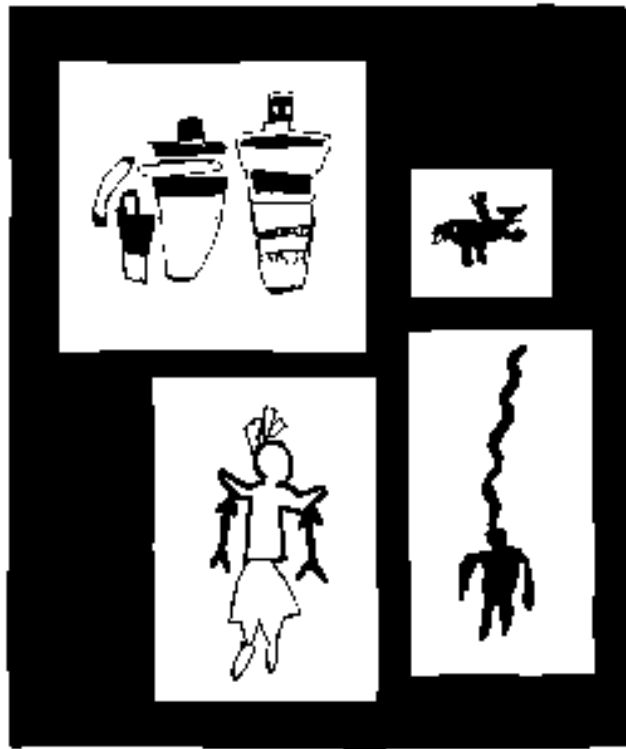


The Art & Science of  
Storytelling  
Therapy



a t r a i n i n g   s e m i n a r  
f o r   t h o s e   i n   t h e  
h e l p i n g   p r o f e s s i o n s

Ken Land, MSW

K e n L a n d, M S W  
C l i n i c a l D i r e c t o r,  
T h e C o u n s e l i n g C e n t e r o f A n n A r b o r,  
A n n A r b o r M i c h i g a n

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## Introduction

What Is Storytelling Therapy™? **The art of influencing others by telling them a story pertaining to their personal dilemma.**

Storytelling Therapy™ is a medium of communication between therapist and client. The communication is used as psychotherapy to influence a client to develop himself or herself in a way agreed upon between the therapist and client. The therapist incorporates verbal and non-verbal information provided by the client into the formulation and delivery of a story that affects therapeutic outcome.

Artfully practiced, Storytelling Therapy™ is difficult to distinguish from ordinary conversation. More than a fireside chat, Storytelling Therapy™ draws upon the philosophy of diverse cultures and models of psychotherapy. This method synthesizes into an elegant psychotherapeutic procedure an interaction between client and therapist. This interaction evokes personal and psychological evolution within the client. The carefully crafted story activates the client's unconscious resources. Therapeutic gain is accomplished as the client identifies with the elements in the story and then embraces the desired outcomes. By virtue of this identification and the formation of healing internal visual and mental images, the client understands that things *can* work out for him or her.

### Seminar Overview

Learning Objectives **A comprehensive training in a leading edge approach to psychotherapy.**

"Stardate 47941.7: Captains log. These are the voyages of the starship *Enterprise*, its continuing mission to explore new worlds, to seek out new life forms and new civilizations, to boldly go where no one has gone before."

Even the slightest reference to a story sends the reader into a mini-trance. His or her unconscious mind searches for answers, outcomes and entertainment. This mini-trance renders the conscious and unconscious mind accessible for relatively unresisted therapeutic gain.

Across all cultures, from the petroglyph to the e-mail era, stories have been told to communicate knowledge and wisdom. Storytelling Therapy™ uses this common intent to accomplish psychotherapy.

Participants in the workshop first learn the fundamentals of creating and using stories in therapy. Practice exercises, whole group participation, case examples and contact between the presenter and the participants will then be used to facilitate thorough integration of Storytelling Therapy™

into participant's personal style. Exercises are fun and captivating. Plenty of time is available for questions and answers.

