

What Stories and Fables Can Teach Us

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This column describes the influence of narrative on individuals and societies. More importantly, it describes the importance of story in dealing with health and quality of life issues. The idea of story as an epistemology is discussed. Individual stories which were created in seminars on writing for publication are presented along with stories and fables that lend further understanding to lived experiences of health. Ideas for teaching-learning in nursing regarding the issues in the stories are presented. Parse's human becoming theory is used to further explicate understanding of these ideas.

The power and influence of story, both oral and written, is laced through history. Story can be found in writings on mysticism, in theological literature, in writings of indigenous cultures, and, story is found in health and healing literature (McKenna, 1997). Bradt (1997) in *Story As A Way of Knowing* wrote, "As a medium of communication, story structures thought. In other words, story is not just an art form but an epistemology, a technique or way of knowing the world, the self, and the other" (pp. 3-4). Bradt (1997) suggested that, "In the interdependent transaction of storying, what is really being exchanged is the gift of knowledge-as-personal-presence: knowledge that is living, dynamic, and changing with the relationship between knower and known" (p. 11). Bradt suggested there is a transforming quality to the telling and hearing of story. "In the telling and the listening of story and self, what is also unfolding is a reconfiguring, reconstructing, or *restorying* of the elements of the lives of tellers and listeners, both as individuals and as persons-in-relationship" (p. 15).

This notion of story involving persons-in-relationship is found in the writings of McKenna (1997) who posited, "There is a saying both in Africa and here in the United States among African-Americans, as well as in Latin America, that puts story into one line: 'The shortest distance between human beings and the Truth is a story.' One's words, the truth and life are all bound as one" (p. 134). McKenna stated the following,

Among the many Native American nations there are stories about where stories came from . . . (p.138). Among all native peoples, storytellers are servants of the people, bound to remember the wisdom of the past and to hold the tribe together in the face of hardship, persecution, oppression, and hunger. (p. 143)

An example of the role story plays in this preservation of a people's culture and history can be found in Mullett's (1979/1991) *Spider Woman Stories*. Stories of Spider Woman provide readers "with a unique glimpse into the mythological world of the Hopi Indians of northern Arizona, who have resided in their pueblos on Black Mesa for at least a thousand years" (p. ix).

The power and influence of story can be summed up by the internationally known writer, Allende (as cited in McKenna, 1997), born in Peru, raised in Chile, and now living in the United States. Allende is known for her novels and tales. She made the following remarks at an American Library Association meeting:

I write to preserve memory. I write what should not be forgotten. I suppose all writers share this purpose: we want to keep a record of events, beliefs, and relationships that shape us as individuals and ultimately as a society. Literature helps us understand how we came together as members of a family and a culture. It informs us and comforts us; it can also shock and alarm us. But perhaps the most important role of literature is to inspire us. Books are the vehicles that can move us from ignorance to understanding, from indifference to compassion, from disdain to respect. (Allende, as cited in McKenna, 1997, p.144)

So what has this discussion on story, its ability to move us from ignorance to understanding, have to do with nursing? What does it have to do with our process of becoming? What does it have to do with our patterns of relating? As Allende (as

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cited in McKenna, 1997) so clearly pointed out, literature has the power to connect us and to transform our patterns and reshape our lives. Nursing deals daily with the reshaping and rebuilding of lives. Story is a vehicle for such reshaping and rebuilding.

The stories you are about to read are examples of this reshaping and rebuilding process in nursing. This past winter a colleague and I were asked to conduct seminars on *writing for publication* for one of the magnate healthcare systems in Sioux Falls, South Dakota. Since both of us have published considerably over the years, we put together our ideas regarding creative writing with issues to consider when writing for publication. It was fun to actually dialogue with nurses and other healthcare professionals concerning assumptions about writing and the processes involved in putting pen to paper. In the seminars, after we had had considerable conversation about the processes and techniques of writing, and had shared some of our own writings, we asked the participants to take 7 minutes and begin to write something they were interested in developing for publication. Participants were asked to read their creation to the group and then we as a whole discussed the possibilities for their writing; how the theme of their piece could be developed further, what journals they might want to target to submit the manuscript, and how they could support each other to continue in the writing process.

