The Influence of Narrative in Cognitive Behavioral Therapy

Brigham Powelson

Department of Psychology, Brigham Young University-Idaho

PSYCH 311: History & Systems of Psychology

Dr. Daniel Robertson

April 6, 2023

Abstract

Narrative provides a powerful tool for connecting with the psyche, detailing desirable future outcomes, and conveying important lessons in ways that are palatable to even the most hardened of individuals. This paper explores the use of narrative in enhancing the Cognitive-Behavioral approach to therapy. Several case studies are explored, and some suggestions are made regarding how to implement the use of narrative in Cognitive-Behavioral therapeutic settings.

Introduction

Cognitive Behavioral Therapy (CBT) is a psychoanalytic approach to correcting patient behavior by determining negative attitudes, ideas, or behaviors and working in tandem with the therapist to change those attitudes, ideas, or behaviors to resolve the negative impact they had on a patient's life. Such targeted elements may cause or propagate mental illnesses such as depression, anxiety, or obsessive-compulsive disorder. The purpose of this paper is to investigate the potential of narrative as a component of CBT that enhances patient experience and better enables therapists to understand and address patient needs.

Story and Analogy in Cognitive Behaviour Therapy

P. Blenkiron's approach to the use of narrative in Cognitive Behavioral Therapy was focused on three primary areas of interest, namely "when assessing suitability for treatment, challenging unhelpful styles of thinking, and addressing maintaining behaviours" (2005). Blenkiron's methodology first set out to define the tools that could be used in applying narrative to CBT, creating eleven categories or modes of expressing narrative. These are 1) story, 2) anecdote, 3) analogy, 4) simile, 5) metaphor, 6) quote, 7) joke, 8) sense of humour, 9) proverb, 10) image, and 11) music (Blenkiron, 2005). Given the nature of CBT as a very conversational

treatment, the use of narrative provides a simple way to encode important information in a way that is memorable to the patient (Blenkiron, 2005). Along with the various tools found for conveying narratives, Blenkiron also compiled a list of uses specific to CBT. These uses are contained in the following table.

Table 1. Uses for stories and metaphors in CBT (Blenkiron, 2005)
1. Clarify meaning: make therapy more understandable
2. Gain a new view or insight (metaperspective) from which individuals can reflect upon their problems
3. Make abstract concepts more concrete e.g. to look for the skeleton in the cupboard
4. Assess suitability for CBT: positive response topresentation of examples of CBT rationale indicates more favourable prognosis (Safran & Segal, 1996).
5. Provide initial distance to allow sensitive topics to be discussed e.g. “if I’m hurt I want to wear it on my sleeve”
6. Increase rapport between client and therapist e.g. using humour
7. Increase impact or force of a message e.g. the storm raging within me: (“Metaphors are principally a way of being vehement”) (Rose, 2003)
8. Increase motivation for therapeutic change (e.g. by accessing emotions as well as thoughts)
9. Teach particular skills e.g. challenge unhelpful thinking styles, devise behavioural experiments
10. Encourage specific outcomes e.g. learn factual knowledge, set concrete goals, modify behaviour

Blenkiron advocates for narrative being useful in applying CBT treatments to people suffering from depression, anxiety, obsessive compulsive disorder, perfectionism, post-traumatic

stress disorder, and even some physical health problems (2005). The nature of narrative in CBT allows for the experience to be better tailored to an individual's needs, and the patient may often contribute to the narrative more impactfully than the therapist (Blenkiron, 2005). However, Blenkiron felt some caution is prudent in this approach. "The job of the therapist is not to 'think up fanciful analogies with which to ice the cake' (Hobson, 1985), as the use of overly complex or obscure stories can mislead, confuse or be unhelpful (Rose, 2003). Conversely, dissecting a story too much can remove its spontaneity and appeal" (Blenkiron, 2005).

Concluding his approach to the use of narrative in Cognitive Behavioral Therapy, Blenkiron writes, "A good story provides a narrative for explaining the client's situation (Greenhalgh and Hurwitz, 1998) and creates a feeling that progress is possible … Therapists may therefore make appropriate use of stories, analogies and metaphors in their daily practice, and listen out for them from within the client's account" (2005). To ignore the use of narrative, primarily within the forms of story and metaphor, CBT would be severely limited in its effectiveness.

Cognitive-behavioural therapy with older people

C. Evans (2007) writes primarily on adapting the practices of Cognitive Behavioral Therapy to the needs of adults aged 65 years and over. As older adults tend to change, both physically and cognitively, the practices used in CBT require modified or supplemented implementations. Evans offers some suggestions, found in Table 2.

