

THE HEALING OF NARRATIVE

An Interview with Lewis Mehl-Madrona

by Nadia Colburn



Lewis Mehl-Madrona is a pioneer in teaching about the transformative power of story in healing and in bringing together conventional medicine with Indigenous wisdom. He's the author of six books, including the wonderful *Coyote* trilogy, *Narrative Medicine*, and most recently, with Barbara Mainguy, *Remapping Your Mind: The Neuroscience of Self-Transformation through Story*. Trained at Stanford University as a medical doctor, Lewis is a certified in psychiatry, geriatrics, and family medicine and also has a Ph.D. in clinical psychology with a specialization in neuropsychology.

In his first year of medical school, when one of his professors told the medical students that life was just an inevitable process of decay that ended in death, Lewis remembered the more uplifting stories that his Native American grandmother told him, and he went to the Indigenous elders in search of other paradigms. Since then, he has been integrating Lakota, Cree, and Cherokee traditions with his medical training for more integrated healing. His research collaborations include work on various psychological conditions, issues of psychology during birthing, nutritional approaches to autism and diabetes, and the use of healing circles to improve overall health outcomes. He lives in Orono, Maine, serves on the faculty of Eastern Maine Medical Center and the University of New England, and is the Executive Director of the Coyote Institute.

Nadia Colburn (NC): Hi Lewis; it's so nice to be talking with you today! You bring together your experience as a practicing medical doctor with Native American wisdom and healing. In particular you show us the power of stories and the ways in which our very health and wellbeing are inextricable from those stories. I understand that you grew up in a house of stories.

Lewis Mehl-Madrona (LMM): Yes! There were stories everywhere. I grew up in South Eastern Kentucky. I never knew my father, and for a large part of my childhood, my mother was going to college, which was free for Appalachian youth, so my grandparents really raised me.

My grandmother was always telling stories—usually to get you to do something. If you figured out what she wanted, you could do it and avoid the story. Sometimes there were enough stories and I didn't want more.

She told all kinds of stories: mountain stories; stories about people she knew; stories about things that happened to her; bible stories; Cherokee stories; things she had heard on the radio. She had a story for everything.

NC: You are trained in three fields of medicine—family medicine, geriatrics, and psychiatry—which is a lot of formal training. At a certain point, you started to incorporate more traditional storytelling and narrative into your healing work. How did that come about?

LMM: In medical school, I had more time than needed, so I started to tell stories to people just as my grandmother did. And, one day, someone asked me how I learned hypnosis. The question came out of the blue, but I realized storytelling is hypnotic. So, I started learning about hypnosis.

At the same time, I was going to Native American ceremonies. I always

believed in spiritual healing, but it didn't directly influence my practice until I had a patient who came to me with bad rheumatoid arthritis. I was a general practitioner with a focus on chronic disease and chronic disease management at the time

The woman was on crutches and generally in bad shape. She came and said that she'd heard I'd been to a ceremony, and so, she had come for me to do a ceremony so she could get well.

I said, "Why don't you come up north with me and you can meet real spiritual teachers."

She said, "No, I can't come north with you—you do it here, and I'll get well."

I didn't know what to do, so I called one of my teachers. And he said, "Do it. She told you she'd get well."

"But what ceremony should I do?" I asked the teacher.

"It doesn't matter; she's going to get well," my teacher said.

So, I improvised a ceremony, and it's true that she got better.

After this experience, I started to do more ceremonies with people with chronic diseases. I could see them more frequently. I was basically doing behavioral medicine with them, focusing on what they could do to overcome the disease, but we didn't have a name for that yet.

I didn't really know about the full power of narrative then, but I knew from personal experience the effects of storytelling and knew about story as hypnosis.

NC: So, you were telling the stories? Often when I think of the power of narrative in medicine, I think of the power of patients telling their own stories, but you're talking about something else.

LMM: I think you have to tell stories to get stories. So my stories would be slanted towards inducing a sense of agency and a belief that the patient could get better.