## Major Topics

### **Graduates of the workshop will be able to:**

#### Presentation

- Trust their unconscious minds in delivering psychotherapeutic services.
- Learn to generate and use psychotherapeutic stories and metaphors to help clients in a clinical setting.
- Learn stories from different cultures and understand their psychological and metaphorical orientation.
- Integrate the practice of Storytelling Therapy™ into their existing style, theoretical model and preferred method.
- Use conversational style.
- Use insights and knowledge learned from the presenter's over twenty years of experience as a clinical social worker, supervisor, and founder and clinical director of a comprehensive mental health and substance abuse clinic.

#### format

### **The workshop is divided into sections.**

- The process: changing lives by telling stories.
- The healing value of Storytelling Therapy™
- Creativity and the unconscious mind.
- Language choices effect the utilization of stories.
- Utilization of non-verbal communication.
- Listening with the "third ear."
- Three types of storytelling.
- Specific uses, such as getting clients to talk about their family of origin.
- Stories are not for everyone.
- And much more.

#### Relevance to Brief Therapy

### **Experiential, informal learning.**

A didactic format is used to present the main tenets of Storytelling Therapy™, yet hands-on learning is emphasized. Whole group exercises, abundant contact with presenter, questions and answers, and role plays facilitate learning. Storytelling Therapy™ is demonstrated using relevant case examples. Participants explore and discover new skills and enhance old ones throughout the demonstrations.

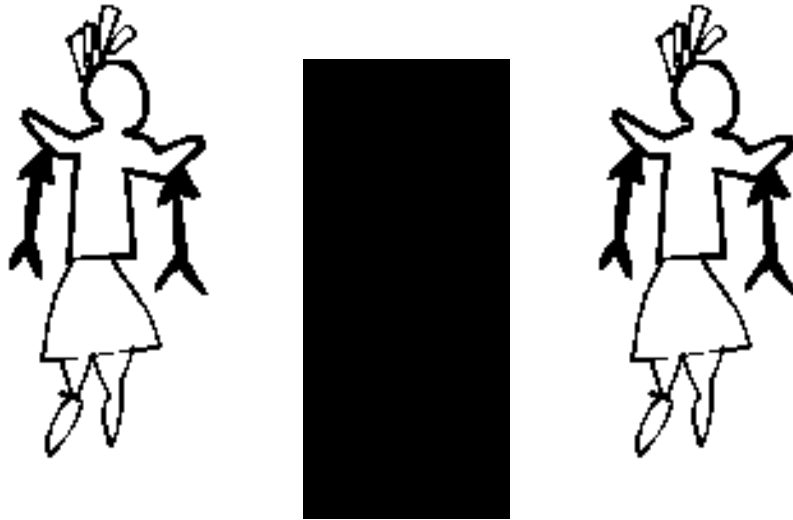
The tone is a relaxed, often extemporaneous style interspersed with generous amounts of humor. Participants should be able to have a good time while learning.

Title

**Storytelling Therapy™ is ideal for brief treatment.**

How It Works

Therapists are faced with increasing demands for quick results with the constraints of managed care and an average treatment duration of 6-8 sessions. Storytelling Therapy™ can provide quick results. By telling a story to a cancer patient, the author was able to help him accept the incremental nature of his medical treatment and recovery **in just one session.**



## The Seminar

### *The Art and Science of Storytelling Therapy™*

The Art and Science of Storytelling Therapy™ is a thorough, comprehensive training seminar. Participants will come away with a new set of skills that will help their clients accomplish their therapeutic goals. The hands on intimate format allows participants to have significant interaction with the author. By the end of the workshop, participants will learn the author's method for conceptualizing and delivering stories that heal.

In addition to learning the structure and process of creating telling stories that heal, participants analyze different cultural approaches to problem solving. This helps the therapist develop a broad array of tools from which to formulate the appropriate story for a given client. These stories drive deep into the unconscious mind of the client to create long-term personal change.

Conversational Means,  
Therapeutic Ends

**The client identifies with and uses the action and outcome of the story to make personal change.**

Creativity And The

Therapists learn to apply psychotherapeutic treatment with a client through narrative and conversation. Stories that carry the treatment within them are told to the client. The client identifies with the situation in the story on both the conscious and unconscious level. He or she then finds similarity between the story content and his or her own predicament. Finally, the client identifies with the desired outcomes shown in the story. "Cure" happens when the client consciously and unconsciously creates and uses new thoughts, feelings and behavior learned from the narrative which are preferable to his or her current dysfunctional ones.

