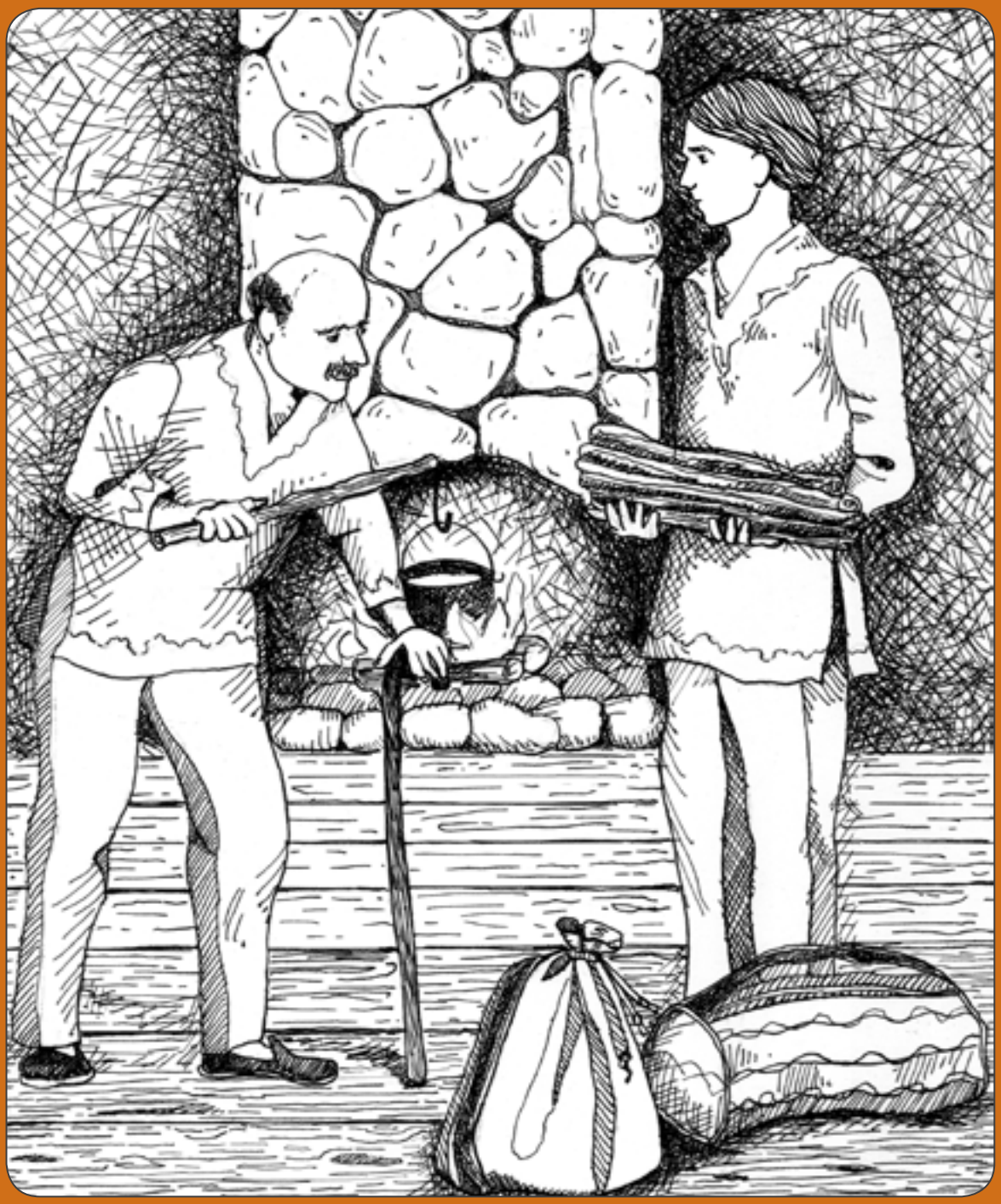
Stories to Reach, Teach, and Heal

A Guide for Diabetes Health Educators



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

To share your stories or order copies of this publication, contact
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Diabetes Translation
Telephone: 1-800-CDC-INFO (232-4636) (TTY: 888-232-6348)
E-mail: cdcinfo@cdc.gov

Copies also can be downloaded from the Internet at
http://www.cdc.gov/diabetes

Suggested Citation
Centers for Disease Control and Prevention. *Stories to Reach, Teach, and Heal: A Guide for Diabetes Health Educators.* Atlanta: U.S. Department of Health and Human Services; 2009.

Note
Some of the stories in this publication feature events and characters that are composites of several individual events or persons.

Web site addresses of nonfederal organizations are provided solely as a service to our readers. Provision of an address does not constitute an endorsement of this organization by CDC or the federal government, and none should be inferred. CDC is not responsible for the content of other organizations' Web pages.

Stories to Reach, Teach, and Heal

A Guide for Diabetes Health Educators

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Coordinating Center for Health Promotion
National Center for Chronic Disease Prevention and Health Promotion

Acknowledgements

We would like to thank the many people who have reviewed and contributed to *Stories to Reach, Teach, and Heal: A Guide for Diabetes Health Educators.*

Bob Anderson
Margaret Chang
Odette Colon
Allison Cox
Amanda Crowell
Lemyra DeBruyn
Gail de Vos
Ginny Dittko
Cathy Feste
Kathryn Godley
Amparo Gonzalez
Pat Herje
Andre Heuer
Debbie Jones
Jane Kelly
Kate Mollenkamp
Jan Norman
Elisa Davy Pearmain
Susan Perrow
Jennifer Peterson
Lani Peterson
Jo Radner
Cherryll Ranger
Betsy Rodriguez
Jean Roemer
Gail Rosen
Dawn Satterfield
Terry Saunders
Laura Simms
JoAnn Sperl-Hillen
Joan Stockbridge
Alice Taniguchi
Lana Vukovijak
Elizabeth Walker
Dan Weiss
Denise Williams
Susi Wolf
Cathy Young

