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Table 2.

Categories and Sub-Categories with Relevant Quotes from Interviews.

Categories	Subcategories	Example Quotes
Intervention Quality	<b>Promoting engagement</b> Factors that affect inclusivity and engagement.	<p>"The person with cancer has one particular thing they want, and maybe their child or spouse wants something different."</p> <p>"Reasons for both, you know, the kind of sometimes, maybe somebody who's really kind of lonely and not got much confidence, and the one-on-one one really works. Then you build that confidence up. You can then integrate those sessions into a group session where some people don't like this sort of set up at all. They find it really intimidating. Just talking to one person."</p>
	<b>Session properties</b> Interviewees' thoughts about the delivery format, frequency or number of sessions.	<p>"Been involved in really successful interventions both online and face to face. I think both can. work"</p> <p>"You know, it's not like nursing staff have got spare 3 hours to then go and run a story group... So having that having that properly resourced is incredibly important even if the intervention itself is one day or one hour, which ideally, you'd like the intervention to be long term, wouldn't you say that people can come and go as they feel they need it?"</p>
	<b>Facilitator skills</b> Skills that are important for facilitators to have.	<p>"without the book in front of me and I respond to the audience and adjust accordingly."</p> <p>"Either you bring a combination of people with a combination of skills, or you have somebody who has a very particular set of skills and experiences and how they got there, might be expert by experience."</p>
Psychological Need	<b>Effect on family</b> How family relationships are affected by cancer.	<p>"Yeah, the idea of the, you know, the spouse or the partner as well, having to navigate this, you know, the changes, the sense of you know, power shifting and balance."</p>

### **Keeping head above water**

Factors that might help participants to prevent deterioration in mental health.

"Like that moment where, you know, things are never going to go back, so like, even things that weren't great before, they were still workable before. There was still like, kind of an innocence to our family. And then after that, it was just gone."

"I would fight to be able to do my individuals as well as a group session, because I would say that for many of those children what they needed was to be in control."

"And that's where stories come in. I think if you've got a frame of reference for your experience, if you're not completely overwhelmed by the experience ... swept along by it and lose the sense you've got any agency. If you still feel you can affect your life."

### **I am more than my cancer**

A participant's identity outside of being a cancer patient.

"I should be telling the stories they want to hear, not the stories that I think are good for them to hear. I'm not doing medicine. I'm doing storytelling."

"You know, some a lot of people want to try and get you to talk about the experience because they think that's what you need. And a lot of the time you do. But talking to people who haven't had the experience, it's very difficult and then sometimes you just don't want to. You just want to talk about being alive. You don't wanna have this illness dominate every moment of your life."

### **Fear**

The fear that can be experienced during a cancer journey.

"all the things you planned might not come to pass. And there's an enormous loss that you're facing, potentially everything from seeing your children grow up to having children to, you know, to everything. It just challenges the very core of who you are."

"Even when you're in remission, from friends that I know have had breast cancer, it's never really gone from your mind. They're always thinking you know it. What if it comes back."

## Helpful Stories

### Relatability

The ability of the listener to relate to the story or identify with the protagonists.

"You know, I'd see an image like Sisyphus pushing the rock up the hill and reaching the top of the rock rolls down again and see I'd see chemo in that."

"And at the end of the story, one of the audience members came up and said, 'You know, I, that means a lot to me because I lost my daughter seven years ago.' And I said, I'm terribly sorry. I can't imagine what that's like. And he said, 'No, no, no, no, she didn't die. We had a huge argument. We haven't spoken since. I'm going to go call her now.'"

### Familiarity

Elements of familiarity within a story can be comforting.

"And then you know all myths, legends, fairy tales. Because most stories have pretty much all got the same format of that kind of hero element, the dark element, the light element."

"so I will see things resonate more with the person, they're going to go in the past. They're going to want to go there, because that's where they feel more comfortable and feel like, yeah. Yeah. And obviously, they're bumping into people that that might be dead ... and past members of a family. But they can go walk down that route, you know. They can meet them again."

### Different stories for different needs

The recognition that different types of story might meet different needs.

"But yeah, if they said they wanted princess stories, I went and found princess stories. I don't tell princess stories, I do now. There was one little boy who the only story he liked was Goldilocks and the 3 Bears."

"Because different people like different types of stories. I mean, some people like watching true crime dramas. I don't. I don't like it, but I love science fiction. So again, it depends on what type of stories you like. Some people might like the overcoming adversity against all odds. Everybody's always got a happy ending ... but I found when I was ill, those made me cross. Yeah, because I didn't know if my story would have a happy end."

### Flexibility

A helpful story is one that is able to grow and change to meet the needs of participants.

"We take you absolutely anywhere. Right, you can. You can. It can give you a walk on that empty beach right? It can give you a sunset right? It can take you to the past. You can take it to the future"

Commented [CW1]: This doesn't make sense!

## Processes by Which a Storytelling Intervention Could Help

### Unfamiliarity

An element of unfamiliarity allows for greater flexibility within the story and promotes psychological flexibility.

"Read the book, it's their story now and for me, a good story works like a Rorschach inkblot. You look at it and you see what you're looking for. You know what? What you need, what you need."

"But it's the creativeness I like of the fiction and the fantasy and the world building. You don't get world building in real world fiction"

"Well, I think that the kind of storytelling that I think is most useful is that first kind where we're opening ourselves up into an unfamiliar territory that allows the unexpected to happen. That's where I would go."

### Social factors

The role of the two-way nature of storytelling and social aspects of the intervention.

"There's a support network there and if you want to talk about medical things, then you can. If you don't, you're with other people who've had the same experience, might be further down the road than you might be."