Unconscious

**Quality of contact and conversational style strongly influence therapeutic outcome.**

Specific  
Language

Just as we haven't been able to cure paranoid schizophrenia with a cup of herbal tea, Storytelling Therapy™ is no panacea. Yet an artfully created and delivered story can access the client's unconscious resources and evoke profound emotional transformation in a way that has immediate and long term healing value. The method the author has developed shows the therapeutic dialog as indistinguishable from ordinary conversation. The therapist's manner is attentive to the client yet relaxed and natural. This presence decreases resistance because clients, especially more experienced ones, resist stereotypical "recovery correct" language.

Non-verbal  
Communication

**The mechanics of the creative process are presented by detailed example.**

*The Art and Science of Storytelling Therapy™* activates creativity by accessing participant's unconscious processes. Stories are told to participants which have been told to clients. In the process, the derivation and therapeutic intent is explained as it pertains to information presented by the client. The author's unconscious processes are revealed. During the introduction, participants become more aware of their own unconscious processes. While stories are told that pertain to clinical situations, participants use the imaginative process to understand how they can use this method with their own clients. Examples of successful cases are given to suggest the variety of ways in which stories are valuable in therapy.

Listening  
with the

**Voice tone and word choice potentiate the client's experience.**

Therapists can employ specific language and tone which to enhance the effectiveness of Storytelling Therapy™. This is illustrated with case examples throughout the presentation. Careful observation of the client's patterns of communication is essential. (See the following two sections.)

Third Ear

**Body language is explored as a diagnostic tool.**

Creating Therapeutic  
Stories

Because non-verbal communication is extremely important, a section is dedicated to honing the therapists' observational skills. Sometimes referred to as "body language," the nuances of how the client responds to the stories and how the therapist can use these responses is presented and practiced in experiential exercises.

Creating Mental  
and Visual Images

**The art of summarizing the client's existential position is learned through exercises, group participation, case examples, questions and answers.**

It is essential to get a clear summary of the client's overall life position, their "model of the world." Each client has a unique existential position that he or she acts out in some way, presumably uncomfortably. Most therapists are trained to formulate a diagnosis while listening to the client's presentation. *The Art and Science of Storytelling Therapy™* trains therapists to listen with the "third ear." The process involves first clearing and then trusting one's unconscious mind by

following one's own images and associations during the client's presentation. Creating a therapeutic story applicable to the client's predicament is facilitated by the therapist listening this way.

Previous  
Success  
Stories

**Stories are structured with the undesired situation connected to the desired outcome by an intervention.**

The first strategy takes the situation the client presents and creates a story that is analogous to it. The intervention is encoded both in the content of this story and its implications between the lines. The metaphorically encoded intervention links the presented, undesired situation to the desired outcome which is also created and told in analogous story form. The client is expected to "get it" on an unconscious level. Multilevel therapeutic conversations are carried out in this metaphoric mode.

Special Uses  
Caution

**Detailed questions and answers form a therapeutic internal mental image.**

In the second strategy, detailed questions and statements from the therapist interact with the client's imagination until an overall image is formed in the client's mind. The image should be one that induces the desired outcome. For example, the therapist may question a client about details where success is evident. It is likely that the client will maintain a permanent self-concept as successful after forming mental images of himself or herself as a successful person. The client can then solve bigger problems predicated upon strengthened self-concept.

Wrap Up

**If other people can change, the client is more likely to think he or she can change.**

Handouts

In the third strategy, the clinician tells the client stories about previous successes with other people (confidentially protected) whose predicament very closely resembles that of the client. Fictitious modifications are made to enhance the resemblance. The client is expected to think, "If someone else like me can do this, I can, too." Thinking of possibilities is a major step in therapy.

Duration

**Stories can be used for specific treatment groups and goals.**

Parenting skills can be learned by clients who abuse their children. The value of persistence can be learned by those

*Ken Land, MSW*

who have confidence problems. Stories can be told that create a reflective mood.

