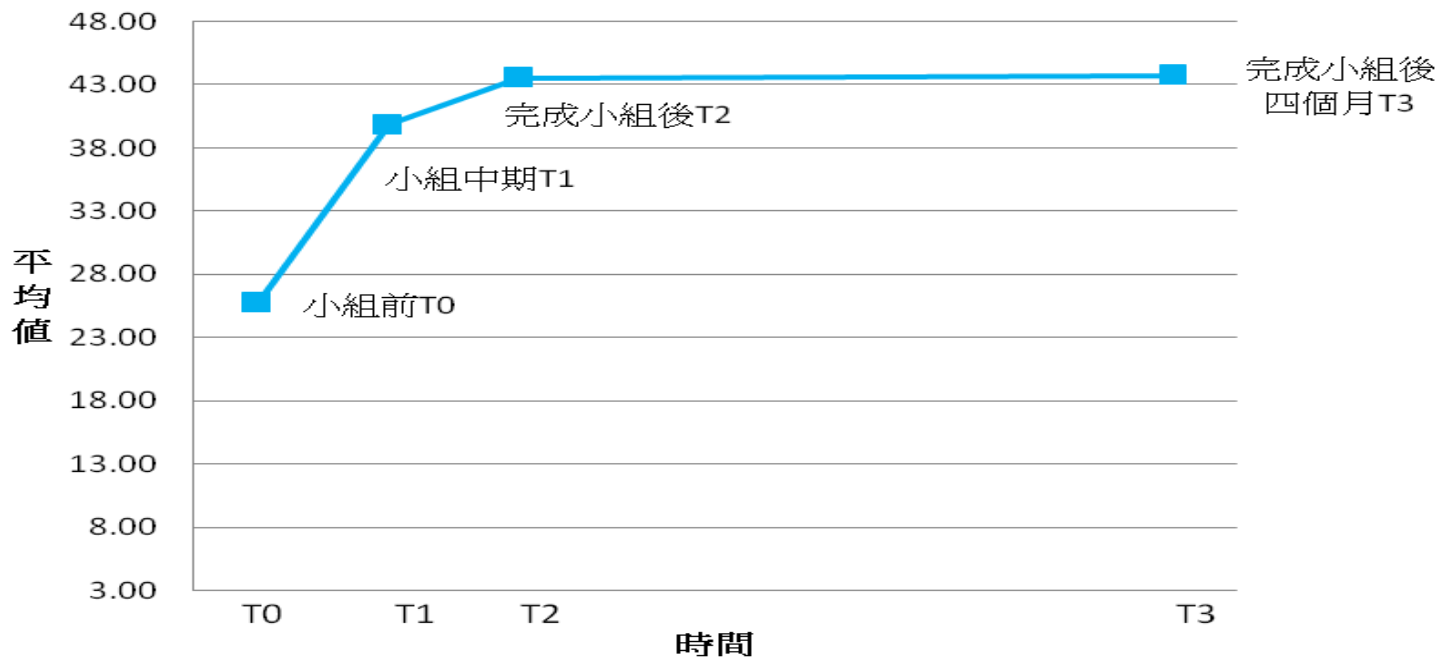


研究結果 (1): 完成小組後出現正面改善

量表	心理教育治療 (百分比%)	敘事治療小組 (百分比%)
對中風的主觀理解	86%	82%
生命意義	52%	73%
希望信念	65%	70%
受個人控制程度	55%	61%
自尊感	51%	58%
應對效能	55%	57%
生活滿意度	44%	51%
抑鬱症狀	44%	50%

研究結果 (2.1)

