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**'Is it because I'm gormless?' A commentary on "Narrative therapy in a learning disability context: a review"**

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Review

## **Commentary**

### **'Is it because I'm gormless?' A commentary on "Narrative therapy in a learning disability context: a review"**

McParland's paper illustrates the value of narrative work in helping people with learning disabilities to explore long-held, damaging stories about themselves. He also makes some interesting observations in respect of lack of information available in the literature on which he based his study.

When reading the article I was reminded of my first contact with a man with learning disabilities.

#### **Bob's narratives**

I was a social worker with a community learning disability team in the early 1990s and had received a referral from a mother in her 80s who wanted help with future planning for her 53 year old son, 'Bob'. Bob's father had died 15 years earlier and his mother was now concerned about what would happen when she died. When I first made contact with Bob I asked the usual question, 'Do you know why your mum has asked me to meet with you?' His immediate reply was, 'Is it because I'm gormless?' For readers unfamiliar with the North of England colloquialism, the term 'gormless' is used to mean stupid or lacking in understanding. I was touched by Bob's low self-esteem and his personal construct of himself as something faulty.

The initial assessment revealed that Bob, a white British man with a mild learning disability, had attended school for a week when he was 5 years old in the 1940s. At the end of his first week the head teacher had called Bob's father into school and told him that he did not believe that Bob would be able to learn anything at the school. He also feared that Bob would not be able to help himself, or put on his gas mask if there was an air raid. From then on Bob spent his days either in the back of the family shop with dad or with his mum. The family never received a diagnosis for Bob. They did not like the term 'backward' which was frequently applied to him by family and neighbours. Instead they chose, what they believed to be the more socially acceptable 'gormless'.

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3 As we worked together it became apparent that Bob had picked up some valuable  
4 skills in his father's shop. Within weeks of us working together he had secured paid  
5 employment in the local bakery. The manager of the baker's shop, which by then  
6 occupied his father's premises had 'allowed' Bob to undertake low skilled tasks for  
7 him for more than a decade. This job was formalised and Bob was employed as 'an  
8 apprentice' whereby he was given a small wage which increased incrementally as he  
9 learned new skills. It became apparent that several of Bob's mother's friends relied  
10 on him to shop for them.  
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17 Bob's mother was surprised how quickly Bob became more independent. She had  
18 believed the narrative written for her 5 year old son by a man who had known him for  
19 one week in the 1940s. This narrative stayed with the family for almost half a  
20 century with neither parent recognising how much Bob 'helped' out in the family shop  
21 and elsewhere. They, and Bob, simply saw the difficulty he had in learning to read  
22 and write.  
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28 During our last contact I asked him if he still thought that he was gormless. He  
29 smiled and replied, "not always".  
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32 This experience will be common to many readers who have spent time with people  
33 with learning disabilities who have extremely low self-esteem. Belief in a narrative  
34 learned from influential others can affect individuals and families for life, if not  
35 replaced by more positive narratives. Bob's life improved, not through therapy but  
36 because he began to learn a different narrative about himself, eventually becoming  
37 able to tell a new story about himself as a wage earner and a valued member of the  
38 community.  
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44 It is important for people with learning disabilities to inhabit positive stories and for  
45 these to be promoted in general society. Bob's stories illustrate this well. His initial  
46 story confirms the view, held by some people, that people with learning disabilities  
47 are unemployable. His second story challenges this notion not only for Bob but also  
48 for his community. His change in economic status, moving from being unemployed  
49 to employed, was unusual for people in his locale during a time of economic  
50 recession.  
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56 Similarly, McParland's work, drawing together seven case studies, challenges a  
57 practice narrative, held by some mental health professionals, that the cognitive  
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3 limitations of people with learning disabilities means that they cannot benefit from  
4 psychological interventions (Hurley 1989). The case studies that he has presented  
5 reveal imaginative ways of helping people with learning disabilities to tell different  
6 stories about themselves.  
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10 This leads to the other aspect of the article that interested me, the difficulty in finding  
11 sufficient accurate data when undertaking a literature review. Empirical research  
12 must be reported fully and accurately from design through to findings. It is often  
13 complex and multi-faceted; making the art of reporting within the word limit of  
14 academic journals quite a challenge. Authors may feel required to choose between  
15 reporting the 'story' and reporting the 'science' of their research. Secondary  
16 reporting, such as in a literature review, can be as challenging as primary research  
17 because the decision to précis the work of other authors can be fraught with danger.  
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### 23 **The importance of storytelling in research**