Supervision Option **You can't be 100% certain how a client will use a story.**

Because each person translates each story into his or her own language, no one can know how a client will interpret a story. Careful observation of the client's responses is essential. (See the section above on non-verbal communication.) Therapists are made aware that the desired direction of the therapist won't always match the direction taken by the client.

Background **Participants recapitulate what they have learned.**

*The Art and Science of Storytelling Therapy™* workshop closes with participants discussing what they learned during the program and presenting examples of how they will use this knowledge. The author has found that the group forms a bond that makes the training more effective.

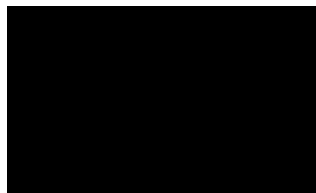
Personal and Professional **A thorough outline and a manageable, annotated bibliography focusing on skill building are provided.**

Philosophy **Two hours to two days.**

*The Art and Science of Storytelling Therapy™* is expandable from two hours to two days. The longer the workshop, the more participation and skill-building will be available.

**Experiential supervision is available to participants as an adjunct to the program.**

A supervision group is available to participants who have completed the seminar and wish to personally experience the process of Storytelling Therapy™. It is an opportunity to experience the method and to explore and resolve inhibiting thoughts, feelings and behavior. A separate fee applies.



## Case Example A:

### Supervising an Intern using Storytelling Therapy™

#### Presenting Problem

While supervising an intern, I used Storytelling Therapy™ to help her overcome an obstacle in the treatment of her client. Supervision is not therapy, per se. However, the context of supervision and of psychotherapy is similar because the intern seeks the knowledge and wisdom of the supervisor's experience to benefit her work.

The intern had insisted the client understand his thoughts and behavior, but found the client "resistant" to "seeing what he was doing." The obstacle was a common theme for the intern.

As the intern's personal and psychological conflicts had entered the context of the supervision, and some form of intervention was indicated. The complication, however, is that the supervisor should not practice psychotherapy on an intern. At times, this can be a difficult, yet necessary, boundary to respect.

#### How Storytelling Therapy Was Used

Storytelling Therapy™ emerges as an excellent resource. It can convey essential messages toward the intern's personal and supervisory needs without crossing the boundary of practicing psychotherapy on her.

I suggested that the direct, confrontational approach was doing little for the client and exhausting her in the process. I told the following story to the intern because I wanted her to overcome her wish to confront the client when confrontation was contraindicated. Second, I wanted to give the intern an alternative method of therapy that she could use to accomplish the therapeutic goals she and her client had jointly worked out.

Bear in mind — the primary objective of this story was to help the intern overcome her obstacles in becoming a better therapist, not to address the therapeutic needs of the client. The main message of this story was to communicate to the intern that an implied and metaphorical approach can be a good alternative when the confrontational approach fails.

#### Story Told

##### The Subjugation of A Ghost

"A husband whose wife was on her death bed, granted her the wish that he wouldn't get involved with another woman after her death. The dying wife said that if he broke his promise, she would return as a ghost and make his life miserable.

"But sure enough, after a mourning period of 90 days, the husband met another woman. As time went on, they decided to become married. Soon after the decision, the man became plagued by the ghost of his deceased wife. He couldn't sleep because the ghost visited him every night reminding him of his promise. And clever too, was this ghost. The ghost knew everything he thought, felt and did throughout the day. Desperate, the man sought the counsel of the Zen master of the village.

“ ‘Your deceased wife has returned as a ghost,’ observed the Zen master. ‘Whatever you say or do, whatever you give to your bride to be, the ghost knows. She must be a very wise ghost. Really, you should admire such a ghost! Next time she appears, bargain with her. But be strong, because she’s tough. Put a bag of soybeans on the night stand. When she appears, tell her that she knows so much that there is nothing you can hide from her. Tell her you will break the engagement if she can answer just one question. Then reach in the bag and grab a large handful of soybeans. Ask her the exact number of soybeans you hold in your hand. If she cannot answer, you will know the ghost is a figment of your imagination and will trouble you no longer.’

“That night, when the ghost appeared, the man complemented the ghost, told her that she knew everything, and made the bargain.

“ ‘Indeed,’ replied the ghost. ‘I know you went to see the Zen master today.’

“The man reached into the bag and grabbed a handful of soybeans. ‘How many soybeans do I hold in my hand?’ he asked.