對中風的主觀理解



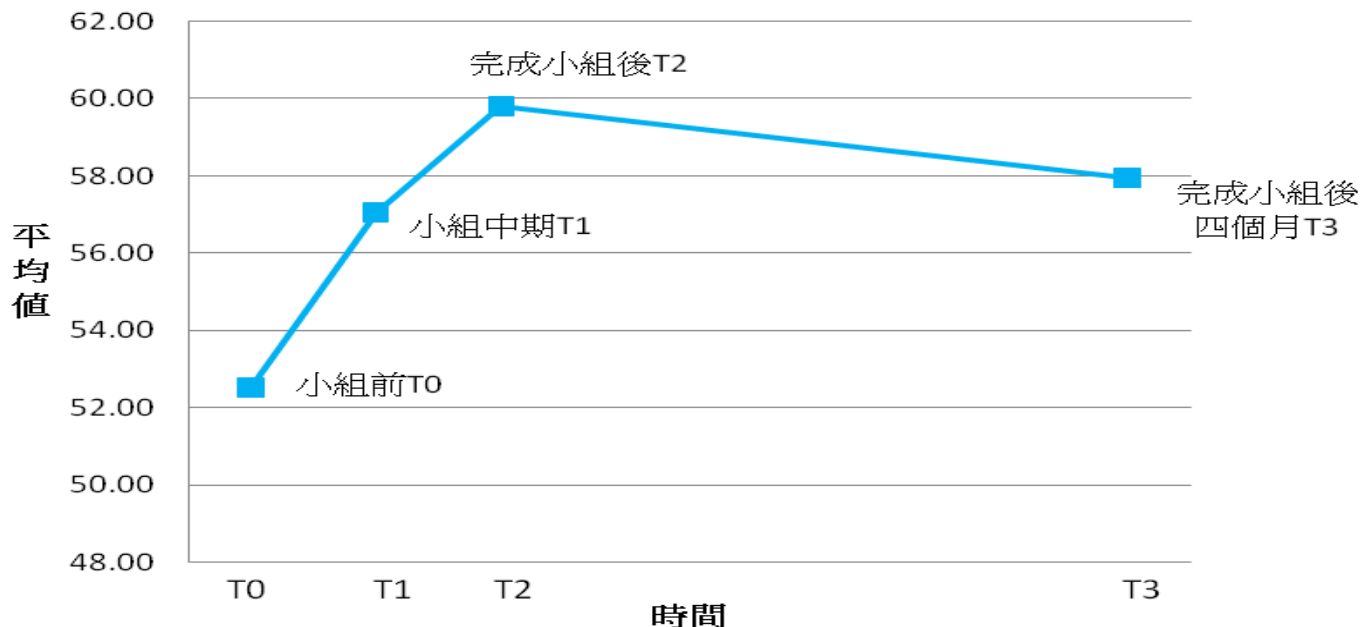
	平均值				「前測—後測」測試
	T ₀	T ₁	T ₂	T ₃	F值
敘事治療小組	25.72	39.81	43.54	43.72	28.44***

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)。

研究結果 (2.2)

