

# Conversation about Mr. Bad Handwriting: Using narrative ideas within the context of occupational therapy practice

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## Abstract

**Objective:** This paper explores use of narrative ideas in the context of occupational therapy practice while working with groups of children with handwriting difficulties.

**Method:** 14 children in the age group of 7 to 10 years who were part of an occupational therapy 'Handwriting Training Programme' at a Child Development Centre, Mumbai were interviewed by the author using narrative practices. The 13 week handwriting training program was structured to include 20 minutes of conversation time in each session which was facilitated by the author. The conversations were videotaped and transcribed to explore emerging themes.

**Results:** Using the narrative practice of externalizing conversations, which focuses on separating the problem from the person, allowed the children to effectively identify the handwriting problem, describe effects of the problem on them, their lives at school, their families and friends. Conversing about the problem as a separate identity helped reduce feelings of guilt and blame, enabling them to take a stand against the problem and develop strategies to reduce the effect of the problem. Parents reported a 'sense of responsibility and insight' in the children towards the need to change their handwriting.

**Conclusion:** This paper highlights potential use of narrative ideas as a framework for a client centered practice within the context of occupational therapy.

## Introduction

In recent times within occupational therapy practice, the client centered approach is increasingly being advocated and implemented.<sup>1,2</sup> Numerous research studies have been and are being conducted to understand the effectiveness, efficacy, factors that affect its implementation and methodologies to overcome the barriers. The importance of Client Centered Practice (CCP) has been reflected by accredited organizations worldwide. Reasons for this include numerous positive outcomes associated with the implementation of CCP such as: a) increased client satisfaction, b) increased client participation and adherence with the treatment program, c) shorter duration of therapy requirements, and d) improved functional outcomes.<sup>1,3,4,5</sup>

Client centered practice as defined by Law et al is an approach to service which embraces a philosophy of respect for, and partnership with people receiving services. CCP recognizes the autonomy of individuals, the need for client choice in making decisions about occupational needs, the strengths clients bring to the therapy encounter, the benefits of client-therapist partnership and the need to ensure that services are accessible and fit the context in which the client lives.<sup>6</sup> In essence CCP is a process in which the client is the focal point around which occupational therapy treatment evolves. The client is considered to be an expert regarding his/her own occupation and must be an active partner in the process.<sup>6</sup>

However the biggest challenge has been translating the principle of CCP into action. Several research studies have shortlisted various barriers in implementation such as a) Vagueness of how to apply the approach and the lack of structured methodology, b) Practicing in environments that are dominated by the medical model, c) lack of time and resources to involve the client and d) client's lack of demand to participate.<sup>1,3,4</sup> Sumsion & Smith in their study indicated how lack of methodology in applying the principle in practice was one of the major challenges. They also found that therapist felt the need of more training through case examples showing how to practice in an effective method.<sup>1</sup>

Therapists across different cultures recognize that the first step towards the client centered approach is listening to what the clients feel about their difficulties and what they think is their priority. Occupational therapy researchers from developed nations have published work on use

of narrative approach of working as a strategy to translate the CCP principles into action therapy<sup>7,26</sup>

Narratives are the stories people hold regarding everyday occurrences that shape people's days and life.<sup>7</sup> Narrative therapy holds up these stories as basic unit of experience and is based on the idea that these stories guide how people act, think, feel and make sense of new experiences.<sup>8</sup> Developed by Michael White and David Epston in the 1980s, narrative therapy is a respectful and nonblaming approach that invites people to tell or retell stories about the challenges and problems they encounter in their lives as well as the skills they are using to respond to these problems.<sup>8</sup>