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26 There has been an interesting debate rumbling around psychology circles recently.  
27 The debate centres on a large scale registered replication project, which was  
28 undertaken and reported before all the results were fully known ((Etchells 2014,  
29 Klein et al 2014, Schnall 2014). The subsequent backlash against the replication  
30 project included accusations of lack of rigour, including trying to replicate parts of  
31 projects rather than an entire project (Schnall 2014). Important details appear to  
32 have been omitted either during some of the attempts at replication or in the  
33 reporting of them.  
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40 This highlights an important point; that research design and reporting must tell the  
41 whole story. McParland has provided a good example of this, exposing the paucity of  
42 available literature, and the lack of detail available within some of it. For example, it  
43 may be possible to draw some comparisons between 'Paul's' story, as described by  
44 McParland, and that of Bob because we know that they are both white British and in  
45 their early 50s and their stories have some similarities including holding a negative  
46 understanding of themselves.  
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52 Influenced by this information, we might attempt to compare the efficacy of narrative  
53 therapy used with 'Paul' with that of Bob's support, influenced by the principles of  
54 Social Role Valorisation (Wolfensberger 1983). Both men eventually benefitted from  
55 specific interventions and were able to tell new stories of more successful selves.  
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3 However, while we know that both men share some characteristics, there are gaps in  
4 our knowledge that might influence whether or not 'Paul' and 'Bob' should find  
5 themselves in the same study. Take family background and socio-economic status  
6 as examples. Bob was the son of a business owner; a butcher in war time Britain  
7 was held in high esteem, the family lived in relative affluence. As readers, we do not  
8 have the same level of detail about 'Paul'. And without sufficient details we run the  
9 risk of focusing on the symptom rather than the cause of a person's distress.  
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15 Lack of detail of the characteristics of research respondents is a common problem in  
16 the reporting of a lot of learning disability research as I recently found when tutoring  
17 students on the BSc. Integrated Practice in Learning Disability Nursing and Social  
18 Work programme. The students were required to undertake literature reviews for a  
19 module assessment. One of the first questions asked by the students was "how  
20 many pieces of literature should we review?" I suggested a figure of five to eight peer  
21 reviewed articles, which should then be discussed in light of policy guidance and  
22 other grey literature. This reflected the short time that they had to produce the work.  
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29 Several students struggled to identify five peer reviewed articles, none of them  
30 reviewed eight. Issues of access to some databases and cost of gaining copies of  
31 articles aside, it became apparent that major problems occurred during the hand  
32 sorting of potentially promising literature. Students repeatedly stumbled over poor  
33 reporting of participant detail. Common difficulties included lack of clarity in respect  
34 of the following:  
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- 39 • Overshadowing of diagnoses, i.e. did the literature focus on people with a  
40 learning disability or mental health problems?
- 41 • Terminology, especially conflation of learning disability and learning difficulty.
- 42 • Gender and age of respondents/ participants/ research partners.
- 43 • Overshadowing of other circumstances such as ethnicity, spirituality or socio-  
44 economic background.
- 45 • Lack of detail in research design.  
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53 Reporting and analysis of research findings also proved to be problematic. In several  
54 instances authors were unclear about who their respondents were. For example,  
55 when researching how people with learning disabilities are supported to express  
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3 their spirituality one student found a promising study. The study used questionnaires  
4 to ask people with learning disabilities about religious and cultural beliefs and about  
5 their opinions of support. On closer reading it was apparent that some of the  
6 questionnaires had been completed by people with learning disabilities but many had  
7 been completed by parents and carers. The study lacked detail regarding this  
8 anomaly; were people with learning disabilities 'dictating' answers or were others  
9 making assumptions about their opinions? Lack of detail about the levels of support  
10 needed by the respondents with learning disabilities impacted on the generalisability  
11 and usefulness of the paper.  
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20 As McParland reminds us, Narrative therapy may help to thicken the stories of  
21 'problem-saturated' people with learning disabilities, and in doing so help them and  
22 others to recognise more positive aspects of their own stories. Narrative approaches  
23 to research reporting may help practitioners and academics to thicken their stories  
24 so that readers can begin to apply research findings to practice with greater  
25 confidence.  
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