生命意義

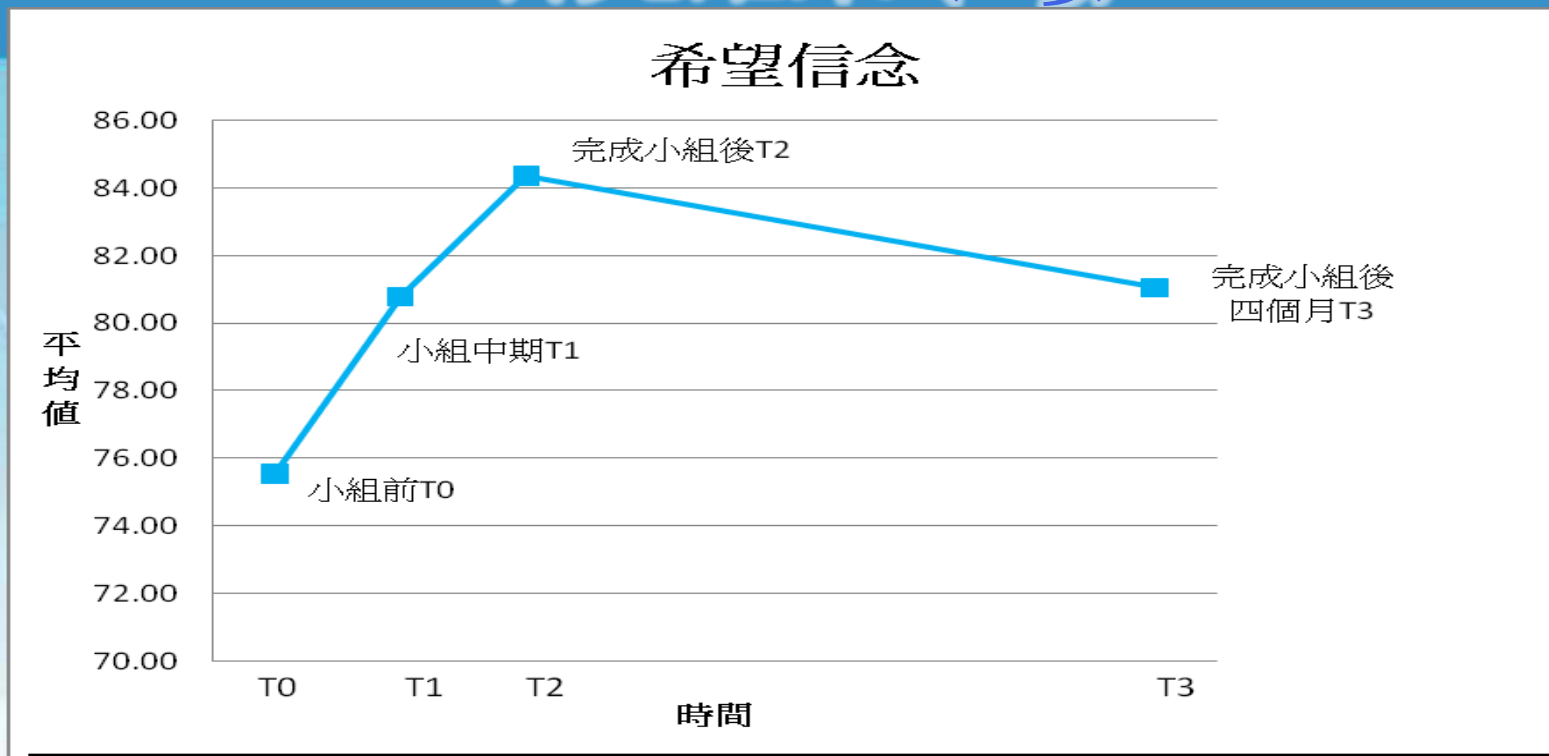


	平均值				「前測-後測」測試
	T ₀	T ₁	T ₂	T ₃	F值
敘事治療小組	52.52	57.07	59.82	57.95	13.21***

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T₀的表現，參與敘事治療小組的復康者的生命意義在T₁ ($p = .002$)、T₂ ($p < .001$)及T₃ ($p < .001$)都有顯著的改善 (significantly different)。

研究結果 (2.3)