Table 2. Procedural Modifications (Evans, 2007)

Tackling cognitive changes
- Repeat and summarise information.
- Present information in multiple modalities
- Use folders and notebooks.
- Consider offering memory training.

Tackling sensory impairment
- Help to correct it where possible.
- Prepare written materials in bold print.
- Use tape recorders.

Physical health
- Agree realistic goals.
- Tackle dysfunctional beliefs that limit activity.
- Input from a 'medicine for the elderly' team.

Therapy setting and format
- Be flexible.
- Consider using an outreach approach.
- For each client consider the merits of group v. individual CBT.

The suggested procedural modifications will allow cognitive behavioral therapists to adapt to the changing needs of older adults, by placing a more central focus on utilizing the patient's crystallized intelligence, rather than relying on their fluid intelligence, the former solidifying with age where the latter decreases as people get older (Evans, 2007). These mediums are primed for support the patient's ability to remember what occurred during the therapy session; where the medium increases the likelihood of a session being memorable (and therefore beneficial), the message of the session also plays a role in the impact of a meeting between patient and therapist.

When it comes to both patients and therapists, each party may hold beliefs or attitudes in relation to the other party that will interfere with the effectiveness of the therapy. Ageism, fear that one may be too old to change, passivity, stigma, inadequacy, and even nihilism (Evans,

2007) may be among the assumptions and attitudes that can interfere with CBT. Narrative can be useful in bridging the gaps between patient and therapist, and narrative tools may prove especially useful in overcoming treatment-impeding assumptions and attitudes.

Integrative Jungian Psychotherapy for Anxiety and OCD

Jungian psychotherapy, in practice, is built on a framework of narrative descriptions of the elements of the psyche. S. Machado (2020) writes primarily of their inclusion within a trauma-resolution framework, using a case study of one "Stefan". Stefan's case involved unresolved traumatic experience from childhood, which was the source of his anxiety, obsessions, and compulsive behaviors. By identifying these mental dysfunctions with the symbolic character of the "Young Boy", Stefan began to be able to approach resolution of his disorders together with Machado.

The success of Machado's case with Stefan is demonstrative of the success of narrative in therapy, here utilizing symbols as identifiers of underlying issues. Narrative may be used to not only help patients identify their symptoms, but also understand underlying causes or experiences that generate symptoms. The approach taken by Machado enables a more compassionate approach for patients to take in resolving trauma and correcting behavior. This presents a more holistic example of how narrative might be used in therapeutic settings. In their conclusion, Machado (2020) writes, "As the case of Stefan demonstrates, [using these techniques] can reduce symptoms of anxiety and OCD, help the client develop a meaningful and coherent felt narrative about their traumatic past that need not be dissociated in the complex, and can free psychic energy from the complex to support the client's development."

The Use of Narrative Strategies Based on Fairytales as a Novel, Integrative Ingredient in CBT

C. Ruini and F. Ottolini (2014) present a case where a patient was resistant to the treatment offered by traditional application of Cognitive Behavioral Therapy techniques. The patient of this case initially was receptive to normal CBT techniques, but after continued developments in her personal life, her condition began to resist treatment. It was at this point that the therapist determined that it would be beneficial to incorporate the use of narrative-creation techniques in the patient's therapy. Patient was instructed to craft a fairy tale, following a specific narrative structure, in which she would review her life, the current developments at the heart of her worsening condition, and where she envisioned her future would be. At first, the patient generated a very simple story, to which the therapist asked that she rewrite some aspects, such as giving the "main character" a more involved role, and that she provides more detail to align the story with the advised narrative structure.

According to the case report, this addition of narrative tools to the treatment was highly successful and lasting (Ruini & Ottolini, 2014). Identifying four elements of the process of using this narrative tool, Ruini and Ottolini (2014) describe the task as follows:

(a) *Re-formulation of the patient's difficulties and problems in a narrative way*: The patient was guided to think about her problems using a story plot (beginning, development of the situation, and final positive resolution) and using characters and metaphors traditionally endorsed by fairytales.

(b) *Creative writing of a new fairytale*: The patient was cognitively engaged in building the plot and finding possible positive outcomes.

(c) *Sharing and discussing the fairytale with the therapist, in session*: The therapist underlined the narrative mistakes or the lacking parts of the story, where resistance or difficulties indirectly emerged.

(d) *Correction and re-writing of the fairytale*, or a new one, using suggestions and indications provided by the therapist.

