Telling Psychology’s Story

Self-described “narrative fundamentalist” Andy Goodman offers tips for public outreach.

“I’m often accused of being a narrative fundamentalist,” admits Andy Goodman, author of Storytelling as Best Practice and director of the Goodman Center in Los Angeles. “What that means is I have a really strict definition for what makes a good story.”

Drawing on his past as a writer for television, Goodman shared that definition plus tips for using storytelling for advocacy at the March 2015 State Leadership Conference sponsored by the APA Practice Organization and APA (see sidebar on page 7). Following the conference, Good Practice talked to Goodman about how psychologists can use narrative in a different way: educating the public about psychology’s value.

Q: How did you get interested in storytelling?
A: When I started my firm in 1998 to help nonprofits communicate better, I’d often ask people to tell me a story about their work, so I’d have a feeling for what they did. They wouldn’t have a story. They’d say, “Oh, you need to talk to communications, they’ve got the stories.” I realized there was this incredible communications tool everyone uses every day, but nonprofit leaders weren’t using it. Instead, they’d respond with mission statements, bullet points or factoids. They were able to quantify the impact they were having, but human beings don’t relate to numbers. If you tell the story of one person who’s suffering, then tell me there are 17,000 people like that in our community, then that number has meaning.

Q: Do psychologists make the same mistake?
A: You would assume that because so much of what psychologists do is listen to people tell stories, they would have a basic understanding and respect for the power of narrative and would therefore use it in their work. I think something happens where people think, “Oh, now it’s time to talk about my work. I need to put on a professional attitude and start speaking in bullet points, facts and numbers because that’s the language of business.”

People say, “We are good at what we do, not good about talking about it. We work with at-risk youth from underserved communities, blah, blah, blah.” Intellectually, I understand what you just said, but I’m not getting a picture. I can’t say I feel it. Just tell me a story about one person you helped, one family, one community where you made a difference.

Psychologists are in the business of changing the stories in people’s heads about the way the world works and about the way their lives are. That’s why it’s so important that you focus on how to tell the kind of story that gets inside people’s heads and stays there — that they remember, retell and constantly refer to.

Q: How could a reliance on numbers hinder psychologists’ ability to get their message out?
A: People feel that if they tell a story, it will be just a story. It’s anecdotal, by definition. They think people will discount it until they can present numbers. What I like to remind people is that until you tell a story, people may not be interested in your numbers. It’s the story that gets them to stop, look, listen and possibly even reframe how they see an issue. Stories are the software that programs our brain to accept or reject data. If people already have a story in their brains that says your information is unimportant or unbelievable, all the data in the world isn’t going to change their minds. And people remember stories. There’s a saying: In a two-hour speech, people will remember the two-minute story.

Q: What kinds of stories should psychologists tell?
A: If a psychologist talks about different problems in the community they were able to address successfully, that makes the case for psychologists — whether at the Rotary Club or wherever the audience is. A simple story with a beginning, middle and end would have much greater resonance than saying, “We have an issue, it affects this percentage of people and psychologists can help.” No one feels anything when you take such a broad perspective.
Think about the points you want to make with the group you’re speaking to. For every major point, it’s great to have a story to illustrate it. If you say that psychology helps children in your community, that’s a lovely point. If you say, “In fact, we have served more than 625 children,” that’s a nice number, but I can’t tell you that my pulse just started racing. But if you say, “Let me tell you the story of a little boy who came to my office with his mother,” then you’re illustrating how you help children — or veterans, or whoever else. Whatever points you make will remain abstract until you tell a story that brings them to life.

When someone expresses emotion to you, you can’t help but reflect it. Stories bring out emotions and allow others to feel them and connect with us. Ira Glass, the host of “This American Life,” says, “Stories are engines of empathy.”

Q: What are the elements of an effective story?
A: Every single person knows how to tell a story. It’s in your DNA. You’re a storyteller by nature.

Let’s look at the architecture of stories. All good stories introduce us to a protagonist, the person you’re going to follow through the story. We find out something about that person — when and where they are, their world in balance.

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Shortly after Dr. Vanessa Jensen’s family member moved into a nursing home in rural Ohio, the relative began experiencing verbal outbursts and crying episodes that did not make sense. The facility assumed she was in pain and wanted to increase pain medication. Dr. Jensen, a licensed psychologist and the federal advocacy coordinator for the American Psychological Association’s Division 54 (Society of Pediatric Psychology), wanted a psychologist to consult. However, as she told staff for Sen. Ron Portman (R-OH), unnecessary physician oversight requirements in Medicare meant the nursing home could not obtain a psychologist — because there was not a physician available to provide supervision. The relative’s distress went untreated.