Contents

Preface....3
Pandora's Box: How to Use a Story to Discover Barriers and Find Hope....5
Introduction....7
Why Should I Use Storytelling?....8
What Can I Learn by Listening?....11
Where Do I Begin?....13
- Choosing a Story....13
- Preparing to Tell a Story....14
- Telling a Story....14

What Should I Be Prepared for?....18
- Strong Emotions....18
- Cultural Differences....19
- Patient Resistance....20

Hear One, Tell One, Listen to Many....20
References....21
Appendix A. Story Suggestions and Questions for Discussions....23
Appendix B. Sayings and Proverbs....49
Appendix C. Additional Resources....53

This publication includes a CD with audio recordings of 11 stories told by Cathy Feste.

Preface

Stories to Reach, Teach, and Heal: A Guide for Diabetes Health Educators was written with the hope that sharing stories can build connections on paths toward wellness, especially for people affected by diabetes. Throughout this publication, we show how health educators can use storytelling to inspire people to think about diabetes—and their ability to cope with it—in new ways. We also offer suggestions on how to ask people to share the stories that hold meaning for them.

Through stories, we can share new ideas and wisdom that people can use to build problem-solving and healthy coping skills for their own lives. Both of these skills are part of the American Association of Diabetes Educators' AADE7 Self-Care Behaviors framework, which is designed to help people with diabetes make healthy adaptations.

Recognizing the power of stories, public health programs such as the Native Diabetes Wellness Program of the Centers for Disease Control and Prevention (CDC) and the National Diabetes Education Program (NDEP) have begun to use storytelling to promote health and prevent disease. Recent publications that use this technique include the *Eagle Book* series and the *Road to Health Toolkit*.

To expand the use of storytelling in public health, CDC's Division of Diabetes Translation developed this publication as a way to help diabetes educators use stories to connect with their patients. *Stories to Reach, Teach, and Heal* was created with assistance from Cathy Feste, a master storyteller and health educator.

Feste's stories about her life with diabetes have sparked reflection and discussion among audiences across the country. Feste is the author of

Making the Leap

I recall treating a patient who seemed well-informed and motivated, but who always had terrible glucose control. She often missed or rescheduled her appointments. We tried various medication combinations, extra sessions with the dietitian, and lengthy "cheerleading" discussions about lifestyle changes, all to no avail. I finally tried a new approach. I asked her to put aside discussing diabetes for one clinic visit and just tell me about her life. I was skeptical that this would make a difference, but what else was left to do?

After a few moments of disbelief that I really wanted to hear this, out poured her story—stresses with work, frustrations with family issues, resentment of her medical problems, and a constant sense of being out of control. We didn't discuss diabetes at all. And yet, when she returned for her next visit, her A1C level had improved. "How could this have worked?" I wondered. She anticipated my question and said, "I had to vent my anger before I could change anything."

As a clinician trained in a conventional medical approach, I found it hard to make the leap of asking my patient to tell her story. I was fortunate in that she was readily willing to do so. Another person might have been more reticent or fearful.

—Jane Kelly, MD
Centers for Disease Control and Prevention

several books on living with diabetes and a regular speaker at the annual American Association of Diabetes Educators meeting.

Throughout this publication, you will find tips and stories from Feste and from other health educators and storytellers. In the appendices, you will find stories, discussion questions, sayings, and resources that you may be able to use when talking and listening to your patients. This publication also includes a CD with audio recordings of 11 stories told by Cathy Feste.

As your own stories emerge, we hope you will share some of them with us. We are listening.

Pandora's Box

How to Use a Story to Discover Barriers and Find Hope

"Pandora's Box" is a good story to use to help patients focus on what they find difficult about living with diabetes and to help them identify resources for hope. This story always opens up a discussion in groups and in one-on-one meetings. When I discuss "Pandora's Box," I always bring a wrapped box. And then I begin telling the story.

—Cathy Feste, health educator and storyteller

> *Once upon a time there lived a young woman named Pandora. One day, a beautifully wrapped box appeared on her front step with a label that warned "DO NOT OPEN!" "That's odd," thought Pandora. "Why did someone deliver this present to me if they didn't want me to open it?" Pandora didn't know what to do. Should she open it? She began to think about why she should open it.*

At this point in the story, I will ask the group, "What do you think went through Pandora's mind?" The members of the group make statements such as, "No one will know if I open the box." "It might be something nice. I can always close it back up."

But then Pandora thought about why she shouldn't open it.

I ask the group, "What do you think Pandora thought?" Members of the group usually make statements such as, "The label said not to open it." "It's against the rules." "I'll get into trouble." As I tell the next part of the story, I open the box.

Pandora went back and forth: "Yes-No-Yes-No." Finally, she decides to open it. In a rush, out came DIABETES with all it complications and the daily frustrations and stress over managing and living with the disease.

Group members always express dismay at this point, so I ask, "What are some of the frustrations and stresses that you experience with diabetes?" Then I write their comments on a flip chart to facilitate our discussion.

Feelings came out of Pandora's box too.

I ask the group, "What do you think those feelings were?" Their answers usually include fear, anger, hopelessness, and relief.

As Pandora sat despairing over what she had done, she saw there was one thing left in the box.

At this point, I reach to the bottom of the box and take out a small piece of paper with the word "hope" written on it. I show it to the group and say, "Hope. Even in the face of a disease like diabetes, there still remains hope. Sometimes it might be hidden; it could be the last thing in the box. But it is always there to be found."

Then I ask the group, "What is it that gives you hope?" Their answers usually include things such as new medications, blood glucose monitors, new scientific studies, diabetes educators, family support, friends, and faith.