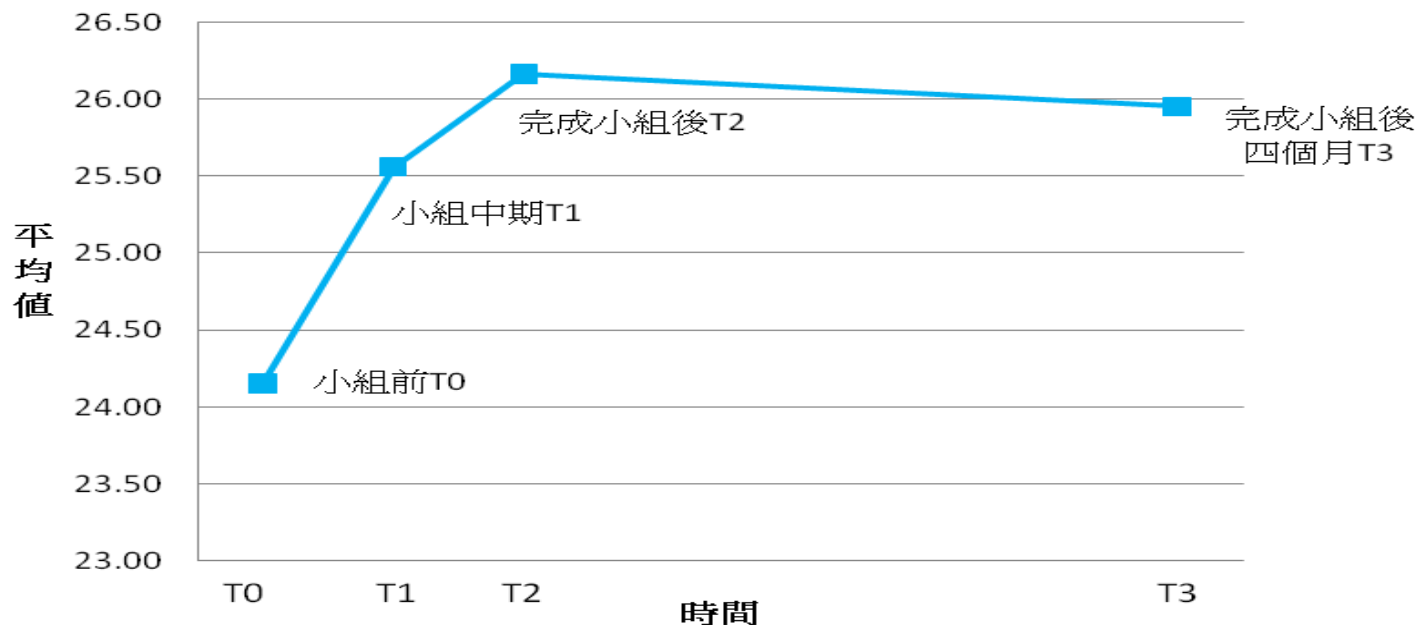
	平均值				「前測-後測」測試
	T ₀	T ₁	T ₂	T ₃	F值
敘事治療小組	75.53	80.78	84.36	81.05	6.92***

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)。

研究結果 (2.4)

