

Time + value = story

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A story is a narrative of events arranged in their time sequence. (A case history, on the other hand, should present an objective, unemotional account of a particular incident or episode.) But stories have what E.M Forster called: ‘a double allegiance’. They can relate the life in time but also the life by values as well.

‘Daily life is also full of the time sense. We think one event occurs after or before another, the thought is often in our minds and much of our talk and action proceeds on that assumption. Much of our talk and action, but not all; there seems something else in life besides time, something which may conveniently be called “value”, something which is measured not by minutes or hours, but by intensity, so that when we look at our past it does not stretch back evenly but piles up into a few notable pinnacles...’

E.M Forster *Aspects of the Novel*

A story with the sense of value taken out would simply be a list of events (not unlike a case history). Broadly speaking, a story establishes meaning through the connections made between events and how these combine with human actions to affect human beings. Storytelling is receiving much attention from corporations and organizations interested in creative ways of sharing intelligence. Steve Denning is one advocate of the storytelling approach. His website <http://www.stevedenning.com/> provides examples of different styles of storytelling.

Western culture appears to be rediscovering the storytelling tradition and the skills associated with it. Students of literature have long been aware that good stories can help to reduce our feelings of separation and difference and promote compassion.

Susan Sontag (2003) suggests that

‘writers.... pay attention to the world. That means trying to understand, take in, connect, with, what wickedness human beings are capable of; and not being corrupted - made cynical, superficial – by this understanding.

Literature can tell us what the world is like.

*Literature can give standards and pass on deep knowledge,
incarnated in language, in narrative.*

*Literature can train, and exercise our ability to weep for those who
are not us or ours.*

*Who would we be if we could not sympathise with those who are
not us or ours?'*

The skills of storytelling, and their ability to evoke sympathy and compassion have much in common with the core clinical skills of 'listening, questioning, delineating, marshalling, explaining and interpreting' (Greenhalgh and Hurwitz (1999)). Just as the storyteller uses narrative skills to connect with an audience, so clinical skills provide a means of 'mediating between the very different worlds of patients and health professionals'.

Key values

A key value is like a gateway.

*'If you can't get through a gateway, then it doesn't matter what
wonderful things are inside.'*

Edward de Bono

Paul Stanton (2003) identifies these 'gateway' values of clinical governance:

- humanity
- equity
- justice
- respect.

Dictionary definitions of all these words would be technically correct but would reduce them to the level of abstract notions. Values are more powerfully realised when they are filtered through recollections of incidents at work.

The *British Medical Journal* has run a series called: 'A Memorable Patient' for some years. Clinicians describe encounters with patients in a few hundred words. They are often vivid and poignant, sometimes humorous. You can access these stories by using the online journal's search facility and keying in the words 'a memorable patient' in the title field. It can be illuminating for people working in the field of healthcare to try to write a story – either their own or that of a patient – illustrating one of the values listed.

The Memorable Patient incidents belong to a special category of narrative. Their purpose is to provoke, to jolt us out of our usual state of complacent equilibrium. Once you have read them, things can look quite different from the way they were before. Stories engage people emotionally and have the power to change our usual perception of 'what is' to 'what can be'.

The patient's tale

What is narrative?

'There I lie in a darkened room, alone on a gurney for four hours. These four hours offer a return to childhood: I listen to unfamiliar voices, the click of women's shoes in the halls, the talk of strangers.

When the doctor finally comes in, I begin to babble. "Good eye...legally blind...birth defect...too much oxygen..." He, however, is brisk, uncommunicative. He puts a salve in my eye and says that the wound should heal in a few days. He covers it with a bandage, then disappears.

"You've free to go," says the nurse.

I never get the chance to tell him that bandaged in this way, I can't see a thing. The nurse is turning to leave.

I begin weeping. I feel like these are the tears that Buddha said are in the oceans of the world.

Eventually with the dispensing of Kleenex, she comes to understand that I am blind...So thoroughly has my life been spent in the service of passing (for sighted), I have almost no blind skills. I'm a hermit crab without a shell.'

Stephen Kuusisto *Planet of the Blind*

This is a section from Kuusisto's extraordinary account of his blindness. It serves to show what narrative is.

Firstly, it is finite and is set out in a time sequence.

Secondly, it has a narrator and, by implication, an audience.

Thirdly, it communicates the emotional life of the individual. We, the audience, have no way of knowing whether the narrator is 'reliable'. He may have fabricated or omitted details. Finally, as Greenhalgh and Hurvitz (1999) state, the narrative: 'engages the listener and invites interpretation' offering a vicarious experience of living through the events described, not just knowledge about them.

There has been a striking increase in the number of 'patients' tales' published in the last twenty years (Aronson, 2000). The following are notable examples of autopathography, the last two of which are novels:

C Because Cowards Get Cancer Too by John Diamond

Borrowed Time. An AIDS memoir by Paul Monette

Before I Say Goodbye by Ruth Picardie (breast cancer)

It's Not About the Bike by Lance Armstrong

The Diving Bell and the Butterfly by Jean-Dominique Bauby

The Curious Incident of the Dog at Night-time by Mark Haddon (Asperger's Syndrome)

The Comforts of Madness by Paul Sayer

All these narratives offer a unique insight into the patient's predicament. The passage from Kuusisto's book is a turning point in the narrative and the life of the narrator who has hidden the extent of his blindness (he was born with retinopathy of prematurity) from himself and those around him. Ironically, the confession, when it finally arrives, is initially ignored.

If you read any of these stories, you may identify with clinical staff trying to do their job in a professional manner or you may think them unnecessarily heartless or, at the very least, not paying careful or respectful attention to the patient.

Kuusisto is an engaging narrator with an acute sense of the absurd – his visit to the hospital is precipitated by an accident while reading a book called *Too Bright To See*. Kuusisto scatters the narrative with lyrical passages describing his sense of the world, at once dangerous and haunting in its beauty.

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Steve Denning's website <http://www.stevedenning.com/> looks at how stories and storytelling can be used to transform organisations.