NC: How does that work?

LMM: I'll share with you an example that isn't in a book yet. We had a patient come to us in chronic pain. She had arthritis, and she defined herself as having a personality disorder. She said she'd been hospitalized more than 300 times and had attempted suicide more than 50 times. She was quite a character. I told her it was good she wasn't good at suicide! She was on narcotics for pain and all kinds of psych meds, none of which were working according to her. She had fibromyalgia and all kinds of other itsis and algias.

She was someone I didn't have a clue how to help, so I just told stories—she was of Native origin, Lakota, so I told Lakota stories. That was after she exhausted her stories about her childhood within a satanic cult and her experience of ritual childhood abuse that might or might not have happened but that made for really good stories. She ran out of stories and said, "now what?" I said, "I'll tell you stories."

For about a year, I told her stories, and one day she decided to go to one of our healing circle groups, and then she decided to go to two of our groups, and then she decided to clean up her diet, and then she started exercising, and then she decided she could get well, and now, at this point—maybe six years after I met her—she's off all drugs, doing really well, hasn't been to a hospital in six years, hasn't attempted suicide, and, in general, has a pretty good life. And it's mysterious. I've talked to her about that moment when she decided to change.

NC: It was just a moment?

LMM: Yes. She said it just hit her—

she was standing inside the door of her apartment in an old house on the first floor, and it hit her she was bored of her life and bored of being a patient. It just wasn't going anywhere, and it wasn't a lot of fun, and she could choose differently. I said, "Where did that come from?" She said, "I don't know."

At another point when we were talking, she mentioned she thought it was really important that she could tell I always thought she could get better. Unlike most of the doctors she saw who thought she was hopeless, I just expected she would get better. "If you keep coming you will get better. I just don't know when it will be," I'd tell her. I'd tell her stories about other people who took a long time to turn things around but once they turned things around, things really turned around—and that's what happened to her. She just made a decision, and everything changed.

It took a while to get off all the drugs and to get healthier, but the direction reversed in one moment. It's interesting because her chronic pain went away, which shows pain is complicated. Her fibromyalgia disappeared—these things have a life of their own. I think we can interact with them. We can change the reality we live in—maybe not each and every one of us can, but she did.

NC: That story shows so well the power of believing in our own capacity to heal. Please speak about the Indigenous view of the mind-body relationship, which our conventional medicine tends to separate.

LMM: Indigenous people don't separate mind and body; that concept doesn't exist. Health is seen in terms of balance, and diagnosis and treatments are about restoring balance. Balance includes all dimensions of your life—diet, exercise, human relationships, community, climate, pollution, spirituality, emotional health, and anything

else you can imagine could be out of balance, disharmonious. Healing is restoring harmony.

Indigenous cultures also believe that stories are the blueprints of our lives, so unless we have a blueprint for how to get well and embrace the possibility of getting well, we can't get better. Re-storying means we need to have a way to believe in getting better, and we have to have a story to guide us or we don't bother to do anything.

If I don't have a story about why going West is going to transform my life, for example, then I'm going to sit where I am and not hop on the stagecoach. I need to have a story to motivate me to do something and a story to explain how and why it's going to work and to explain in practical terms how to get there. And sometimes we need to provide people with those stories—like giving them a scaffold that they can't make themselves.

I'm working with a young man who lies in bed all day in his mother's house and gets up only to eat. As you can image, he's quite heavy. I told him a lot of stories about heroes who went out into the world and did things. In the last sessions, I've invited him to get out into the world of other people and do something even if only for five minutes.

He's afraid of the world, so I'm telling him lots of hero stories, so he can build his own capacity for courage. Japanese Samurai stories really appeal to him, and he's beginning to use them so that he can go venture into a world that seems to him very dangerous.

NC: For people who seem scared by the world, but don't have any coherent narrative about where the fear comes from, what do you do? What do we do with the stories we don't remember, the stories we can't narrate, or trauma that we might not even remember?