"Especially when we did the Sing My Story. Tell my story with the Tenovus Cancer Care choir. You know, so many of the audience were coming up afterwards and going. Thank you for sharing that story. That's exactly my story. Oh, that's going to make me go and do this and yes."

### Dare to dream

The opportunity to change perspective and imagine a better situation.

"I wasn't going to the kind of traditional canon, and I wasn't going to a magical world. But the wishes and desires of what I imagined life might be compared to what it is, and rewriting the narrative of myself having cancer within that"

"Whereas what story does is allow us to go, 'What would you like? What could things be? Where's the utopia? Where's the vision of what we want?' And we'll help you to work towards that. So it's, you know, and to go back into like academic language, it's just it's the strength based approach isn't it?"

<p><b>Enjoyment</b> The role of participation in an enjoyable activity.</p>	<p>at this time and in this place you can enable the child to laugh, and a parent to laugh and to forget what's going on just for that moment. That is a brilliant thing to be able to do. And I, yeah, I would. I'll take that."</p> <p>"So the people reported that they were, that it was fun, that they were able to forget about what they were doing, that they were able to relax for a bit. Uh, those. Yeah, those are the main ones. Relaxation, fun and escapism."</p>
<p><b>Psychological factors</b> Factors that align with psychological theories of well-being, e.g., acceptance or catharsis.</p>	<p>"And what's comprehensible? What? What can we understand? How can we understand the world? How can we make sense of the world that we now find ourselves in, even without, you know, if that world is? Maybe we make sense through Dragons and giants, but it might be that you know it's a way of making sense."</p> <p>"The initial idea was that if you write all this stuff about your feelings and so on, it's a cathartic experience. So that's the theory of catharsis, that it's getting it out there and that."</p>
<p><b>Desired Outcomes of Intervention</b></p>	<p><b>Observing changes in participants</b> Outcomes that could be measured by observing participants' behaviour or presentation.</p> <p>"Or I would record it so I could hear what's going on. But if I could record it to see it, then we could start to unpick, how are people reacting?"</p> <p>"Go and do something like I have a haircut, you know...And you know that's that is something you can observe even if you don't formally measure it. You can observe that."</p> <p>"As the people running it, you don't necessarily know whether it's worked or not. You just have to try and hope that it does."</p> <p>"The richness of their life become a little more resilient. But my experience is that it doesn't happen immediately when the story ends, that it takes time to digest and percolate . . . And then, you know, if you spoke to that person, say, right after we ended and then maybe a few weeks later, you get different answers."</p>

## Psychological Safety

### Asking for feedback

Outcomes could be measured by asking participants directly.

"And people will let you know, if something's been successful for them."

"Yeah. And you know, some sometimes the easiest way is just to ask."

### Individual outcomes

The effect of a storytelling intervention on the individual.

"That the first, the nearer term objective would again just to be heard and validated as a as a human being."

"That cycle of that physical, physiological reaction and expressive reaction, what impact that might have? Is it just in that moment, or is it? Does it have further impact throughout the day? I don't know."

### Wider outcomes

The effect of a storytelling intervention on the wider system.

"The impact on the National Health system, the GP visits, all of those things would be massively improved."

"The outcome of us having a happier, healthier community."

### Realistic outcomes

The intervention should be realistic in its aims

"And I know this from cancer treatment from the doctors who talk to me that though the child may on the surface recover, they may well end up with long term damage because of the way in which cancer treatment works. And so I'll strongly reject any basis of storytelling in order to promote the recovery model."

### Organizational responsibility

How can the organization running the intervention promote psychological safety?

"I would have gone back to them. Said I would like paid supervision, and I would like you to fund that. I think it should be funded it's just affecting my mental health, and I found out when we had a training day together, my ward had 32 children on it. Other people had 6."

"We also then, as teams for long term projects, have regular meetings. If we feel there's any safeguarding vulnerable issues that have come up in the sessions that we need to follow up with."

### Facilitator responsibility

How can facilitators of the intervention promote psychological safety?

"I have seen as many worrying interventions as I have good interventions. So, I don't have a solution to this, but I think that there needs to be some really in-depth work around the harm that can be done as well."

"And then also can be disadvantages if you've not got a strong storyteller and facilitator holding the space, that really knows how to hold a space. ... It doesn't go in the direction that they particularly want it to go."

#### **Setting expectations**

It is important that participants know what to expect from the intervention, e.g. format, structure, group rules on sharing personal experiences, expected level of contribution.

"that's another thing. Especially I know working with young people, they say, well, what is it? What do I have to do? What do I have to say?"

"No, I think it could work in small groups. I think it could work in small groups, but again, you know you would have to, construct it so that all the participants understood that they'd be talking about very intimate things."

#### **Participant responsibility**

How can intervention participants promote psychological safety?

"and to be respectful and to know that, and to be respectful and take care of themselves, to know that they might open themselves to something that is troubling."

"But you know, one thing that's really important is that people look after their own safety. Just monitor yourself on how much you're going to share. so that you keep yourself safe."

**Commented [CW2]:** Is this therapist responsibility rather than patient?

**Commented [CW3R2]:** Or maybe ignore as you have facilitator responsibility above - maybe with more quotes and more descriptive sub-categories it will be clearer/less confusing?

**Commented [CW4]:** Is the term patient or service user better than participant?

#### **Shared expectations**

It is important that all participants share the same expectations of one another regarding conduct and confidentiality. This could take the form of group rules or a contract that everyone should agree on.

"But people do worry about stuff being shared nowadays. It's always on the news, isn't it? About information being shared? So yeah, you have to have boundaries, rules, all that kind of thing. Something like a group contract as well, yeah, absolutely. Yeah."

"Absolutely vital yeah, and we work with that at the beginning of all our groups here, setting ground rules, asking people what's gonna help make them feel safe, confidentiality."