“The ghost disappeared and troubled him no more.”

(Paraphrased from Ross, Nancy Wilson, *The Subjugation of a Ghost* in *The World of Zen*, Vintage Books, New York, 1960, pages 82-83).

## Outcome

By telling the story to the intern, I communicated several messages both literal and implied:

- Joining with the client will help decrease resistance. If the Zen Master had told the man in the story that the ghost was simply a figment of his imagination, resistance would have been increased.
- Complementing the client’s skills of resistance as tools of survival will help the therapeutic relationship; confronting them as an impediment to therapeutic progress or unwittingly showing annoyance will not.
- The direct, confrontational approach exhausted the therapist and did little for the client. In this case it influenced the client to dig in deeper to resist therapy even more.
- If frustrated with a client, get some help. This is honorable and time tested.
- Caring *too much* can harm the therapeutic process.
- Telling a nonthreatening story can be a good way to decrease resistance.

## Case Example B



## A Confused client with a Schizophrenic mother

### Presenting Problem

A 30 year old married woman came to me for therapy and advice. Betty (not her real name) thought her mother's behavior was bizarre. After a few sessions of psychotherapy, Betty's mother was admitted to a psychiatric hospital with a diagnosis of paranoid schizophrenia.

### How Storytelling Therapy Was Used

As a working mother of a 20 month old child, Betty was scared that she, too, was either paranoid schizophrenic or harmed in some way by her mother's mental illness.

The goal of therapy was to help Betty understand how her mother's mental illness may have affected her own thoughts and feelings. A second goal was to ease her concerns about her own mental status. Betty was remarkably confused, but not schizophrenic.

I provided Betty with information about schizophrenic symptoms, age of onset, the nature of a thought disorder and the problems that families of schizophrenics can develop.

I told Betty a "Success Story Of A Previous Client."

### Story Told

"I had a client a few years ago. Unlike you, he was a man. I'll call him Joe, although that's not his real name. Joe's mother had what was believed to be paranoid schizophrenia, but also had manic-depressive features. (Betty's mother had manic features.) Joe told me a story that may be of interest to you.

"The story Joe related was that his mother once asked him to vacuum the living room carpet. Joe did the job and when he had finished, she looked down at the carpet and said, 'You didn't vacuum the carpet!' Joe argued that he had done the job, but mother insisted that he hadn't. She pointed to two specks of lint on the carpet, barely perceivable to the average person. (I pointed to a similar speck of lint on the carpet.)

"Joe's mother said, 'If you had vacuumed, those spots of lint wouldn't be there.' Joe argued that he had simply missed those spots or that the vacuum wasn't capable of getting them.

" 'No,' said mother. 'You didn't vacuum.'

"Now this example of denial and countless other episodes like it—growing up with a mentally ill person can be a terrible thing—made Joe confused as to what was real and what was not real. Some of the things his mother said were strange and he knew something was wrong.

"But mentally ill or not, she was still his mother and the supreme authority. Her perceptions conflicted with his. Joe was angry, sad and confused. He wasn't sure if he had vacuumed or not.

"As I worked with Joe over a period of many months, he stopped taking the medication that his family doctor had prescribed. He still had some problems, mostly with anger and sadness. But through our work together, he became more trusting of his perceptions, and his judgment improved. He learned to talk more openly about his feelings and he got a promotion at work.

*Ken Land, MSW*

“Joe learned that much of his confusion was derived from trying to reconcile his own perceptions with the denial of his perceptions by his schizophrenic mother. And most important, he learned that he was neither stupid nor crazy.”

**Patient  
Outcome**

The effects Joe’s mother had on him paralleled the effects Betty’s mother had on her. The message of the story is clear. Growing up with a schizophrenic mother can make a person confused about what is real. It can make them depressed, angry and sad. Betty and Joe didn’t have thought disorders, they had mood disorders. The story I told to Betty clarified the distinction and began her process of healing.



## Case Example C

### Resolving a Crisis by creating Mental Images

#### Presenting Problem

A client called me on the phone in a panic. She had a great deal of generalized anxiety about her upcoming marriage. Because it was a crisis call, my goal was to redirect the client's attention as quickly as possible. I began redirecting her anxiety using the Storytelling Therapy™ method of creating mental and visual images. Soon her panic subsided and she became more rational.