This is just one of the stories about barriers to patient care that psychology leaders from around the United States took to their members of Congress in March 2015 as part of the 32nd annual State Leadership Conference (SLC) sponsored by the APA Practice Organization (APAPO) and APA.

The 2015 SLC included a focus on storytelling as a powerful advocacy tool. Along with a plenary session on the power of storytelling, the Congressional Management Foundation (CMF) provided a workshop for the APA Practice Organization’s federal advocacy coordinators on crafting personal stories that demonstrate the impact of public policy on people’s lives while capturing the hearts and minds of lawmakers.

During visits with members of Congress and their staff, SLC participants like Dr. Jensen wove APAPO’s legislative advocacy messages into their own stories of how these issues affect patient access to care and the practice of psychology. Obstacles are critical to good stories, and our legislative advocacy “asks” represent the obstacles facing professional psychology today:

- Halt plummeting Medicare payment levels for psychologists
- Improve access to care by adding psychologists to the Medicare “physician” definition
- Make psychologists eligible for federal incentive payments for implementing electronic health record keeping systems

Practitioners’ stories give meaning to our advocacy messages and can help build connections with members of Congress and their staff. If you have a story that relates to one of our legislative advocacy priorities listed above, please share it with APAPO by emailing practgovt@apa.org.
But then something happens — the inciting incident — that out of the blue throws the world out of balance. Now the protagonist has a goal, one that’s not easily attainable. What happens next is critical: On the way to the goal, the protagonist has to run into some kind of barrier. If there’s no barrier, there’s no tension and no story. Until “I want” runs into “You can’t,” you don’t have a story.

With every new barrier, there’s more drama, more tension, more interest. When we get past the last barrier, we get to the goal or resolution: how the story ends and what it means. It may or may not be the attainment of the goal, but something that changed them or the world around them.

What you’re looking at here is a three-act structure. Act One is who it’s about and what they want. Act Two is the pursuit of the thing and solving problems. Act Three is what happens and what it means. This is not my construct. It’s the human experience of storytelling for thousands of years.

If a story has all these elements, then you have a story people relate to, that can change the way they think, feel or behave. That goes for policymakers on Capitol Hill or businesspeople at a Rotary Club.

Q: How does storytelling differ depending on the medium, whether someone is giving a speech or creating a practice website?

A: If you’re going to tell a story to a group, where all they have is you in the front of the room and the words that come out of your mouth, there are a couple of things to keep in mind. First, people can only track so many details. Keep your story as lean as possible without losing color. Second, make it visual. The more visual you make it, the more people can see it in their mind’s eye. If you describe a woman with red hair wearing a pink dress and driving a yellow car, right away we see that image.

If you’re telling a story on the web, remember that people don’t do a lot of reading off screens these days. Video or audio is a better way to tell a story. People will watch a two- to three-minute video more often than they’ll read 800 to 1,000 words. There’s a book I recommend: How to Shoot Video That Doesn’t Suck: Advice to Make Any Amateur Look Like a Pro by Steve Stockman, a director in Hollywood. Aware of this incredible explosion of video on the Internet, so much of it bad, he has come up with simple guidelines about composition, pacing, editing and lighting that will make your video more watchable.

On a website, you can tell the story differently because you have visual aids. If you have a picture of a person you’ve helped, that saves you hundreds of words of description. The text itself doesn’t have to carry all the burden.

Q: How can psychologists tell stories about the people they’ve helped without breaching confidentiality?

A: There are a couple of avenues. The first is simply to change the names and a few facts, after getting the person’s permission to tell his or her story. In larger communities, that can work fine. If you’re going to tell someone’s story with actual details, you’ll need to have written permission from the person, whether you’re going to use their name or a pseudonym. You never want to put yourself in the position of telling their story without permission. There are legal liability and ethical issues.

Now some people say, “Our community is so small and we all know each other so well that even if I change names and facts, everybody would know who I’m talking about.” In that case, you can create composite characters. You’d say, “This is the story of Rebecca. Everything that happens to Rebecca in this story happens to real women I deal with, but Rebecca is not one woman — she represents many women.” There’s nothing fabricated. The threads are drawn from different stories to protect privacy, but still convey the intimacy and details of a real person.

For more information, visit thegoodmancenter.com.