受個人控制程度

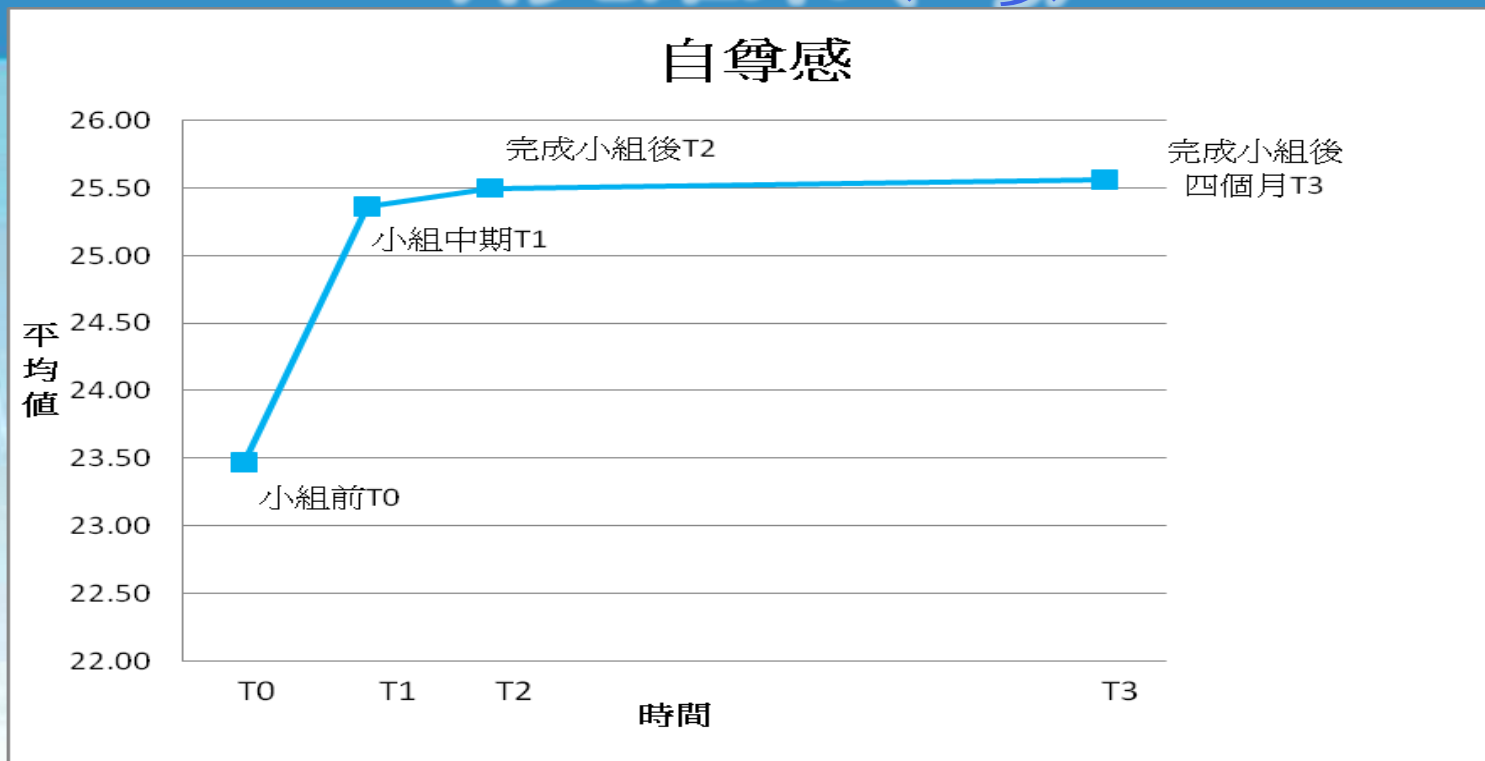


	平均值				「前測-後測」測試
	T ₀	T ₁	T ₂	T ₃	F值
敘事治療小組	24.15	25.56	26.17	25.95	3.50***

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)。

研究結果 (2.5)



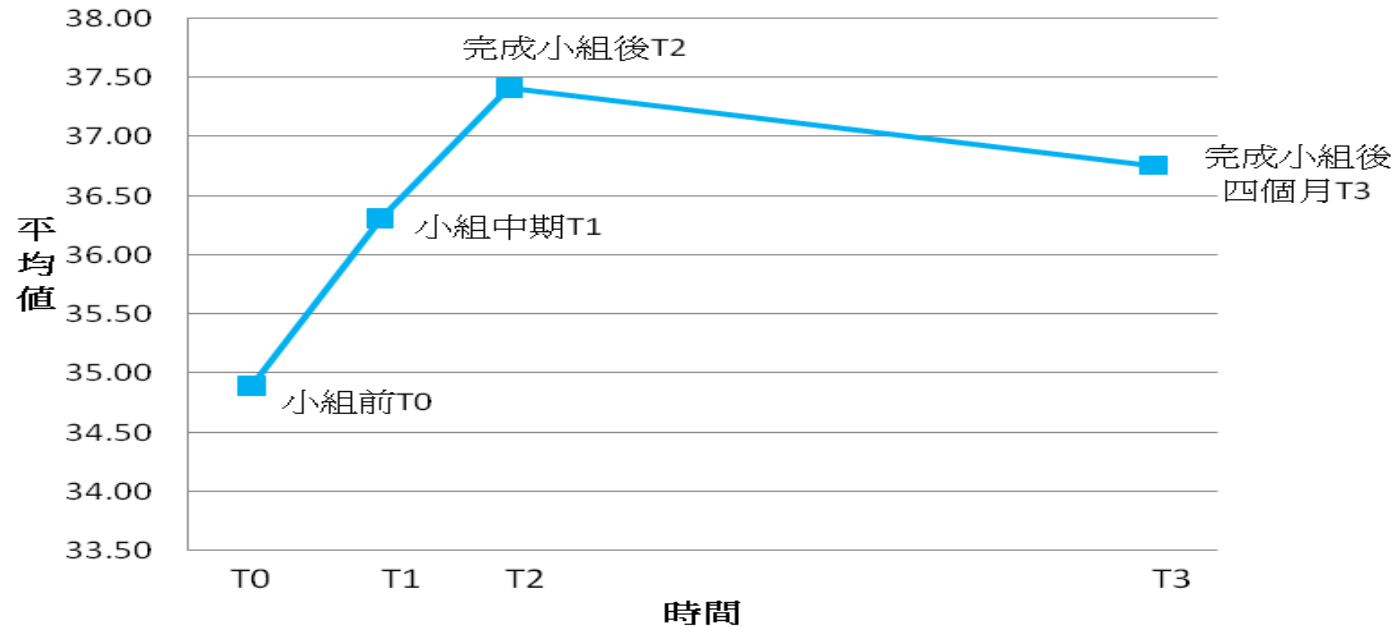
	平均值				「前測-後測」測試
	T ₀	T ₁	T ₂	T ₃	
敘事治療小組	23.47	25.36	25.50	25.56	F值 8.66***