I ask, "Why is hope important? Do you feel hopeful about your own situation? What can you do to build hope?"

All of these questions and answers help to guide my work in diabetes education. When I work with a group, I ask the members about their concerns, and then I list these concerns on a flip chart. I ask the group to choose their top three concerns, and these become the focus of our discussion. We talk about what actions they can take to address these concerns, and we talk about the hope that comes from simply taking action. They don't solve all their problems, but they start to take action. And we have fun.

Introduction

Throughout the ages, stories have served to reach, teach, and speak for people in times of hardship and illness. Stories from diverse cultures speak of human resilience, survival, resistance to oppression, and empowerment. Such stories are often drawn from deep wells of wisdom and adaptation. They can help us to feel connected and not so alone as we face the challenges of life, including living with diabetes. In *Coyote Wisdom: The Power of Story in Healing*, author Lewis Mehl-Madrona, MD, writes, "Narrative psychotherapy says that stories contain our experiences and the meaning we make of that experience. Stories hold a richness and complexity that simple declarative facts can never grasp" (1).

At the heart of the oral tradition shared by many Native Americans is a deep belief that words are powerful (2,3). Stories have been used for generations to pass on cultural wisdom and to help individuals and communities achieve wellness and harmony (2). An article on storytelling published in *The Diabetes Educator* noted that "stories can allow the positive power of words to create a new empowering vision of the future and reshape the way one thinks about disease" (2).

Stories aren't just for telling, of course. Health care professionals and health educators also need to listen to the stories that patients tell them about their illness. In an opinion piece in *The New England Journal of Medicine*, Rita Charon, a physician and director of the Narrative Medicine Program at Columbia University, said that both doctors and patients are beginning to recognize the importance of these stories (4). She noted that narratives about illness "can provide the 'basic science' of a story-based medicine that can honor the patients who endure illness and nourish the physicians who care for them" (4).

Cathy Feste Tells Her Story

I was diagnosed with diabetes in l957, just 10 months after my father died unexpectedly of a heart attack. Mother was a 39-year-old widow with her second great challenge—a little girl with a chronic disease. When I asked Mother what diabetes meant, she smiled and enthusiastically told me, "Diabetes means that we are going to learn so much about good nutrition. It means that we're going to live such a healthy lifestyle, the whole family will benefit because you have diabetes. And you will always be a stronger, more self-disciplined person because you have diabetes."

Mother's words set me on a healthy path. Her positive attitude gave me strength to cope with diabetes. Nineteen years later, I drew strength from what she taught me when my son was seriously injured. Before I knew the lasting impact of his injury, I knew it would make him strong.

Mother's legacy is one of love, wisdom, and faith.

—Cathy Feste, health educator and storyteller

Why Should I Use Storytelling?

Diabetes can evoke deep emotions, including shame, despair, and dread (2). People with or at risk for diabetes have often witnessed the struggles of family and community members with complications of diabetes. Direct methods of diabetes education typically include descriptions of potential complications and complex instructions on diabetes control. Conventional wisdom suggests that the more information the patient has, the better he or she will be able to manage the disease. But it doesn't always work that way. Too much information at one time can be frightening. Too many diagrams and numbers can overwhelm patients and leave them feeling powerless.

One Doctor's Story

A 36-year-old Dominican man with a chief symptom of back pain comes to see me for the first time. As his new internist, I tell him, I have to learn as much as I can about his health. Could he tell me whatever he thinks I should know about his situation? And then I do my best not to say a word, not to write in his chart, but to absorb all that he emits about his life and his health . . . I pay attention to the narrative's performance—the patient's gestures, expressions, body positions, tones of voice. After a few minutes, he stops talking and begins to weep. I ask him why he cries. He says, "No one has ever let me do this before."

—Charon R. Narrative and medicine. *New England Journal of Medicine* 2004;350(9):862–864.

In contrast, stories may help patients summon the emotional resilience they need to approach diabetes management in a positive way. For example, diabetes educators used a story written by Georgia Perez called "Through the Eyes of the Eagle" as part of the Strong in Body and Spirit community program. The educators reported that when program participants heard the story, "walls of guilt, fear, anger, and denial came down and people had new hope" (2).

CDC sought to build on this experience by conducting discussion groups with members of Native American communities and consulting with the Tribal Leaders Diabetes Committee. The findings from this research supported the use of storytelling in diabetes education. As a result, CDC asked Perez, who was also a community health representative for the Nambé Pueblo, to write a series of children's books about diabetes in 2001.

These stories became the Eagle Books, and they include *Through the Eyes of the Eagle*, *Knees Lifted High*, *Plate Full of Color*, and *Tricky Treats*. The books feature a wise eagle, a grateful rabbit, and a clever coyote who help a boy named Rain That Dances and his friends learn about the joys of being physically active, eating healthy foods, and learning from their elders about health and diabetes prevention (5).

The National Diabetes Education Program, a joint initiative of CDC and the National Institutes of Health, also used a storytelling approach in the recently published *Road to Health Toolkit.* The tool kit includes a flip chart that tells the story of Angela and Ray, a sister and brother with a family history of type 2 diabetes, on their "road to health." Diabetes educators and community health workers are encouraged to use the flip chart to prompt community members with diabetes to tell their own stories in parallel with Angela and Ray.

Each page of the flip chart presents a message about diabetes prevention as Angela and Ray talk about their lives. With each turn of the page, listeners are asked how they relate to the story. Community health workers are encouraged to adapt the story as needed for their own communities in order to bring type 2 diabetes prevention to life (6).

Another example of storytelling is when diabetes community programs use testimonial stories from people who are living successfully with diabetes. Such stories can inspire listeners to search for their own ways to solve problems and cope with life's challenges.