LMM: My wife Barbara and I use bodywork, puppets, movement, and dance to get the story out of the body. And we use dreams. Usually, there's a trail. Even if a person doesn't have an explicit conscious memory, there are usually clues to follow along the way. I think it was Maya Angelou who said that the worst suffering is to have an untold story. So, we follow the trail to get the story to be told.

There's a Penobscot man who comes to one of our groups who says if you tell a story, a crow comes by and eats it, and you won't have to keep it. But it has to be articulated. The nameless needs to be named in order for it to be released.

NC: That's a great story about the crow and such a wonderful image. Some spiritual teachers tell us not to get wrapped up in the story, and instead to let it go. Here you seem to be suggesting that you need to find your story before you can let it go.

LMM: Yes, it's good to release the story, but it needs to be named first. In the naming, we contain the experience. In the naming, we box it up and make it suitable for shipment out of ourselves.

We can't drop storytelling itself. We need story. Stories tell us how to organize the pixels of our experience. We can be aware that our stories are sometimes arbitrary, cultural, not god-given truth; we can step back and reflect on story. I think it's a good thing to meditate and be non-conceptual for a bit. But, in the end, you need to come back to a world that requires story to move around. We can't live in time without story. Story tells us why to get up in morning and go to work and how to organize a day.

I think the slogan "drop your story" is oversimplified. Most of the brain science that is going on shows us that the default mode of the brain constructs stories about our social and even our

Spiritual traditions are shared in the form of stories. Stories are the modes through which humans understand life and its broader dimensions. The most complex ideas are best communicated through stories, for this is how we understand ideas best. Spiritual stories are told to bring others to our point of view, to create a shared understanding of the transpersonal world, to communicate what is proper moral behavior, and to prepare others for the ceremonies and rituals we wish to enact.

Spiritual stories ground our lived experience in a larger transpersonal context. They tell us how to situate ourselves in a larger universe. They use our existing nervous systems that are well designed for story. They tell us where we came from; how we are related to the rest of the universe, including non-physical beings; how to relate to all beings, physical or not; how to live in meaning and purpose; and what we should value in life. They direct our attention to what comes after life, which necessarily places us on a journey through life with a beginning, middle, and an end. Within spiritual stories, the end often inaugurates the beginning of another journey.

- Lewis Mehl-Madrona

physical world. We're constantly telling and negotiating stories.

NC: *What about the relationship between story and community? Just as you show us that we need story to navigate our world, you also show us that story is always in part communal—we can't exist in a story alone.*

LMM: In an Indigenous worldview, to heal is to make whole again. To feel whole, you have to be embedded in a community. And in order to heal, community needs to share in your new story. Everyone has to agree that you are who you say you are going to become. So, the community is the necessary stage for healing; it's the stage upon which the healing takes place. And everyone has to agree—or enough people have to agree—so that you have the support you need to transform. You can think of community and story together as two parts of the scaffold that allows you to go from where you were to where you want to be. And a com-

munity, in large part, is defined by the ways in which a group of people holds a common story. So, to heal you need to participate in some way in that common story.

NC: *This is all deeply important. How can we use the power of storytelling and of Indigenous wisdom and healing in our current medical system?*

LMM: There are some programs doing good work. Working to Recovery is an organization in England using narrative for psychosis to get stories out of our bodies. And DBT (Dialectical Behavior Therapy) is really effective at bringing Buddhist principles into mainstream medicine.

I think it's happening. People are playing with narrative and stories and with Buddhist ideas of mindfulness and radical acceptance.

NC: *Do you see things going in the right direction?*

LMM: I think most people are aware that our current system is quite broken. It delivers poor healthcare, and clinicians get rewarded by the danger of the procedure that they do, so very little money goes to primary care and to keeping people out of the hospital.