What we learned as people shared their writing, was that the participants in these seminars were interested in developing their own stories concerning important life experiences. And, they wanted to do this in a style that would get others' attention. Bruner (2002), in the text, *Making Stories*, suggested that, "One truth is surely self-evident: for all that narrative is one of our evident delights, it is serious business" (p. 89). Bruner wrote about writing stories as discussing life joining art. He posited that,

In time, life comes not so much to imitate art as to join with it. It is "ordinary people doing ordinary things in ordinary places for ordinary reasons." A seeming breach in this ordinariness is required to trigger the rich dynamic of narrative—how to cope with it, to domesticate it, to get things back on a familiar track. (p. 89)

Bruner captured the essence of what stories and fables can teach us. "Story making is our medium for coming to terms with the surprises and oddities of the human condition and for coming to terms with our imperfect grasp of that condition." (p. 90) Each of the participants in our writing seminars had captured on paper a breach in the ordinariness in their lives. As persons shared their stories, the room became like a movie screen with all participants witnessing the unfolding of each individual's drama. "Through narrative, we construct, reconstruct, in some ways reinvent yesterday and tomorrow. Memory and imagination fuse in the process" (Bruner, 2002, p. 93).

Memory and Imagination

The Story of Unbelievable Change

Memory and imagination were present in each person's writing in our seminars. One participant shared the story of her son's struggle with schizophrenia. She wrote about how her life had been carefree, her job fulfilling, her family filled with joy and happiness. And then everything changed. Her son was diagnosed with schizophrenia. She wrote about how she could not believe it was happening to them. She could not believe that her friends were gone. She could not believe how others shunned her son. She could not believe he had this dreaded label. She could not believe life had changed so drastically. She could not believe that everything was different. As she shared her story, she told the group how different she was as a person now, from whom she was before her son's struggle. She related how she had been a healthcare professional, working in the intensive care unit, who reacted with scorn or distaste to a patient diagnosed with a mental health problem. Now she understood so much more about issues of mental health. She liked the person she was becoming much more than the person she had been before. She did not want to ever go back to the way she had been, but she longed for her son to be adjusted and happy.

Ideas for Teaching-Learning in Nursing

A story like this one, of unbelievable family and personal change, highlights how quickly that which is familiar to us can become unfamiliar. In a moment, everything can be different. Parse's (1998) theory of human becoming suggests that in transforming, humans struggle to "integrate the unfamiliar with the familiar" (p. 51). In attempting to do this, individuals and families discover new insights and possibilities, as this woman did in living with her son's diagnosis. In our curricula in nursing, let us take the time to discuss and reflect on the idea that even in times of intense and alien experiences, the possibility presents itself for an individual or group to develop new and productive patterns of becoming. The possibility exists for new insights and ways of connecting-separating with others to emerge. Parse's theory of human becoming highlights the ongoing process of continual change. "The human is available to go with the possibilities of transforming or shifting views in the process of discovering the new in situation" (Parse, 1998, p. 52). This woman, whose story was of unbelievable change, found something new in situation even if the new involved her son's enabling-limiting experience of schizophrenia.

The Story of Joy-Sorrow at Christmastime

Another participant in the writing seminar wrote about the loss of joy at Christmastime. She started by writing about how she reacted so strongly when she would hear the song of Christmas that emphasized it as the most wonderful time of

the year. She wrote about the Christmas season when her dog was shot, her husband walked out on her, and her mother died of cancer. She wrote about the pain of Christmastime in the hospital. As we listened to her story, everyone in the room was faced with the joy-sorrow often present at a holiday time.