Stories also can be used to illustrate the American Association of Diabetes Educators' AADE7 Self-Care Behaviors, which are eating healthy foods, being physically active, monitoring glucose levels regularly, taking medications as needed, developing problem-solving skills, reducing risk behaviors such as tobacco use, and developing healthy coping skills (7).

For example, in 2005, the Spanish-language television station Telemundo featured a character with diabetes on a limited-run serial melodrama (or *telenovela*) called *Amarte Así*. The "Don Pedro's Diabetes" storyline illustrated the character's struggle to manage his diet, weight, and medication to control his diabetes. Don Pedro's story was compelling not only because he modeled healthy behaviors, but also because he demonstrated how tempting unhealthy behaviors can be.

The Bundle of Sticks

Sometimes you have to tell a story to get a story from your patients. The following story has generated many stories for storyteller Cathy Feste.

In a village many years ago there lived a family with five children. When the oldest child was "of age," he prepared to leave his family to find work and build a life of his own. As he placed his few meager possessions in a cloth sack, his father sat next to him and asked what his concerns were. "I am wondering what work I will find. Will it pay so that I can get enough food to eat and a place to sleep that is protected? How will I know when I have met the woman I want as my wife?" When the son started on his "what ifs," his father gently interrupted him.

Reaching just beyond the cooking fire, the father picked up a bundle of sticks used as kindling. He asked his son to break the bundle of sticks. As hard as he tried, the son was unable to break the bundle. Then, his father untied the bundle of sticks and handed his son one stick. "Break that one," said the father. Quickly and easily, the son broke the stick. "Life is like that," said the father. "Problems cannot be solved all at once; they need to be solved one at a time."

See page 10 for ideas on how to use this story. See Appendix A for discussion questions for this story and more story ideas.

It was a realistic portrayal of the challenges, excuses, and difficult family dynamics experienced by many people with diabetes. Stories such as Don Pedro's can be a springboard to discussing the emotional turbulence that living with diabetes can provoke, while at the same time helping patients acquire problem-solving skills for diabetes management.

In 2006, the "Don Pedro's Diabetes" story won a Sentinel for Health Award from Hollywood, Health & Society, which is a joint project of CDC, the National Cancer Institute, and the Norman Lear Center at the University of Southern California (USC) Annenberg School for Communication (8).

Another popular form of storytelling is the *fotonovela*, which presents stories through photographs and conversational text, similar to a comic book. *Fotonovelas* have been used in Spanish-speaking communities for more than 50 years, and they are increasingly being used to depict social issues and health concerns. They can be an effective way to reach your patients. Independent studies have shown that a *fotonovela* produced by the USC School of Pharmacy, *Tentaciones Dulces* (*Sweet Temptations*), successfully increased diabetes awareness and knowledge in the Latino community (9).

How to Use "The Bundle of Sticks" Story

My diabetes educator storytelling group really liked "The Bundle of Sticks" story and began to practice telling it. They practiced with family members, friends, and colleagues. One helpful observation came from my colleague, Anne, who said, "The first time I told this story, it felt sort of flat and uninteresting. I thought about storytellers I have enjoyed and tried to picture what they did and how they made their stories come alive. I realized that the best storytellers I know tell stories from firsthand experience. From that insight, I looked at how I could make this story *mine*."

Anne went on, "I used mental imagery to see myself solving problems one at a time. I envisioned myself looking calm and confident as one problem after another was resolved. Ever since I made these personal connections, that story has come alive for me and my patients."

—Cathy Feste, health educator and storyteller

What Can I Learn by Listening?

Using metaphors or simplified descriptions of complex physical processes is familiar to many diabetes educators. How many of us have used the analogy of the lock and key to describe how insulin helps glucose enter a cell? This metaphor is an example of how you can use stories in a practical way to communicate difficult medical concepts.

You also can use stories to reach patients on a deeper personal level. Discussing a story can give a patient a way to express hidden emotions that have been barriers to diabetes control, and this process can help you to uncover a patient's hidden strengths. Stories can awaken the human qualities of perseverance, courage, and faith—qualities that are helpful in managing diabetes and maintaining a balanced and meaningful life.

Another way to reach, teach, and heal people through storytelling is to encourage your patients to tell you their stories. Listening to people's stories is said to be one of the deepest forms of respect one person can show to another (10). Your patients' stories can help you understand their interpretation of the disease, its symptoms, and its effect on their lives.

This understanding can lead to insights for both you and your patient. Listening can assure patients and their families that you are interested in the depth and uniqueness of their lives (11).

Every person living with diabetes has a story. Drawing out that story by asking your patients why they think they have diabetes can be an eye-opener. The woman who says "diabetes runs in my family" may feel that developing the disease was inevitable. If she believes she will have the same complications experienced by her relatives, she may feel hopeless about the future.

Listening Brings Head and Heart Together

Listening to the stories that people with diabetes told me when I was a nurse practitioner at the Grady Memorial Hospital Diabetes Unit in Atlanta, Georgia, required me to stop talking and start listening. It wasn't my inclination to close my mouth and open my ears. I become a student at the feet of my patients—often literally, as I trimmed nails and calluses—straining to hear their stories of grief, joy, resilience, and tough choices. I learned that hearing people's stories about their diagnosis and how they felt about it allowed me to respond better—sometimes to offer support, occasionally to identify fears that were contributing to less adaptive actions, and often, only to listen.

Choices about diabetes self-care depend on both the head and the heart sharing the same picture. In recent years, I have learned from several American Indian communities about the sacredness of words and of their power to affect people. I've seen how elders use indirect methods of storytelling to teach lessons of morality and survival. A number of admired elders have, for me, connected "head" knowledge with the "heart" of meaning and of caring; these are lessons I will never forget.

—Dawn Satterfield, RN, PhD
Centers for Disease Control and Prevention

Used with permission from the American Diabetes Association and taken from Anderson B, Funnell M. *The Art of Empowerment*. 2nd edition. Alexandria, VA: American Diabetes Association; 2005:324.