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T₀，參與敘事治療小組的復康者的自尊感在T₁ ($p = .001$)、T₂ ($p = .001$)及T₃ ($p = .003$)都有顯著的改善 (significantly different)。

研究結果 (2.6)

應對效能

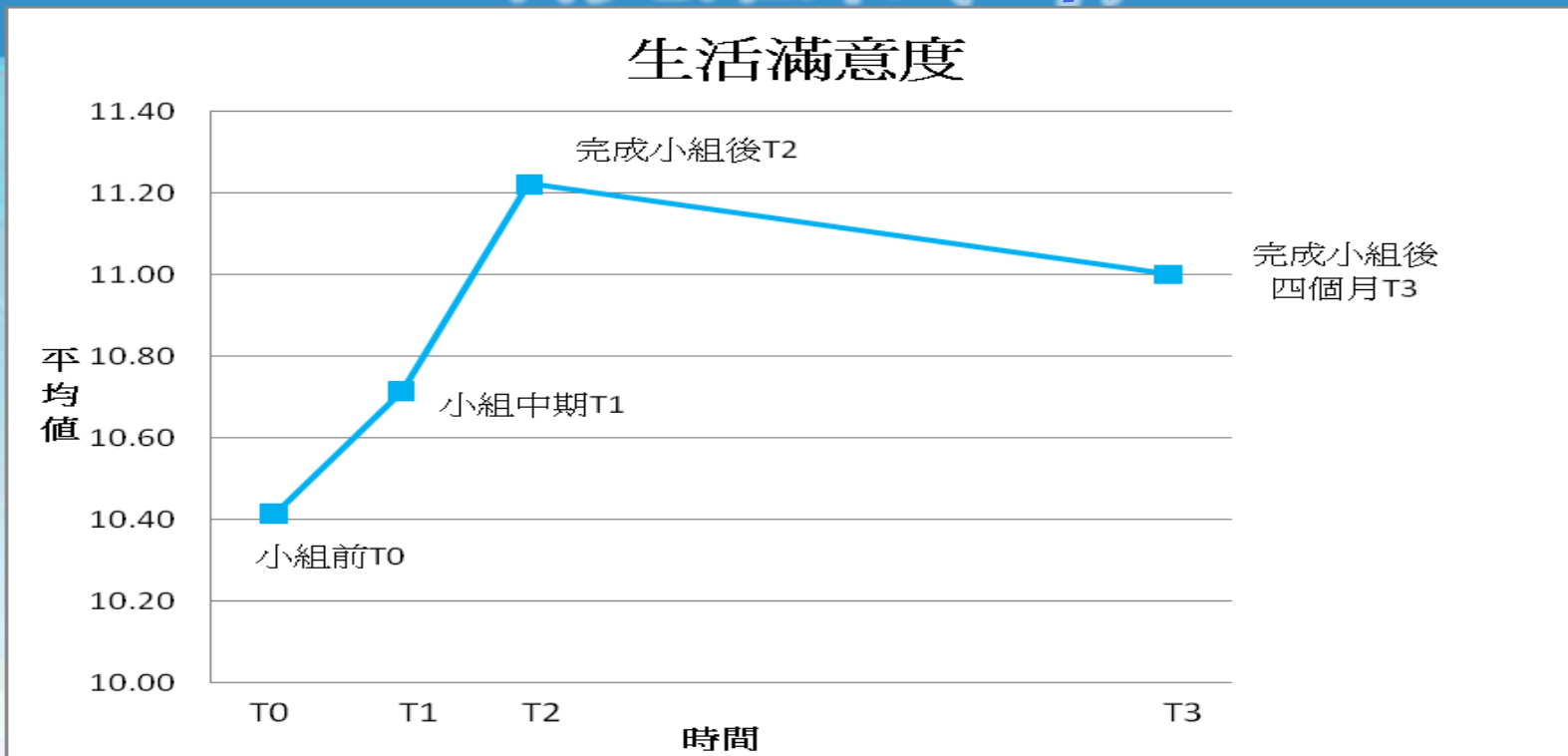


	平均值				「前測-後測」測試
	T ₀	T ₁	T ₂	T ₃	F值
敘事治療小組	34.90	36.31	37.41	36.76	6.31***

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)。

研究結果 (2.7)



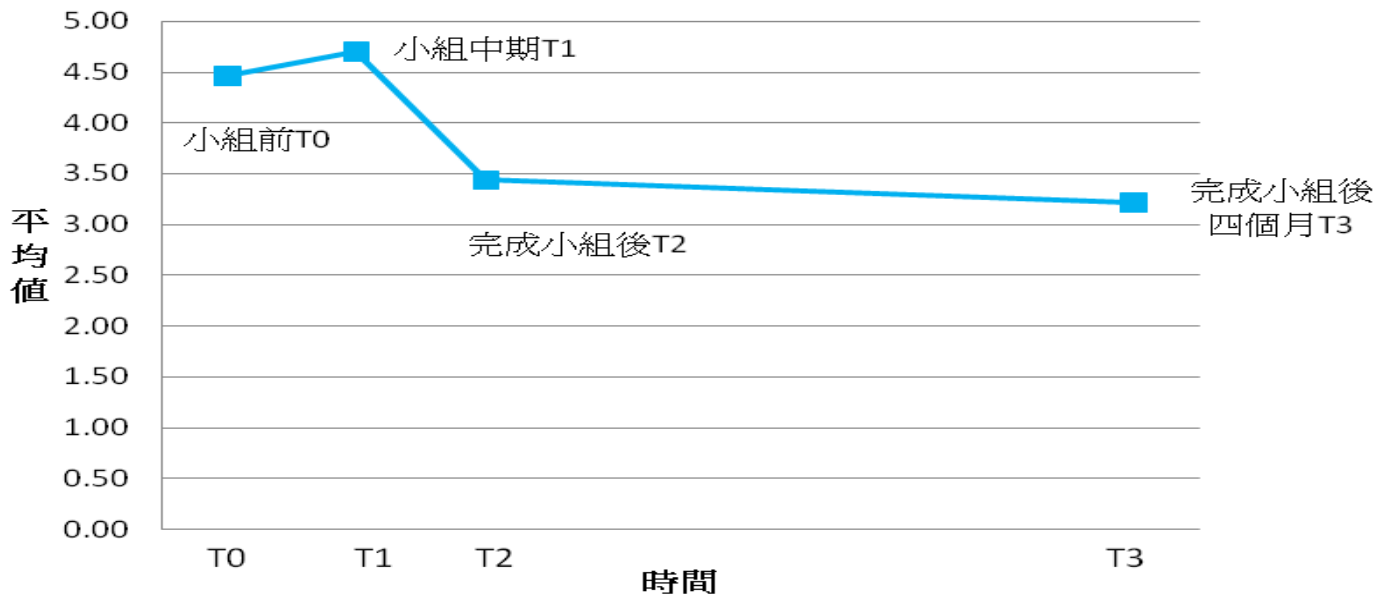
	平均值				「前測-後測」測試
	T ₀	T ₁	T ₂	T ₃	F值
敘事治療小組	10.41	10.71	11.22	11.00	4.28**

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)。

研究結果 (2.8)

抑鬱症狀



	平均值				「前測-後測」測試
	T ₀	T ₁	T ₂	T ₃	F值
敘事治療小組	4.46	4.70	3.43	3.21	7.48***

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, 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



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴：



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-remembering 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.