As I think of this woman's story, I recall the story of *A Cup of Christmas Tea* (Hegg, 1982). This story of Christmastime depicts the strain and the pain involved with a young man who is to visit his Great Aunt who has recently had a stroke and is now housebound. He wants to remember her as she used to be when young and well and strong, but he has been invited to come for a visit. Much to his surprise, even though his Aunt is fragile and frail, his visit brings back many memories of Christmas's past. During this time when they share a cup of tea, he is exposed to the strength and courage of his Great Aunt. Baumann, Carroll, Damgaard, Millar, and Welch (2001) conducted a human becoming hermeneutic study on *A Cup of Christmas Tea*. They suggested that, "The story shows how a simple but gracious celebration of a cherished tradition can renew relationships, transfigure fears, and give respite to busy lives" (p. 317). The researchers identified three emergent meanings in their analysis of the story. The first was *honoring the cherished* (Baumann et al., p. 318). They suggested that *honoring the cherished* can be seen in the young man's "decision to accept an invitation and travel to make a visit . . . particularly when that process is difficult" (Baumann et al., p. 318). The second emergent meaning was *communing with the was, is, and will be* (Baumann et al., p. 318). Baumann and colleagues suggested the following concerning the communing:

Central to the story in *A Cup of Christmas Tea* is a loving process between two members of a family from different generations and parts of town. Like many cross-generational family visits, the one in this story is neither simple nor particularly easy as it spans the remembered, the now, and the unknown possibles. (p. 319)

The third emergent meaning in the story was identified as *triumphing with new vision* (Baumann et al., p. 320). Several examples are given of how both the aunt and the young man triumph with new vision. However, the crutch that the aunt uses is given as a symbolic example. "The crutch in this story, as it was in Dickens's *A Christmas Carol* (1843/1997), can be seen as a symbol of that which challenges human beings, but also that which can open them to deeper understandings and relationships with new possibilities" (Baumann et al., p. 320).

Ideas for Teaching-Learning in Nursing

Nurses are continuously called upon to bear witness to situations that challenge human beings. Joy-sorrow is a paradoxical pattern of human becoming (Parse, 1997) and is part of many situations at holiday time and beyond. In Parse's (1997) research study, joy-sorrow was found to be, "pleasure amid adversity emerging with the cherished contentment of benevolent engagements" (Parse, 1997, p. 83). If one reflects

on the Christmas tea story, pleasure amid adversity can be seen in the encounter between the young man and his Great Aunt. As well, contentment of benevolent engagements can be assumed in the description of their conversation. The emergent meanings found in the hermeneutical analysis of the story add deeper understanding to this joy-sorrow encounter. Baumann and colleagues (2001) suggested that, "When nurses are open to all of the possibilities with each person who invites them to 'visit,' then honoring the cherished; communing with the was, is, and will be; and triumphing with new vision can surface" (p. 321). Perhaps the story of *A Cup of Christmas Tea* (Hegg, 1982) needs to be part of all nursing curricula. When read it could surface many ideas related to joy-sorrow, intergenerational issues, and human connectedness. It would be instructive in nursing curricula to use literature, music, art, and theatre to heighten understanding of this human connectedness and the challenges posed in human becoming. This woman in our seminar, who shared her joy-sorrow at Christmastime, may find new ideas for triumphing as she writes more about her experiences. The retelling of the experiences through her writing may be an important activity for nursing to support for her and for others who engage in human struggles.