But I think it will change. Managed care organizations are talking about capitation payment strategies; if we (clinicians) were paid per capita to take care of people, then we would start thinking really differently. Now, we're paid to see people and do things to them. If we made a bigger profit to keep people healthy suddenly the game shifts, and things that are impossible to do now would become desirable.

One thing we would see more of is narrative medicine. The more we know people—their front and back stories—the easier it is to keep them out of hospital, the easier it is to manage diabetes, depression, everything.

There is a growing recognition of negative consequences of siloism; Medicare is pushing for more integrated health care.

Communication in healthcare is highly cost effective—when people share information and work together, it saves money and improves outcomes. So, there is a big push to change the system, and it's mostly coming from the government.

Already there are little pockets of good work being done. A group offering integrated medicine for the underserved based in Lowell, MA; a group in Maine called Quality Counts; the program I work for is training residents in narrative medicine. We're training residents to really listen to patients.

These efforts are also related to community—are we all part of community or are we individuals trying to maximize our position, not caring about other people's position?

NC: How do you recommend that people help engage in this work and practice or seek narrative healing?

LMM: First, I'd suggest that people start a healing circle—call together people you know and meet for the purpose of healing each other. Meet on some regular basis. Use a talking circle format for people to get the opportunity to tell their stories and to listen to the stories that are crucial at that moment. That is very powerful way to build community connection and to feel heard.

Secondly, writing is really good, and writing about emotionally charged events in the third person is really healing.

NC: You recommend telling the story in the third person?

LMM: Yes. The third person is much better—it gets you out of diary mode and into descriptive mode.

What doesn't seem to work is diary style where people seem to write on and on in a complaining mode.

What does work is story resolution or writing about your life as a story with a beginning, middle, and end, telling your story and working on it until you like the ending. This is writing for meaning making.

There are many great studies about writing for healing. One of the initial studies showed that students who experienced traumas and wrote about them accessed services better, had better grades, and had better health.

Writing gets down to the level of brain science. The default mode—internal state monitoring—has been called by Buckner the mode of running simulations because we tell stories about things in order to make decisions about how to incorporate events into our lives. Stories are meaning making modules—we write until they feel good. If the sum total of the internal story doesn't make sense, then we need to get external help.

Trauma seems to be a case where the safe story you had of the world is so completely blown apart that it's not going to come back together again—there is no possible happy ending. So, you need to look at how to reconstruct the way you make stories; it's a whole different enterprise. Loss is like that too—in grief, you need to make some meaning of the loss. Suicide is one of those places; there is no good narrative, so people tell the story over and over again. When someone dies, people tell the story of what happened until they figure it out.

NC: Could you say a few words about the difference between traditional talk therapy and the kind of narrative therapy you're talking about?

LMM: Even if Freud is largely out of fashion, traditional psychoanalysis

is still the implicit foundation of a lot of what people are doing. At the root of Freudian psychoanalysis are fantastic stories told about clients without their knowledge. The Oedipus story is drafted onto clients without telling them, or stories about penis envy and castration anxiety. This sexualizing of everything is imposed on the client. It's a collection of stories that is applied to people largely without their awareness or permission and the clients are then interpreted from these imposed stories.

The difference is that, in Indigenous worlds, the stories are shared by everyone, and you're free to drop into them or not, to be a part of the story or not.

In the work that we do, when we work with story, we're not interpreting story. We're letting it evolve as it evolves for our clients, and we're letting the clients' stories and interpretations be the accepted ones. We're not analyzing and interpreting their story—we're working with the dynamic stories as they're presented.

We have a tradition that we tap into and a lot of experience as we do this work, but we don't establish ourselves as the "experts" and the client as the "novice". The client is her own expert about her life. And that can be threatening to our hierarchical society.

NC: So how do we change the collective story?

LMM: One elder told me, if you want to change the world start talking and keep talking—keep on putting the stories you want to hear into the world—keep telling them.

NC: That's beautiful. It's both so simple, as you point out, and so nuanced and powerful.

Thank you again for taking the time to talk with me! §