Therapeutic Techniques

- ❑ 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 a 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 →

← Re-membering Conversations →

← Externalization Conversations (Problem) →

← Externalization Conversations (Strengths) →

← Re-authoring Conversations →

Problem-saturated Storylines
 Perceived Identity

Alternative/Preferred Storylines
 Preferred Identity

S1 S2 S3 S4 S5 S6 S7 S8

← 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....



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴：



Key References

- Greenglass, E.R., Schwarzer, R., Taubert, S. (1999). Citing Website s. In *The Proactive Coping Inventory (PCI): A Multidimensional Research Instrument*. Retrieved Nov 23, 2011, <http://www.psych.yorku.ca/greenglass>.
- Headman, N. (2004). Citing Website s. In *The Use of Narrative Therapy with Couple Affected by Anxiety Disorder*. USA: Florida State University. Retrieved Jan 20, 2011, <http://mailer.fsc.edu/~cifley/Book/BTT/Narrative.htm>
- Dunn, S.D., & Dougherty, S.B. (2005). Prospects for a positive psychology of rehabilitation. *Rehabilitation Psychology, 50*(3), 305-311.
- Herth, K. (1992). Abbreviated instrument to measure hope: Development and psychometric evaluation. *Journal of Advanced Nursing, 17*, 1251—1259.
- Josselson, R. (2006). Narrative research and the challenge of accumulating knowledge. *Narrative Inquiry, 16*(1), 3—10.
- Kelly-Hayes, M. (2004). Stroke outcome measures. *Journal of Cardiovascular Nursing, 19*(5), 301-307.
- Lawton, M. P., & Brody, E. M. (1969). Assessment of older people: Self maintaining and instrumental activities of daily living. *The Gerontologist, 9*, 179-186.
- Morgan, A. (2000). *What is narrative therapy? An easy-to-read Introduction*. Adelaide, Australia: Dulwich Centre Publication.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University.
- Rotter, J. B. (1975). Some problems and misconceptions related to the construct of internal versus external control of reinforcement. *Journal of Consulting and Clinical Psychology, 43*, 56-67.
- Sarason, I. G., Sarason, B. R., Shearin, E. N., & Pierce, G. R. (1987). A brief measure of social support: Practical and theoretical implications. *Journal of Social and Personal Relationships, 4*, 497-510.
- Sheikh, J. I., & Yesavage, J. A. (1986). Geriatric Depression Scale (GDS) recent evidence and development of a shorter version. In T. L. Brink (Eds.), *Clinical gerontology: A guide to assessment and intervention* (pp. 165-173). New York: Haworth Press.
- Warner, S. C., & Williams, J.I. (1987). The meaning in life scale: Determining the reliability and validity of a measure. *Journal of Chronic Diseases, 40*(6), 503-512.
- White, M. (2007). *Maps of narrative practice*. USA: W.W Norton.



Acknowledgements

This is a CADENZA project which is funded by Hong Kong Jockey Club Charities Trust. The Principal investigator specially wishes to acknowledge Dr. Edward Leung, Dr. Patrick Li, Dr. Leonard Li, Dr. Jenny Lee, Dr. Jacky Cheung and all the community collaborators for their support to the study.



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴：



Acknowledgments

香港賽馬會慈善基金

新健社

基督教聯合醫院

伊利沙伯醫院

威爾斯親王醫院(中文大學)

屯門醫院

沙田醫院

東華醫院

保良局劉陳小寶長者地區中心

香港基督教服務處順利長者鄰舍中心

基督教家庭服務中心真光苑長者地區中心

循道衛理楊震社會服務處彩虹長者綜合服務中心

救世軍油麻地長者社區服務中心

旺角街坊會陳慶社會服務中心

鄰舍輔導會屯門區綜合康齡服務中心

香港復康會社區復康網絡康山中心

基督教香港信義會馬鞍山長者地區中心

香港復康會社區復康網絡威爾斯中心

香港仔街坊福利會社會服務中心南區長者綜合服務處

香港聖公會福利協會 西環長者綜合服務中心

救世軍大埔長者綜合服務大埔長者社區服務中心

浸信會愛群社會服務處沙田長者日間護理中心



Q & A

Thank you



賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

Funded by:
捐助機構：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Project Partners:
計劃夥伴：