**Key principles that guide the narrative therapy practice include:**

- *Life is multi-storied:*
  - One of the key principles of narrative practices is that there are many stories that exist at the same time and different stories can be told about the same events. No single story can be free of ambiguity or contradiction and no single story can encapsulate or handle all the contingencies of life. An individual may have a story about themselves as being 'successful and competent'. They may have a story about themselves as 'being a failure at trying new things' or 'a coward' or as; lacking determination'. All of these stories could exist at the same time. Events are often interpreted by the person according to the meaning that is dominant at that time.<sup>8</sup>
- *Expertise and Agency:*
  - People, including the young and very young children, possess expertise regarding their own lives. They are always taking action in response to circumstances in their lives.<sup>9</sup>
- *The person is not the problem, the problem is the problem'*
  - This idea is explored through externalizing conversations, the aim of which is to enable people to realize that they and the problem is not the same thing. These conversations create some space between the person and the problem and allowing them to revise their relationship with the problem.<sup>9,10</sup>

The significant resonance between the beliefs of Client Centered Practice and the key ideas of the narrative therapy approach makes it possible to explore the idea of using it to translate the CCP into action.

Handwriting is a major occupation of school going children.<sup>11</sup> Primary school children spend 50% of the school time engaged in writing tasks, some of which are performed under time constraints.<sup>12</sup> Handwriting difficulty mostly manifests as problems with legibility and writing speed. In addition children with dysgraphia erase more, complain about fatigue or hand pain and are unwilling to write and do their homework.<sup>11,13,14</sup> Some children in this process simply give up and develop an identity as bad writers which influence their competence as

writers.<sup>15</sup> All of these signs may reflect on the child's physical and mental well being.<sup>16</sup>

Batya et al examined children's ability to self report and the way they perceive their handwriting performance. They reported that children are aware of their handwriting deficits and are able to report them; thus involving them as partners in the process of assessment, setting goals and understanding their strategies of coping with those deficiencies.<sup>17</sup> Moreover according to client centered approach, which stresses the need to consider the individual's assessment of his or her own abilities, children's self reports of their abilities may serve as authentic data on their functioning, maximize their involvement in treatment, and improve treatment efficacy.<sup>18</sup>

**Objective:**

Thus this paper explores the use of narrative ideas in the context of occupational practice while working with groups of children with handwriting difficulties.

**Method:** Study Design: Case studies .14 children in the age group of 7 to 10years who were part of an occupational therapy 'Multi-modal Handwriting Training Programme' at a Child Development Centre were interviewed by the author using narrative practices. The 13 week 'Handwriting Training Program' was structured to include 20 minutes of conversation time in each session which was facilitated by the author. The conversations were videotaped and transcribed to explore emerging themes.

**Case Study:**

One of the ways of applying Narrative therapy practices is through externalization conversation which involves four steps of enquiry that invites people to personify the problem. Michael White wrote that he "refers to the four categories of inquiry as a '**statement of position map**'.<sup>9</sup> The statement of position map can be assistance in the guiding of therapeutic inquiry, and it is particularly relevant in situations in which people present problem-saturated accounts of their lives or has formed highly negative conclusions about their identities.<sup>9</sup>

The application of the position maps within the context of CCP is been demonstrated through the case studies of children attending Handwriting Training Programme.

**Step 1: Exploring a name for the problem, that is experience-near.**

An important aspect of narrative therapy that is evident in externalizing conversations is finding ways to locate problems in social and historical contexts. This generally happens throughout the first stage of exploring and naming the problem. An example would be, "*Could you tell me what was going on at school or at home at the time you first noticed these difficulties?*"<sup>8</sup>

Excerpts from the questions the author asked and the responses of the children: (the children are represented with single alphabets in the conversations)

**Therapist:** *Could you tell me when was the first time you noticed*

### **the bad handwriting around you?**

**A:** Hmmmm....yes I remember....the bad handwriting had started coming from the 3<sup>rd</sup> grade. It was the time when we started writing in cursive and we had to write big answers.

