



## Isomorphic narratives and therapeutic napping

When trying to encourage a patient to take a medicine or to provide some hope of recovery, we often find ourselves telling a story about a patient who we have treated, who under similar circumstances experienced a good result or outcome. These are called isomorphic (the same shape) narratives (stories). These specially constructed stories help patients to see themselves in, and become part of, the stories. In this way, a seed can be planted or the patient primed for behavioural change or help with treatment adherence.

Although it is important to be careful with personal disclosure, one's own life experiences can also be fashioned to construct what is called a joint construction of narrative. In this way, both the patient and the doctor can function on the same wavelength.

In 1978, a mother brought her two-year-old child in to see my partner, who diagnosed diarrhoea and advised symptomatic treatment. Thirty-six hours later, the parents found the toddler dead in his cot. The causes of these deaths are often never fully explained, and are one of the most devastating occurrences in any family's life. The toddler's name was Jeremy, and later, two sisters were born. Now, over 30 later, one of the sisters, Sarah, has become a doctor and recently delivered a baby boy of her own. I occasionally meet Sarah's mother at our Saturday farmers' market, and she told me that her daughter had asked them if she could call the baby Jeremy. The grandparents were very touched by this and readily agreed. Their grandson would never replace their son, but it is special for them to be able to watch little Jeremy grow up. Equally, their daughter and son-in-law appreciate the opportunity to feel a connection to the brother who they never met. In this way, Jeremy's continued presence is affirmed in the family unit.

I now tell this isomorphic narrative to parents who have just lost a child to help them to see that although these are tragic circumstances, the cycle of life moves onwards and families continue to recreate their lives.

On a more mundane level, every day, we find ourselves telling short isomorphic narratives about medications that have worked well in

our practice, or about interventions that have been a success. If they are cautionary tales, we also tell of interventions that have been a failure.

Therapeutic mapping is another method of helping patients to come to terms with their lives. A therapeutic genogram is used. I use blank pieces of A4 paper, and my genograms are not depicted in the way that they are taught in medical school because they are my own idiosyncratic diagrams which I devise for my patients. As time is usually limited, I normally only explore the very direct family connections at the first consultation, and just get the names down. They are nothing like the grand designs that students present nowadays on their PowerPoint® presentations. Then, if necessary, I add or include further details at follow-up consultations. I find that patients often experience a therapeutic result just from looking at their family connections, and sometimes I write down their comments besides the names in a rather Rogerian way.

I find that the therapeutic family circle is of more help, and particularly so, when dysfunctional family dynamics are involved. You draw a circle on the blank A4 page, and place the patient in the middle, and then write the genogram in an expanding manner on a relationship basis. The closest person to the patient is in the inner circle, followed by friends, and other social support who are further out, and then outside the circle are ex-husbands, ex-wives, problem people at work, or enemies at school, and so on. You can include dogs, cats or other icons who are close to the patient. On such occasions, I move to the patient's side of the consulting room desk and write this out, with the patient alongside me. This seems to help the patient both see and articulate problems with relationships. In the end, isomorphic narratives and therapeutic mapping are really just fancy names for some of the many ways that we have found of improving communication with our patients in practice.

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