Listen for hidden messages that can reveal different ideas about why people think they have diabetes. Many patients tell stories of "getting" diabetes after a shock or emotional stress or from a medication or immunization. One person may believe the disease simply "happened" with no connection to day-to-day lifestyle choices. Another person might focus entirely on "bad eating" habits, showing knowledge about healthy choices but remaining trapped in a cycle of defeat, unable to change because of guilt.

For some people, a diagnosis of diabetes may generate shame and blame. Expressing these feelings helps patients become aware of them. The very act of sharing stressful thoughts with a good listener can bring relief and renewed energy to tackle challenges.

As a health educator, you may have to resist the urge to correct misconceptions when patients' stories emerge. Descriptions of "catching" or "causing" diabetes or "developing" the disease as a result of stress may present an opportunity for dispelling myths. But scientific and medical explanations can wait. Don't interrupt. First try to understand what diabetes means to the person living with the condition.

What Do You Hear?

I often share my storytelling experiences with others interested in storytelling. My storytelling group discussed the difference between a story that is *told* and a story that is *heard*. Someone shared the "Cricket" story, an urban tale about two people walking down a city street. She used lots of sounds to describe the street scene—honking, yelling, talking, cars and trucks going by.

> *The two are in conversation, when one says, "Wait, I hear the sound of a cricket."*
> *"No way," the other responds.*
> *So, the first one follows his ears across the street and finds a tiny cricket inside a planter. The second person was astounded. "How did you hear that?"*
> *The other replied, "You hear what you are listening for."*

The educator who told this story said she varies the descriptions and personalities of the characters depending on the group. She said the story can lead to a discussion about what we tend to listen for with different people. For example, with teenagers, we might hear only their rebellion, not their resilience. The members of the group began to see how their expectations color what they hear.

—Cathy Feste, health educator and storyteller

Where Do I Begin?

Choosing a Story

Choosing when and how to use stories is largely intuitive. You might want to start small with simple open-ended questions that invite your patients to share how diabetes has affected their lives. What does having diabetes mean to them? What are their hopes and fears about having diabetes?

One way to bring out a patient's story is to tell one yourself first. Choosing a story is not like writing a prescription, where you match the medication to the diagnosis. It's a very personal task. Find a story that resonates deeply with you. This story does not have to be about diabetes; it can be any story that will elicit emotions and show how willing a person is to make changes. When choosing a story for a group, use your intuition about the group and its issues, needs, and goals.

You can use a favorite story from your childhood, a folktale, or one of the resources in this guide. To help you choose a story, we've provided sample stories and story ideas, as well as suggested questions for discussion, in Appendix A. Additional resources, including Web sites and book titles, are provided in Appendix C.

Look for stories with positive themes. Folktales often describe ordinary people in extraordinary circumstances who overcome daunting odds or travel difficult journeys to discover solutions—solutions that often lie within their own hearts and minds. It is usually a good idea to bypass very long stories because you want your listeners to have time to respond and tell their own stories.

Look for stories with characters who develop resilience, improve their self-esteem, prevail in the face of difficult circumstances, deal with loss, or find solutions in unexpected places. Stories can guide your approach to helping people develop their own problem-solving skills. Humorous stories are also okay—laughter can be a great ice-breaker. But don't shy away from using stories about grief, such as "The Mustard Seed" (see Appendix A). People with diabetes often experience loss, and grieving is a healing process.

Preparing to Tell a Story

Once you've chosen a story, spend some time preparing before you use it with your patients. Write down questions and discussion points to use when you tell the story, as illustrated in Appendix A. Consider getting a notebook to keep track of your story ideas, especially those that could spark good discussions.

Before you tell a story to a patient or group, practice by telling it outside the clinical environment, perhaps to a group of children. Ask them what the story means to them. Resist the temptation to correct their interpretations. It doesn't matter if they get the facts of the story wrong. What is important is what the story means to the listener, not the teller.

Telling a Story

Now that you've chosen your story and practiced telling it, you're ready to share it with your patients, either one-on-one or in a group setting. Remember that no matter how much you've prepared, the discussion might wander into unexpected areas. You will have to think on your feet. Your best response will almost always be a question. Ask a question that encourages a patient to think about his or her world before answering. For example, ask, "Can you see yourself in this story?"

Asking questions draws on the listener's own experiences—and that's where you need to go. Take time to build trust with your audience and help them find ways to solve the problems that come with living with diabetes.

Build Trust

People are unlikely to share stories, take risks, or accept new challenges if they don't feel safe or supported. Accepting patients' emotions encourages them to trust you, and trust gives you an opportunity to help them better understand their experience with diabetes. Support and respect are particularly important when people feel vulnerable.

When you speak to a group of people affected by diabetes, remember that you are not teaching a literature class. You're not asking people to analyze the metaphors of your stories but to respond to them emotionally. Stories offer a safe opportunity to lower defenses and give voice to deeper feelings.

Some people may focus on one small detail in your story. Some may be interested in the story as a whole, while others may go off in a completely different direction than what you would expect. All of these responses are appropriate. As long as people are bringing forth their own stories, avoid the temptation to try to get the group "back on track." To help make sure everyone benefits from the experience, try to draw out the quieter people in the group with open-ended questions such as, "How did you feel about that?"

Facilitate Problem Solving

Albert Einstein said, "Imagination is more important than knowledge. Knowledge is limited. Imagination encircles the world." Part of your job as a health educator is to impart knowledge—to teach your patients facts about diabetes control. Can you also stimulate the imagination needed for creative problem solving?

Storytelling can play a role in helping people develop coping skills for diabetes self-management. Stories can lend insight and kindle new ways of looking at a situation. Scientific advances don't always come from years of careful research; sometimes new medical "breakthroughs" are inspired by unexpected sources. The same can be true for behavioral "breakthroughs" for your patients.