#### Telephone Conversation

Ken: —Hello?  
Client: Hi! Do you have a minute?  
Ken: —Well... [Before I can answer, the client is rambling hysterically.]  
Client: My daughter is really pissing me off! I'm getting married next week and I won't have my daughter come between me and my new husband. She's not going to ruin my marriage...  
Ken: —What's your daughter doing to ruin your marriage?  
Client: [Client is unable to specify what the daughter is doing to ruin the marriage. She is loud, unfocused and rambling.]  
Ken: —What does your fiancée have to say about your daughter's behavior?  
Client: He's OK with her. [More panic and rambling speech.]  
Ken: —Where's your future husband now?  
Client: He's here in the house. [More panic and rambling speech.]  
Ken: —Where in the house?  
Client: At the table. [More panic and rambling speech.]  
Ken: —And what's he doing at the table?  
Client: What's that got to do with anything? [Client sounds surprised, and seems to find the question laughably irrelevant. She laughs a bit and is less rambling.]  
Ken: —I think it's important what he's doing at the table. But if you don't want to say, I can live with that. [This is a pivotal step because it offers the client a choice to continue her hysterical way or to let me take the lead. In order decrease her panic, she will have to focus her internal resources toward a specific image, that of her fiancée at the table.]  
Client: (Hesitating a few moments.) No, no. That's OK. He's eating dinner. Although I really don't see what that has to do with anything! [Client is becoming less hysterical.]  
Ken: —Well, that's good. It's good that he's eating dinner. Tell me, what's he having for dinner?  
Client: What do you mean, 'What's he having for dinner?'  
Ken: —Quite literally and simply, 'What 's he having for dinner? Is it fish, meat, chicken...[Client interrupts my sentence.]  
Client: Well, let me see. I don't know... (Hesitating) It's chicken...  
Ken: —Well, what kind of chicken?  
Client: What do you mean, 'What kind of chicken?'  
Ken: —Well, is it baked chicken, breaded chicken, fried

chicken...?  
Client: (laughing, but almost spontaneously) It's baked chicken.  
Ken: —And where did he get this baked chicken?  
Client: (Laughing, spontaneously but thinking for a moment as if trying to remember.) At a takeout restaurant near us.  
Ken: —And how did he get it? Who went to the restaurant to get it?  
Client: We both drove over.  
Ken: —And your daughter? Did she go with you?  
Client: No.  
Ken: —And what else is he having for dinner? Certainly, he's not eating a piece of chicken on a plate with no side dish. Like broccoli, or fries or something.  
Client: (Laughing, spontaneously) Cole slaw. He's having cole slaw with his chicken.  
Ken: —Anything else?  
Client: Uh, mashed potatoes.  
Ken: —Nothing to drink?  
Client: (Laughing openly) O.K. I get it. Thank you.  
Ken: —Not a problem.  
Client: Bye.  
Ken: —Bye.

**Patient  
outcome**

Throughout the conversation, I asked the client to focus on a specific mental image. By the end of the conversation, she realized she had more important things to concern herself with than the unfounded fear her daughter was trying to ruin her marriage. I could have delved into her underlying fear that she would ruin the marriage herself and suggested she was irrationally projecting her fear onto her daughter in a paranoid fantasy. Instead, I thought it wiser and more expedient to have her dissolve her panic attack by forming and focusing on an internal mental image.



## About the Author

Since 1974, Ken Land, MSW, has made it his personal mission to master the challenges inherent in helping people to achieve the personal, psychological and spiritual development they seek. A major aspect of this mission is his achieving this development for himself. Through self-teaching, studying with effective therapists and exposure to a variety of therapeutic models, Ken has developed the art form of Storytelling Therapy™.



Ken trains therapists to allow their own unconscious minds to respond to the client's presentation by inhibiting their inner critic. Trainees become aware of their own responses and they use these responses to create a therapeutic milieu. While Ken does not adhere to any specific theoretical model, *The Art and Science of Storytelling Therapy™* can be integrated into every school of therapy.