**Therapist:** *Does this bad handwriting have a name? What does it look like? What colour is it? Do you think he is hiding somewhere here in this room? Would you like to draw a picture that would help us find it?*

**V:** yes he has a name.....Mr. Crooked, because he makes my handwriting crooked every time.

**A:** The bitter guy, that's what I want to name the bad handwriting because he brings a lot of bad feelings.

The kids in both the groups ran around the room with a pretend camera and tried looking for Mr. Bad Handwriting. After which each one of them drew Mr. Bad Handwriting the way they saw him. The drawings are attached as annexure along with this paper (Annexure A)

**Therapist:** *How does this Mr. Bad Handwriting make you feel?*

**V:** He makes me feel very bad and ashamed of myself. I don't like talking to my friends when they tease me about it.

**G:** He makes me feel sad because it makes me disappoint my mother and my teacher

These questions helped the children draw out their own particular experiences and understanding of the problem. While responding to these questions, the author could see the children having a sense of relief as they realized that "it was not them, but Mr. Bad Handwriting."

### **Step 2: Mapping the effects of the problem:**

The second stage of development of externalizing conversations features an inquiry into the effects/influence of the problem in the various domains of living in which complications are identified.<sup>9</sup>

**Therapist:** *If I were a small fly in your classroom and I saw Mr. Bad Handwriting coming to your writings, what will I see happening?*

**S:** you will see my handwriting becoming crowded. My letters stick to each other.

**G:** it makes me forget the punctuations when I'm writing something.

**Therapist:** *Can you tell me some of the things Mr. Bad Handwriting has been doing to you?*

**R:** It gets me bad grades in exams. I use to write a letter and teacher feel's it's a different letter and I get wrong.

**V:** it makes me look so odd in front of my friend's handwriting. Mine was worst than my friends handwriting. I'm so ashamed of myself.

**Therapist:** *So if he continues to do what he is doing, then do you think he can come between you and things you want to do or between you and your dreams?*

**A:** Hmmmm.....yes because I need to get into science stream to become a naval officer....and to get into science I need to get atleast 70%...if he is there then it will try to come in between.

**Therapist:** *How does 'Mr. Bad Handwriting' affect your relationship with your friends, mother or teacher?*

**V:** My mother does not understand my handwriting. My grandmother doesn't understand my handwriting. My sister doesn't understand my handwriting. My father could not understand. They always say that "improve your handwriting and everybody will feel proud about you the."

**N:** My friends don't like to sit next to me because of 'Mr. Bad Handwriting'. Whenever they want to copy something from me they cannot understand anything or they say that they copy wrong thing.

Many a times during these conversation children have responded in chorus saying "this happens with me too". This brought a sense of 'not being the only one' with the problem, which helped them to support each other in their understandings of the effects. This conversation also helped to paint a picture of how 'Mr. Bad Handwriting' was taking over and was ruling their lives.

### **Step 3: Evaluate the effects of the problem.**

In the third stage, the therapist supports people in evaluating the effects of the problems, as well as its main effects on their lives. It gives them an opportunity to make their own assessment and take a stand on what the problem is doing to their life.<sup>9</sup>

**Therapist:** *Seems like 'Mr. Bad Handwriting' has really been doing many things in your life. Is this something you are okay with?*

**CHORUS:** 'NO'

**A:** I want to do nothing with him....I just don't want him with me; I want Mr. Good handwriting to come with me.

### **Step 4: Justifying the evaluation – exploring why the client has taken this position in Step 3**

The fourth step inquires into the "why" of people's evaluation. This step involves putting to words valued conclusions in the form of hopes and dreams about how the person wants his life to be, if the problem wasn't present. This is a significant step that leads us towards the person's preferred way of being.<sup>9</sup>

**Therapist:** *Why is it not okay with you of what 'Mr. Bad Handwriting' is doing? Could you tell me a story or something that will happen if goes away?*

**V:** because if goes away all of these things he is doing will go away. I will be very happy.

**A:** if he goes away then I will have the good handwriting with me. I will get good grades and everybody will be proud of me.

