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Title: Story-telling: A telling approach in healthcare education

Date: 23 June 2008

Originally given at: 2nd The Narrative Practitioner international conference at NEWI in Wrexham

Example citation: Woodhouse, J. (2000). *Story-telling: A telling approach in healthcare education*. Unpublished conference paper presented at the 2nd The Narrative Practitioner international conference at NEWI in Wrexham, UK, 23-25 June 2008.

Version of item: Given at conference

Available at: http://hdl.handle.net/10034/35216

The Narrative Practitioner conference
N.E.W.I. 23rd -25th June 2008

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Story-telling: a telling approach in healthcare education
(presented 23.06.08)
This paper looks at storytelling, as a teaching strategy within healthcare. It gives the background to investigating the use of storytelling and discusses the findings from the literature. It is further supported by a small piece of research undertaken, which identifies 'good reads' recommended by healthcare lecturers.
The aims and objectives for the paper are to:
* To raise awareness of the use of storytelling as a teaching strategy
* To consider the advantages and disadvantages of its use
* To highlight useful texts
Using storytelling as a teaching strategy was first prompted whilst undertaking a Masters module on 'Integrative learning', which considers that we learn that we learn through multi-modal experiences. Consequently the teacher should give attention to details of sight, sound, smell, taste, and touch. In addition the module reinforced the idea that teaching strategies experienced as a child can be used in adult settings.

Buoyed by this idea I re-wrote Goldilocks using research terminology and presented it to the group of nurses with whom I was teaching 'Research'. It was well-received. Later I wrote another piece called 'Planet Qualitative' but this piece was not understood and I think the students wondered what planet I was on. So I abandoned writing my own pieces and turned to pre-written text instead. For example, I used John Diamond's book 'C: because cowards get cancer too', with groups of medical students to illustrate the breaking of bad news from a patient's perspective. It was consistently evaluated well.
I thought if I explored storytelling as a pedagogical approach, then I might understand why some stories worked and others didn't. The quote by H. Rosen (1985) (*there are several Rosen's that write about storytelling*) stated that

> 'The story is always out *there* but the important step has still to be taken. The unremitting flow of events must first be selectively attended to, interpreted as holding relationships, causes, motives, feelings, consequences – in a word, *meanings.* ' (pg. 13).

This helps to define what a story is.
In my literature search I came across the use of the word 'storytelling' and that of 'narrative' and I wondered if there was a difference. The following authors helped to clarify that issue.
- The story is not enough but that the telling, the narrative, is important. (Rosen 1985)
- ' all narrative involves ... a speaker, someone to whom they are speaking and a statement about something (a world, real or imaginary)' Kearney (1997)

- Healthcare views of the word 'narrative' which see it as the story, which can be either spoken or written (Cooper 2000, Schaefer 2002, Ironside 2003)

I found that a story has specific features. These were that stories are different from normal conversation. We know this as we can always tell if we join in with a group and have interrupted a story; the speaker stalls, there is a silence as the listeners await the outcome of the story and the speaker needs to finish off their tale before normal conversation resumes.

There are 3 elements of storytelling (Livo & Reitz 1986):
- the story (either real or imagined),
- the narrative – telling the events,
- and the narrating – the way the story is told.

In addition there is a story map (Livo & Reitz 1986): Setting, characters, event(s), problem(s) and potential resolution, and possibly a moral to the tale. I grew up listening to Aesop's fables not realising that I was absorbing these moral tales.

An additional aspect of storytelling is that the characteristics within them fall into Archetypes (Livo & Reitz 1986). Best known archetypes are: a hero or heroine, a younger person, a fool, an old person, a mistreated person, an uncaring person, or an evil person. You only have to listen to healthcare students to know that their stories contain these archetypes – often with themselves as the hero or heroine struggling to overcome the consequences of a 'fool' (which maybe a member of another health profession) or an 'uncaring person' (perhaps a relative of a patient).

The literature revealed that there were different types of storytelling. Rosen (1985) list these as:
- The **scale of spontaneity** or degree of improvisation – from a traditional tale to a spur of the moment blurting out.

In healthcare we tend to towards spontaneity rather than relying on traditional tales and lectures and group work can spark these spontaneous stories.
- The **scale of fictiveness** or degree to which the events are invented – from fantasy to true story.

Again in healthcare we rely on the true story rather than invented ones, although if we use hypothetical case studies there is a degree of fiction being used.
- The **scale of embeddedness** or the degree to which the story stands on its own – from telling a story to fulfill a storytelling requirement to providing a story at an *ad hoc* moment.

If lectures are planned to use storytelling then there is a greater degree of embeddedness than if we have one of those 'that reminds me of the time' *ad hoc* story.
- The **scale of economy** or how much is left to the hearer– the sparsest story to a fully elaborated version.

I tried to think of the really short story and I came up with a four-worded one. 'Bird', 'Snail', 'Bird fed'. It is sparse but the listener fills in the rest in their visualisation of the words. In my reading around gender differences and communication it is often females that give long elaborated stories, much to the annoyance of their males listeners! A man who gives a similar long-winded account may be referred to as 'an old woman'.

Within the literature I found comment on particular stories in healthcare. These were clinical imagination, exploring 'otherness', using stories as a research tool i.e. narratives and critical reflection on practice (Greenhalgh 2001). The content of the stories were around illness, crisis and transition. Students were exposed to variations of stories, which have been categorised as: a 'real story' (or case study), a 'true story' (which does not use events of real people) and 'hypothetical stories' (such as a made up scenario) (Fairbairn 2002).

From my readings I was able to draw out many advantages of using storytelling. These were that storytelling gains the students' attention, it enables the students to be exposed to a moral dilemma or a problem-solving exercise students can use storytelling to share stories of success and develop a sense of community, and that students can use it to explore personal roles and make sense of their lives (Koenig & Zorn 2002; Fairbairn 2002; Davidson 2003).