Following his passion to minimize organizationally-based political and social forces that befuddle high quality work, Ken founded The Counseling Center of Ann Arbor in 1983. He actively directs this comprehensive outpatient mental health and substance abuse clinic located in Ann Arbor's historic central business district. Nine therapists and two interns form the staff.

People are individuals. As clients in psychotherapy, they should have treatment plans individually tailored on a case by case basis rather than being extruded through a theoretical model. Whatever story they hear, they always have to translate it into their own language.

The quality of contact between the therapist and the client along with the quality of the therapeutic environment created by the therapist bears directly upon the quality of the therapeutic outcome for the client.

People come to therapy to speak the unspeakable; that is, the things they fear or are embarrassed about. The truth should be told simply in a straight-forward, empathic fashion because that's the only way a patient is going to absorb therapy and benefit.

## Experience

**Ken Land, MSW, ACSW, BCD, Clinical Director**  
**The Counseling Center of Ann Arbor**  
**342 South Ashley Street, Ann Arbor, MI 48104**

Two beautiful children, Austin and Cori, aged 10 and 7 years, respectively.

**M.S.W.**, Wayne State University, Detroit, MI, 1982. 4.0 GPA; Editor of the student newsletter; graduate professional scholarship; Special Award, Student Paper Award Competition, The Biomedical Synergistic Institute, Wichita, Kansas.

**B.S.**, Architecture and Design, The University of Michigan, Ann Arbor, MI, 1971.

Received hundreds of hours of workshop and institute training and supervision.

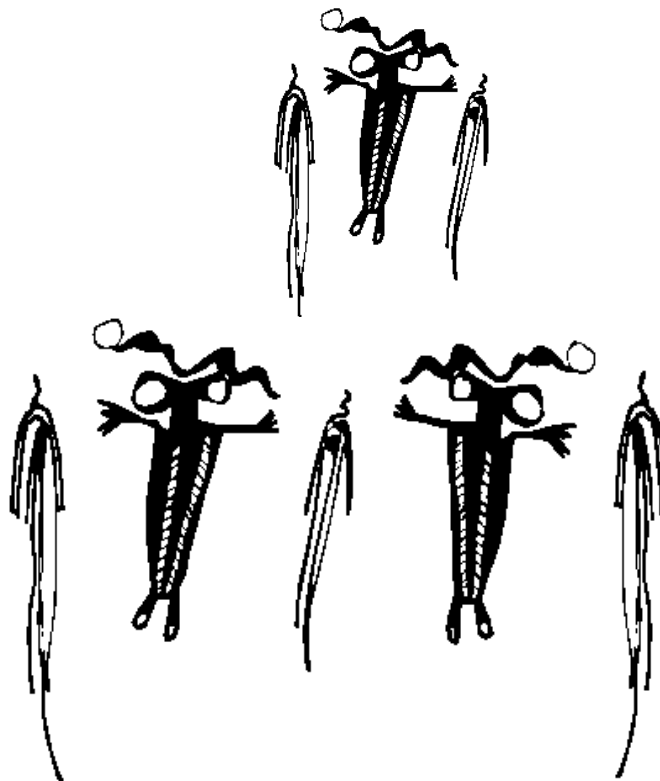
Practiced individual, group, couple, marital and family psychotherapy; seven years inpatient environment, including four and one half years at The University of Michigan Hospital, Ann Arbor, MI; thirteen years outpatient environment.

Purchased and restored a 1920's Victorian house into offices for The Counseling Center of Ann Arbor.

Delivered *The Art and Science of Storytelling Therapy™* over fifty times locally, regionally and nationally including to the NASW conferences in New Orleans (1987), Nashville (1994), Philadelphia (1995) and Creativity and Madness Conference Santa Fe (1995).

Delivered numerous lectures, workshops and seminars on assertiveness training, stress management and a variety of mental health practice issues including resistance in therapy and the use of hypnosis in therapy.





## Call Today to Schedule a Seminar

The Art and Science of Storytelling Therapy™ is an exciting seminar. It is informative and provides significant skill building for both traditional and contemporary care givers.

Time frames and finances are flexible. If you have any questions, or if you would like to sponsor or cosponsor *The Art and Science of Storytelling Therapy™* (either as a stand-alone seminar or as part of a conference), call, write, email or fax Ken Land today.

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