The Story and Fable of Struggle With Self

A third person in our writing seminar shared the beginnings of a book she wanted to write about her work with people in the mental health system. She wrote about her own personal struggle to take care of herself while trying to assist others to live as fully as possible. As she read what she had written about her personal struggles linked to her career endeavors, I thought of the fable written by Friedman (1990) entitled "The Bridge." In the fable there is a person who has experienced many trials and tribulations. He has struggled with success and failure, but now finally knows what he wants to do. A life opportunity presents itself that he wants and he must take it immediately. However, he needs to travel to a certain place and arrive at a certain time in order to seize this opportunity. So, excitedly, he begins his travels. As he is journeying, he comes to a bridge that is built high above a river. As he begins to cross the bridge he notices another person approaching him from the other side. The person has something wrapped around his waist and as he gets closer he notices that it is a rope that the other begins to unwind as they approach one another. The other person approaching asks him to hold the end of the rope for a minute. Without thinking, the man takes hold of the rope and as he does this, the other jumps over the railing of the bridge. The rope immediately becomes taut and pulls him against the side of the bridge. He realizes he is holding the rope that can save the other who jumped over the railing. Thus, there begins a conversation between the two individuals. The one on the bridge cannot understand what the other is doing, and why he will not try to help save himself. The man on the bridge is not strong enough to pull the other to safety and the one hanging on the rope refuses to help climb

up the rope so together they could bring him back to safety. The man on the bridge realizes he needs to make a decision. If he stays where he is he will be late for his opportunity, and his life will not be what he had so hoped for it to be. But, what is he to do about this man who will not help save himself? He finally decides to give the man hanging on the rope one last chance. He instructs him to start to climb up the rope as he holds on to it and to do it immediately. The man on the bridge states the following:

I want you to listen carefully, he said, because I mean what I am about to say. I will not accept the position of choice for your life, only for my own; the position of choice for your own life I hereby give back to you. (Friedman, 1990, p. 13)

Time is running out for the man on the bridge. His opportunity will soon be gone. He feels no change on the tension on the rope from below. "I accept you choice," he said, at last, and freed his hands" (Friedman, 1990, p. 13).

Ideas for Teaching-Learning in Nursing

The fable of "The Bridge" (Friedman, 1990), like the woman's story of struggle to care for herself while caring for others, depicts the challenges of self-responsibility and situated freedom. "The *human has freedom in situation* means that reflectively and prereflectively one participates in choosing the situations in which one finds oneself, as well as one's attitude toward the situations" (Parse, 1998, p. 17). The woman's story and the fable of "The Bridge" could be read in nursing classes to prompt discussion around the issue of values and the choices one makes concerning who we commit to and how we want to become involved with others. Parse (1998) suggested that "valuing is confirming-not confirming cherished beliefs in light of a personal worldview" (p. 38). What we value and how we care for self and others is part of "a matrix of principles and ideas that guide one's life" (Parse, 1998, p. 38). The woman's story of the struggle with self is also concerned with how one connects and separates with others. "Connecting-separating is being with and apart from others, ideas, objects, and situations all-at-once" (Parse, 1998, p. 45). Connecting-separating is of primary importance to nursing for it unfolds the pattern of how one is with others. How one is present for others is important to focus on in nursing education. For Parse (1998), true presence "is a special

way of 'being with' in which the nurse is attentive to moment-to-moment changes in meaning as she or he bears witness to the person's or group's own living of value priorities" (p. 71). The living of true presence with others is the essence of nursing. True presence, like story, involves *persons-in-representation*.

Narrative as Non-Ending

"Attending to the story of individuals and communities brings to nursing an important way of understanding lived experiences of health and quality of life" (Bunkers, 2000, p. 24). The writing seminars my colleague and I conducted became the medium in which the health and quality of life issues emerged for those attending the seminars. The writing and the telling of story can be a means of developing new wisdom for nursing and healthcare. The stories of the meaning of lived experiences are the rich ground in which nursing curricula and nursing care standards can be formed. The creation of story is reflecting on what has been and imagining what may be possible. Narrative is non-ending when one considers endless human possibilities.

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The Correct Sequence of Epithets — According to Bartholomew (1948, p. 80) the following order should be used in placing epithets after one's name. Abbreviations for licensure in an area are the first to follow immediately after the name. A semicolon follows to separate these abbreviations from those of the educational degrees. Educational degrees appear in order of their issue. Abbreviations for professional societies are always the last of the epithets and are separated from the educational degrees with a semicolon. Example: Helen Doe, RN; BSN, MSN, PhD; FAAN.

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