New Solutions from Unexpected Places

Diabetes educators chuckle when they read a story called "The Great Python" (see Appendix A) because the python's saliva had magical healing properties, which reminds them of exenatide, a diabetes medication derived from Gila monster saliva. New solutions certainly come from odd places sometimes! "The Great Python" can be a tale about unlikely healers or trust, or it can be an opportunity to discuss the importance of using your imagination.

Stories can help facilitate healing because they stimulate the imagination and help patients visualize a happier, healthier future. "The Great Python" could become a favorite for triggering good discussions.

—Cathy Feste, health educator and storyteller

Learn from Your Experiences

Each time you share a story with a patient or group, you will probably learn something new from the experience. Recording your thoughts will help you continue to learn and grow.

Interpreting Stories

I have had fun with "The Rabbit and the Crocodiles," a story in which a rabbit tricks several crocodiles into helping him cross a river (see Appendix A). I remember with great delight the first time a patient's comment inspired me to tell it.

"Medicare Part D is too confusing. Too many options; I can't figure them out," complained Manuel, a senior in the diabetes support group. Murmurs of agreement echoed through the room. I could feel their frustration and asked if I could tell them a story. When they nodded, I told the story of "The Rabbit and the Crocodiles," which is a great example of problem solving. At the conclusion of the story, I asked, "Does this story remind you of anything in your life?"

Maria was the first to speak. "I told my kids that I am a smart woman. I know I can find a way to get help with my diabetes medication with this Medicare program." She explained to the group how she met with several professional people, asked for written information, called some help lines, and talked with many of her friends and relatives.

"I guess you could say I called all the crocodiles together so I could count them! Finally, I figured out the plan for me, and last week, I picked up my diabetes medications. I paid much less for them under my new Medicare Part D plan!" she announced triumphantly.

The others celebrated her success with laughter and clapping, and one member said, "You *are* smart. Now will you help me?"

I celebrated this story as a wonderful example of personal empowerment. In spite of all the changes and challenges in health care, Maria felt in control of her life. By sharing her story, she had helped others in the group feel that they too could manage their lives.

I also realized that Maria heard a different story than I thought I was telling. I had not interpreted the crocodiles as mentors to help in problem solving, but Maria did.

—Cathy Feste, health educator and storyteller

Tips for Telling Stories

1. Only tell a story that you like. If you don't, your audience will know that you don't like the story, and they won't like it either.
2. Know your story well. This does not mean memorizing it. Visualize the characters, the setting, and how the characters act in that setting. The images that you see and describe make the story effective.
3. Practice the story before telling it to an audience. Tell it in your own words but remember to preserve any special phrases from the original.
4. Become personally involved with the story while telling it. Understand what the story is saying for you, but do not tell your listeners what the story means. The power of story is that each person relates to it in his or her own way.
5. Be expressive, but you do not need to be an actor to tell a good story.
6. Use your body to tell the story. The most powerful tales are told in a natural and comfortable way.
7. Don't be afraid of silence. The use of the pause is the most significant tool in your storytelling toolbox. Pause regularly to make sure the images of the next scene are ready in your mind.
8. Depending on the culture of your listeners, make eye contact while telling the story.
9. Use your nervous energy to make the story better.
10. Respect the source and culture from which the story originated. Make sure that any changes you make honor both the story and the culture.

Source: Gail de Vos, storyteller, author, and adjunct professor, School of Library and Information Studies, University of Alberta, Canada.

What Should I Be Prepared for?

Certain stories may provoke unexpected reactions. Be prepared for strong emotions, cultural differences, and patient resistance. Draw on your patient care experience and intuition when using stories to educate your patients.

Strong Emotions

Patients sometimes seem to get stuck when trying to manage their diabetes, with no further improvement in control and little progress in changing health behaviors. This problem could be caused by unrecognized emotional barriers. Imagine a patient who says she is unwilling to consider using insulin. She may seem difficult, angry, perhaps even irrational in her refusal to even discuss insulin's possible benefits. Now imagine this same patient again, but this time, she is telling a story about her memories of her grandmother who died or lost a leg shortly after beginning insulin treatment.

By offering your patient the opportunity to tell her story, you learn about her view of the different options for diabetes care and how these options upset or frighten her. Your patient has an opportunity to express emotions, fears, and grief that may have been suppressed. You both gain an opportunity to reframe diabetes management with a shared understanding that the patient's experience doesn't have to be the same as her grandmother's.

Using Proverbs

I have found Spanish proverbs, sometimes known as *dichos,* to be effective. I had recently met with a group of Hispanic/Latino people with diabetes. One woman described at length everything she had to do to manage her disease. Another woman in the group nodded her head and said, "Lo que no se puede remediar, hay que aguantar." *What cannot be remedied must be endured.* What seemed like a wise philosophy to this woman brought the first woman to tears. I asked the others in the group to share their own stories in response to the proverb. I had to draw on all of my counseling skills that day and allow emotions to be expressed and feelings to be explored. Finally, tears dried and the group let out a collective sigh of relief.

—Cathy Feste, health educator and storyteller

See Appendix B for sample proverbs and sayings (including Spanish sayings) that you can use when you talk with your patients.

When preparing to deal with strong emotions, find out about crisis hotlines and the availability of on-the-spot peer counselors or mental health referrals before the clinical encounter. When you ask for stories, be prepared to receive them. Sometimes all you can do when a patient shares a loss or painful experience is to be there to bear witness. That alone can have healing value.

The National Diabetes Education Program's curriculum *Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention* includes the following advice on how to handle strong emotions in group sessions, such as when a person starts to cry: "The rest of the group may be even more uncomfortable with tears than you are, so it helps to say something like, 'For some of us, this topic (or discussion) may hit close to home for different reasons. Sometimes, talking about diabetes means dealing with a lot of large emotional issues. We are among friends here, so don't be afraid to cry. Crying is part of the healing process that lets you move forward' " (12).