**S:** I will be able to become the scientist and go to Pluto and do some cool research.

The conclusion about their action helped them open possibilities for taking action for dealing with the problem and build a new story that kept them closer to their dreams.

## Creating Foundations for action:

We invite people to make predictions about particular actions they might take that would be based on what they've given value to in step 4.

**Therapist:** *since it is not okay with you of what he has been doing, what would you like to do with him?*

**K:** *I want to kick him in the space so that he doesn't not grow because of lack of oxygen there.*

**A:** *I will take to Pluto and chill him.*

**Therapist:** *Can you tell some things that you have been doing which keeps him away?*

**G:** *Sharpening pencils, if you don't sharpen pencils, your handwriting becomes thick and bad. If you sharpen your handwriting becomes clean and neat.*

**P:** *I just tell in my mind that I will write good. Actually I don't tell myself, I just decide that 'I will write good' and then I write good.*

**A:** *Don't make extra loops for letters which don't need them like 'a', 't', 'w'.*

**K:** *Mummy's help.*

We made a list of all these strategies into a plan to keep Mr. Bad handwriting away. Each child took this plan back home with them.

These questions helped children have a sense of control on the problem and their abilities to deal with it. It helped them to connect to their dreams and hopes back again.

At the end of 13 weeks of the handwriting training programme the parents were interviewed to understand the effects of these conversations.

**S:** *"The desire or need for himself to change, there has been some progress. Earlier I would say he would hate writing and we had to persuade him....but now the amount of persuasion has come down maybe because he has realized that it's good for him."*

**R:** *"I agree, the desire that they want to change through the bad handwriting game. But the want to improve by themselves has come."*

**M:** *"more than him I think I have changed the way I look at the way he is managing himself. It's made me more patient."*

## Discussion

The case study demonstrates application of externalization inquiries in a step wise manner to explore the client's understanding about their difficulties, their preferred way of seeing themselves and their skills to deal with the problem. These conversations are rich with the knowledge and skills of the client's abilities and understandings which is the essence of client centered practice. Families noticed 'sense of ownership' in their children to deal with the difficulties which again assures

client participation at its fullest.

The conversation provides us with an understanding that young children have significant insights into their difficulties and the effect of those on their relationships and dreams. It helps us to see young children as people with voices which need to be heard and considered when the decisions are about them.<sup>19</sup> These conversations also support the recent trend in occupational therapy of involving children in the assessment and intervention process, including self evaluation and collaboration in setting educationally relevant occupational therapy goals.<sup>20,21</sup> Research indicates that self evaluation plays a key role in fostering improved learning and higher degrees of motivation.<sup>22</sup> Moreover, researchers believe that children maximize their achievement in school when they have personal goals to attain, feel they have control over their successes and failures and are motivated intrinsically to learn.<sup>23</sup> This promotes self regulation, sense of ownership and generalization of the skills in children which is the key component often missing in formal handwriting training and assessment.

One of the dominant barrier in application of client centered practice in occupational therapy is the vagueness and lack of structure on how to apply it.<sup>1</sup> The step wise process of inquiry demonstrated in the case study provides that scaffolding structure needed to enhance client participation in the therapy process. The structure of questions demonstrated help in establishing a therapeutic environment that facilitates open nonblaming respectful communication with the clients. (Annexure B: A sample of interview structure is attached with this paper)

*Scope for future studies:* exploring the application of narrative therapy ideas in different contexts of occupational therapy practice. Designing rigorous study designs to assess the effectiveness and efficacy of narrative therapy ideas within the context of occupational therapy.

## Conclusion

The paper explores use of narrative ideas within the context of occupational therapy practice. While it is not possible to describe all there is to say about externalizing conversations in the paper, it outlines how this practice assisted the children to become aware of Mr. Bad handwriting and his tricks. It helped them to discover new possibilities for action which enabled them to redefine their relationships with themselves and contribute to their emotional well being in positive ways.

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