In addition if students are encouraged to write stories themselves, and they then write stories using the *third person*, it allows for an honest expression as they project themselves onto the fictitious characters. However when using the *first person* they can see a story from the perspective of one of the characters (Davis 1998).

Further advantages were noted i.e. that storytelling enhances the use of imagination and concentrates the mind; that the use of imagination enables stories to be remembered; that it enhances critical thinking; and that it enhances listening skills (Fairbairn 2002).

The benefits of using storytelling are that it maintains the oral tradition in a world that is fast becoming text-orientated; it enhances facilitation; it helps to develop relationships and respect through the use of role modelling. It can be used as a research tool i.e. gathering narratives, and has the potential to be used as an assessment tool (Kearney 1997; Greenhalgh 2001; Koenig & Zorn 2002; Vella 2002).

To counter the advantages, disadvantages were also noted. Time in preparation is one such disadvantage (Rosen 1988), as I found out to my cost when I spent a whole weekend writing and refining a story. In addition the teacher has to decide what time or proportion of a session will be dedicated to storytelling?

Then there is the question of who does the reading? Students require a 'safe' environment i.e. they may feel uncomfortable reading out material to others (Davidson 2003). The topic may be threatening if it challenges their personal values (Fairbairn 2002). If students are being asked to write they may need direction i.e. what topic, how many words, how much time to write, first or third person, etc (Cooper 2000).

The students' response to storytelling may depend on previous exposure, it may seem to them that they are back at school, which they may have loved or hated. It does require visualisation skills, which some students may lack, so it may not suit every students learning style (Davidson 2003). How it is received may be very dependent on the enthusiasm of the lecturer (Weimer 2002).

The best topics for where storytelling is an appropriate teaching strategy is in language development and to note that there should be a move that takes the listener from the easy to the difficult and from the simple to the complex (Leight 2002). Hence using it to teach research is an ideal topic as research has a language devoted to simple everyday actions. It is an appropriate strategy to use in emotionally-laden subjects such as caring, and ethics where you want practitioners to respond to others stories (Fairbairn 2002). Finally getting others to tell their stories can help empowerment to voice personal experiences from which practitioners can learn (Fry, Ketteridge & Marshall 2003).

I e-mailed my colleagues in the Faculty of Health & Social Care to find out what books they would recommend to student as 'Good Reads'. I had sixteen responses (the number citing the book is after the author's name) and these have been categorised into:

TOPICS
- An Intelligent Person's Guide to Ethics' – Mary Warnock (1)
- ''Human Instinct' – Robert Winston (1)
- 'The Scars of Evolution' – E. Morgan (1)
- 'Evolution and Healing' – R.M. Nesse & G.C. Williams (1)
- 'The Descent of the Child' – E. Morgan (1)

NOVELS
- 'Past Mortem' – Ben Elton (1)
- 'The Curious Incident of the Dog in the Night' – Mark Hadden (3)
- 'The Last Family in England' – Matt Haig(1)
- 'Running with Sissors' – Augusten Burroughs (1)
- 'Briefing for a Descent into Hell' – Doris Lessing (1)
- 'Cider House Rules' (*also Film)* – John Irving (1)
- 'Man and Boy' *(also Film)* – Tony Parsons (1)
- 'One flew over the cuckoo's nest' (*also Film)* – Ken Kesey(1)
- 'Years of Wonder' – Geraldine Brooks (1)
- 'Buddhism for sheep' – Denis Whyte & Chris Riddell (1)

BIOGRAPHIES
- 'The Elephant Man' (*also Film*) – Christine Sparks (1)
- 'The Diving Bell and the Butterfly' (*also Film*) – Jean Bauby (4)
- 'Skallagrig' – William Horwood (2)
- 'I never promised you a rose garden' – Joanne Greenberg (1)
- 'Still Me' – Christopher Reeves (1)
- 'Nobody Nowhere: The Remarkable Autobiography of an Autistic Girl' - Donna Williams (1)
- 'Somebody Somewhere: Breaking free from the world of autism' – Donna Williams (1)
- 'Carrying the elephant: A memoir of love and loss' – Michael Rosen (1)
- 'My left foot' (*also Film*)– Christy Brown (1)
- 'The loony bin trip' – Kate Millet (1)

- 'It's not about the bike' – Lance Armstrong (2)
- 'Every second counts' – Lance Armstrong (1)
- 'Reach for the sky' (*also Film)* – Douglas Bader (1)
- 'Buster's fired a wobbler: week in a psychiatric hospital' – Geoff Burrell(1)
- 'Snakeoil' – John Diamond (1)
- 'Don't drop the coffin! Memoirs of an undertaker' – Barry Albin-Dyer(1)

COLLECTIONS
- 'The magic of metaphor: 77 stories for teachers, trainers and thinkers' – Nick Owen (1)
- 'The therapeutic use of stories' – Kedar Nath Dwivedi (1)
- 'Stories of sickness' – Howard Brody (1)

Although I hadn't asked for them some **film titles** were also proffered and these were:
- 'Iris' – progression of Alzheimer's
- 'Annie's coming out' – severe cerebral palsy
- 'The English Patient' – burns victim
- 'Angela's Ashes' – social conditions & eye condition

After I completed my review of storytelling, as a teaching strategy, I understood why some stories I told were effective and why others weren't. I wrote all of this down and it can now be found in the chapter 'Storytelling and narratives: sitting comfortably with learning ' in the book *Strategies for Healthcare Education: how to teach in the 21st Century,* edited by myself and published by Radcliffe Medical, Oxford.

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