Cultural Differences

Cultural stories attach meaning to illness. Telling stories can be an indirect yet respectful way to talk about diabetes and its potential complications. Even if you are from the same culture as the community in which you work, be aware that each person interprets cultural values according to his or her own experiences. For example, some cultures with a strong religious faith might view medical problems as being in God's hands. This viewpoint could lead to inaction in one person or hope in another. The key to successful outreach is to listen for the perspective of each patient and start from there.

Don't underestimate the role that different cultural beliefs about illness and simple life experiences can have in medical care. Food, for example, has tremendous meaning. In medical nutritional counseling, a patient may be asked to break with tradition and eat different foods. Some patients may find this change to be emotionally challenging or too disconnected from their culture.

> An older Yup'ik Eskimo man who had been admitted to the hospital complained to me about the food he was served. Raised on dried fish, seal oil, and caribou, he dismissed the unfamiliar salad on his food tray, exclaiming, "How can you expect me to get better when they feed me *leaves*!"
>
> —Jane Kelly, MD
> Centers for Disease Control and Prevention

Keep in mind also that different cultural perspectives on health and illness can dramatically affect outcomes. In Anne Fadiman's award-winning book, *The Spirit Catches You and You Fall Down*, a Hmong family in California experiences a struggle between Western medicine and their native culture when their 3-month-old daughter Lia is found to have a severe seizure disorder (13). The story describes a tragic journey of misunderstanding as the two cultures clash.

To the medical staff who treated Lia, the problem was clear: she had a neurological condition that required strict adherence to drug therapy. To Lia's parents, the problem was equally clear: their daughter had a condition called *qaug dab peg* ("the spirit catches you and you fall down"), which occurs when your soul flees your body after a fright. They believed that Lia could be cured through traditional remedies and animal sacrifices.

The medical staff who treated Lia had her best interests at heart, but they never heard, let alone understood, the family's story. The family often missed giving Lia doses of the seizure medication because it caused side effects and did not fit their belief about the root cause of Lia's condition. Before either side could bridge the cultural gap, Lia had a massive seizure that left her with severe disabilities.

In contrast, some health care professionals have found a way to bridge this gap. For example, at the Chinle Comprehensive Health Care Facility in Arizona, Navajo traditional healers and Western doctors work together to create treatment plans that embrace beliefs about illness and wellness from both worlds. You may not have a traditional healer at your side, but you can still listen to your patients' stories with an open mind and find a treatment path that incorporates a different cultural viewpoint about diabetes.

Patient Resistance

Storytelling as part of diabetes education could be an innovative approach for both you and your patients. However, some patients might not see the advantage of storytelling, or they may become fixated on whether they liked the story you told. If either or both responses happen, consider saying, "Instead of telling me why you didn't like the story, tell me what it means to you." Or ask, "Why didn't you like the story?" The purpose of the story is to evoke emotion and stimulate new insights. The best learning opportunity might come from a story that a patient strongly dislikes.

Remember that you cannot predict what lesson your listeners will find in a story. Nor can you predict the stories your patients will tell after hearing your story. Telling stories about resilient characters might help people recall similar tales from their own lives. These stories can guide them in confronting medical problems or finding the strength and motivation to change unhealthy behaviors. But be prepared for interpretations that might be very different from your own. Expect the unexpected.

Hear One, Tell One, Listen to Many

As a health care professional, you may have heard the saying, "See one, do one, teach one." Using storytelling in your work is like that, but with a twist—"Hear one, tell one, listen to many." Listen to the accompanying CD and imagine yourself telling one of these stories. Then go do it. Try telling a story with one patient or a group or in a nonmedical setting with friends and family to get started. Storytelling is one of many tools in your clinical bag for helping people with diabetes. We sometimes ask our patients to make major changes in their lives; it is not too much to consider changing our habits in how we approach patient care.

The best way to find out how storytelling can work for you is to make the leap of faith and try it.

> "My goal is to tell healing stories, and to teach people who are telling sickness stories how to sing a different tune."
>
> —Lewis Mehl-Madrona, MD, PhD, author of *Coyote Wisdom: The Power of Story in Healing*

References

1. Mehl-Madrona Lewis. *Coyote Wisdom: The Power of Story in Healing.* Rochester, VT: Bear & Company; 2005.

2. Carter JS, Perez GE, Gilliland SS. Communicating through stories: experience of the Native American Diabetes Project. *The Diabetes Educator* 1999;25(2):179–188.

3. Basso KH. *Wisdom Sits in Places: Landscape and Language Among the Western Apache*. Albuquerque: University of New Mexico Press; 1999.

4. Charon R. Narrative and medicine. *New England Journal of Medicine* 2004;350(9):862–864.

5. Wilson KM, Satterfield DW. Where are we to be in these times? The place of community health promotion in chronic disease prevention. *Preventing Chronic Disease* (serial online) 2007;4(3). Available at http://www.cdc.gov/pcd/issues/2007/jul/07_0014.htm.

6. Centers for Disease Control and Prevention. *Road to Health Toolkit*. Atlanta: U.S. Department of Health and Human Services; 2008.

7. American Association of Diabetes Educators. AADE7 Self-Care Behaviors framework. Available at http://www.diabeteseducator.org/ProfessionalResources/AADE7.

8. University of Southern California Annenberg. *USC Annenberg News*. August 2006. Available at http://annenberg.usc.edu/AboutUs/PublicAffairs/AbergNews/release20060823.aspx.

9. University of Southern California. *USC News*. October 17, 2008. Available at http://www.usc.edu/uscnews/stories/15785.html.