Though the case is specific to the use of fairytales as a narrative tool, the case does carry implications for the usefulness of other narrative tools within CBT settings. On this, Ruini and Ottolini (2014) write, "the integration of fairytales into psychotherapy has an important educational role and significant implications for helping patients to address their emotional distress and increase their personal growth and maturation. According to our clinical experience, fairytales can easily support the work of psychotherapy, even improving the value of standard CBT protocols."

Integrating Jungian and self-psychological perspectives within cognitive-behavior therapy

The case of Jim, as presented by S. Silverstein (2007), proposes a unique approach to Cognitive Behavioral Therapy incorporating narrative elements from Jungian psychology, in the form of Jungian archetypes. This approach was taken in an attempt to facilitate a more effective treatment of Jim's schizophrenia, an element of which caused him to believe that he was the "Messiah"—a delusion that produced negative interpersonal behaviors. Schizophrenia, though not impervious, is somewhat resistant to treatment by medication alone, and the best recovery results seem to be the product of combining antipsychotic medication with psychotherapy (Silverstein, 2007).

Jim was part of an inpatient treatment unit for nine months, with therapy occurring during the latter 6 months of his stay in the hospital. Though Jim was initially resistant to CBT, as a

result of a firm conviction that his delusion was not a false or harmful belief, the incorporation of narrative through Jungian archetypes began to open Jim up to seeing from other perspectives. The experience that caused Jim's delusion—a vision he claimed to have of receiving the "morning star"—was treated as an important personal narrative and formative experience of Jim's. This narrative was then compared to other narratives regarding a "morning star", from a wide variety of cultures and with a swath of differing meanings, to demonstrate that Jim receiving the "morning star" did not necessarily mean that he was the "Messiah".

The introduction of alternate narratives involving the same subject matter as the experience that led to Jim's delusion caused Jim to open up to CBT, which he was then highly receptive to. In regard to the outcome of Jim's treatment, Silverstein (2007) writes, "Outcomes of this case can be discussed at the psychological, interpersonal, and community functioning levels." On a psychological level, Jim developed the ability to see from alternative perspectives, to identify stress triggers, and a more realistic sense for life goals. He also demonstrated greater emotional openness and tolerance for negative emotions. Jim also took up poetry as a creative outlet. On an interpersonal level, Jim's inappropriate behaviors and tendency toward social isolation decreased as therapy went on, and he worked out a shared living situation with a cousin. On the community level, Jim was able to be discharged from the hospital, and as Silverstein (2007) states, "After 3 years postdischarge, he has not been rehospitalized. This is in stark contrast to his four psychiatric admissions in the year prior to his admission to the state hospital, leading to his transfer to the behavioral program at the private hospital."

Conclusion

Upon examination of the previous material, we find plausible evidence that narrative tools, such as story, analogy, and symbolism, can have powerful and lasting positive outcomes in

the lives of patients who undergo Cognitive Behavioral Therapy. Engagement in personal, relatable narratives seem most impactful, as demonstrated in the case studies by Silverstein (2007), Ruini, and Ottolini (2014). Jungian symbolism acts as a powerful narrative tool in some cases, as with Stefan (Machado, 2020) and Jim (Silverstein, 2007). These findings are harmonious with the suggested approach to using narrative tools discussed by Blenkiron (2005), and it can be reasonably postulated that, when used in tandem with the suggestions for supplementing CBT with older adult patients, narrative can greatly enhance the experience of CBT patients across all age groups.

References

Blenkiron, P. (2005). Stories and Analogies in Cognitive Behaviour Therapy: A Clinical Review. *Behavioural and Cognitive Psychotherapy, 33*(1), 45-59. doi:10.1017/S1352465804001766

Evans, C. (2007). Cognitive–behavioural therapy with older people. *Advances in Psychiatric Treatment, 13*(2), 111-118. doi:10.1192/apt.bp.106.003020

Machado, S. (2020). Integrative Jungian Psychotherapy for Anxiety and OCD. *Journal of Humanistic Psychology*, 0(0). https://doi.org/10.1177/0022167820926828

Ruini, C. & Ottolini, F. (2014). The Use of Narrative Strategies Based on Fairytales as a Novel, Integrative Ingredient in CBT: A Case Report. *EXPLORE*, Volume 10, Issue 2, Pages 121-124, ISSN 1550-8307, https://doi.org/10.1016/j.explore.2013.12.003.

Silverstein, S. M. (2007). Integrating Jungian and self-psychological perspectives within cognitive-behavior therapy for a young man with a fixed religious delusion. *Clinical Case Studies*, *6*(3), 263–276. https://doi.org/10.1177/1534650106287224