Results  Children and families unanimously placed a high value on the quality of the event in terms of:

- Therapeutic value
- Facilitating dialogue which acknowledged the loss of the person who had died
- Making meaningful memories
- Reducing the sense of isolation within families

Staff and volunteer experience was enriched through their involvement.

**P144** MEET MR FOUL! AN INNOVATIVE APPROACH TO GET TO THE HEART OF DISTRESS: A THERAPEUTIC TOOL TO WORK WITH PATIENTS IN 'EXTERNALISING' ILLNESS, SYMPTOMS AND THEIR CONSEQUENCES

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Context  Introduced to the field of family therapy in the 1980s, 'externalising' practice aims to enable people to realise that they and the problem are not the same thing. Externalising the problem encourages a separation from the problem - the person is not the problem, the problem is the problem [White 2007:9]. A space is created between the person and whatever is troubling them. Often problems become 'internalised'; with patients seeing illness as something wrong with them, that they or something about them is problematic.

In Practice  Externalising helps us to shift self-blame. A patient living with Parkinson's disease said 'I'm so pathetic, so incompetent and such a burden...'. Externalising questions helped to reshape the relationship with Parkinson's e.g. 'How long has Parkinson's been influencing you?', 'What does Parkinson's tell you about yourself?', 'When is Parkinson's not so strong?'. Questions enabled collaborative exploration of the effects and tactics of problems and helped to reduce their influence.

This encouraged separation from the problem, the patient began to see her symptoms as external to herself. Contributing to this process was her renaming Parkinson's as 'Mr Foul Disease'. Self-blame decreased and ‘Mr Foul’ became more manageable and less powerful. A sense of relief was experienced as the patient realised she was not the problem and became more able to reconnect and encourage patients to use their own problem-solving strategies. Skills. They provide palliative practitioners with a tool, which positions them alongside their patients’ problems, jointly exploring of new ways of relating to illness and symptoms rather than a position of expertise.

**P145** LIFE STORIES: REBUILDING SELF ESTEEM THROUGH SHARING AND RECORDING BIOGRAPHICAL STORIES

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Introduction  In 2012 we were approached by a local storyteller. We experimented with a simple programme, offering patients the opportunity to tell their stories on an informal basis and produced a series of summaries of the stories they told. We are now piloting a closed group version of Life Stories offering a 5 – 6 week course of story sharing sessions to day patients and patients in the community. The results observed to date have been overwhelming – we want to share these with you.

Aims  The aims of Life Stories are to provide a space for reflection and story telling for patients who are low in mood or anxious.

Methods  The weekly 1.5 hour sessions are facilitated by the storyteller and attended by the social worker. Each session is structured using common life experiences, e.g. seasons, senses, celebrations. Using a mix of group, individual and pair work, all participants are invited to explore the theme and its meaning for them before sharing a related life story with a session partner. Next the stories are shared out loud with the whole group giving the facilitator a chance to record them all.

**Results**  The reaction of the patients and their families to this experience is very positive; patients visibly brighten and do not want to leave. They report enhanced feelings of wellbeing, happiness and a generally improved quality of life. A family member reported: “my mother is talking again and painting again – thank you”.

Conclusion  Positive feedback from patients, their carers and hospice staff suggest that Life Stories workshops should be made available as part of a patient’s individual care plan and be a regular part of the hospice service.