10. Lown B. *The Lost Art of Healing*. New York: Houghton Mifflin Co; 1997.

11. Nagai-Jacobson MG, Burkhardt MA. Viewing persons as stories: a perspective for holistic care. *Alternative Therapies* 1996;2:54–58.

12. National Diabetes Education Program. *Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention.* Atlanta: U.S. Department of Health and Human Services; 2007. Available at http://www.cdc.gov/diabetes/ndep/power_to_prevent.htm.

13. Fadiman A. *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures.* New York: Noonday Press; 1997.

Appendix A.

Story Suggestions and Questions for Discussion

Appendix A provides story suggestions and discussion questions that you can use when you talk with your patients. Most of these stories are folktales or adapted versions of traditional stories.

In addition to the specific discussion questions suggested for each story, you also can consider the following overall questions:

Questions for Diabetes Educators

- Do the stories your patients tell, or their interpretation of the stories you tell, give you clues to their worldview?
- Which approaches or stories do you think might help your patients change or reframe their worldview?
- Do you have any further questions for discussion?

Pandora's Box

The following story is adapted from a Greek myth. See page 5 for an example of how to adapt the concepts from this story for use in diabetes education.

Once upon a time there lived a young woman named Pandora. One day, a beautifully wrapped box appeared on her front step with a label that warned "DO NOT OPEN!"

"That's odd," thought Pandora. "Why did someone deliver this present to me if they didn't want me to open it?" Pandora didn't know what to do. Should she open it? She began to think about why she should open it.

But then Pandora thought about why she shouldn't open it.

Pandora went back and forth: "Yes-No-Yes-No." Finally, she decides to open it. In a rush, out came hatred, anger, sickness, poverty, and all the evils and misfortunes of the world.

As Pandora sat despairing over what she had done, she saw there was one thing left in the box—hope. So no matter how bad things get, people still have hope.

Questions for Discussion

- How do you relate to the story of "Pandora's Box"?
- What is it that gives you hope?
- Why is hope important?
- Do you feel hopeful about your own situation?
- What can you do to build up hope?
- What else do you think about when you listen to this story?

It Is for the Best

This is an ancient story from India about a king and his minister. One day the two men were preparing for a hunting trip. The king accidentally dropped a very heavy box on his foot and cut off one of his toes. Almost immediately, his minister, who was known as an optimist, said, "It is for the best."

The king was furious. "I am bleeding and in great pain and you tell me, 'It is for the best?' You fool!" The king ordered the palace guards to throw the minister into prison. The minister paused then and said, "It is for the best." "Out!" shrieked the king.

The next day the king went hunting alone. He hobbled into the forest on his bandaged foot and decided to take a brief nap under a tree. Soon after he fell asleep he heard a noise. He was startled and horrified to see a lion! As the lion sniffed at the king's feet, he abruptly turned and went away.

Elated, the king got up and walked as fast as he could back to his castle. As he walked, he reviewed what had happened. He remembered that lions do not like to eat wounded prey. "My minister was right! The lion sensed my wounded foot and rejected me as his next meal!"

As soon as the king got back to his castle he asked that his minister be brought forth. The king thanked the minister for his great wisdom. Then, he said, "But, when I sent you to prison you said, 'It is for the best.' What did you mean by that?" "Well, sire," said the minister, "if I had gone hunting with you, the lion would have eaten me." They all laughed heartily, and the king gave the minister even more power in the kingdom.

Questions for Discussion

- What does this story mean to you?
- Is there an "it is for the best" about how you manage your diabetes? In what situations?

The Bundle of Sticks

In a village many years ago there lived a family with five children. When the oldest child was "of age," he prepared to leave his family to find work and build a life of his own. As he placed his few meager possessions in a cloth sack, his father sat next to him and asked what his concerns were. "I am wondering what work I will find. Will it pay so that I can get enough food to eat and a place to sleep that is protected? How will I know when I have met the woman I want as my wife?" When the son started on his "what ifs," his father gently interrupted him.

Reaching just beyond the cooking fire, the father picked up a bundle of sticks used as kindling. He asked his son to break the bundle of sticks. As hard as he tried, the son was unable to break the bundle. Then, his father untied the bundle of sticks and handed his son one stick. "Break that one," said the father. Quickly and easily, the son broke the stick. "Life is like that," said the father. "Problems cannot be solved all at once; they need to be solved one at a time."

Questions for Discussion

- What does this story mean to you?
- Can you relate to how the son feels?
- Do you have someone in your life like the father to whom you can turn for advice?
- Have you ever experienced the "bundle of sticks" problem in your life? How did you deal with it?
- What other questions does this story raise for you?

Aesop's Fable: The Ant and the Grasshopper

One summer day Grasshopper was hopping about, chirping and singing as loud as he could. Ant trudged by dragging a kernel of corn to the nest.

"Why not come and play with me," said Grasshopper, "instead of toiling and struggling like that? I am having lots of fun!"

"I am gathering and storing food for the winter," said Ant "and I recommend you do the same."

"Why bother about winter?" said Grasshopper. "We have plenty of food now." But Ant went on his way and continued his hard work. When the winter came, Grasshopper had no food and was dying of hunger. Every day, Grasshopper saw Ant distributing the corn and grain from stores he had collected all summer. Then Grasshopper knew the importance of preparing for the future.

Questions for Discussion

- How might this story make you think of diabetes?
- Do you know people who don't take care of themselves because they believe a cure or new treatment will be available if they develop a complication?
- Do you know people who work hard to prepare for the future?
- Can you retell this fable so that Ant and Grasshopper have diabetes?
- Do you believe you are in control of what happens in life? Do you believe that your actions now can change what happens in the future?
- Does anyone believe that what comes will come, and there is little we can do other than accept fate?

Keeping a Promise

One day, a little boy begged his mother to allow him to go to the market. He said he had done his chores as he had been asked to do. She told him that shopping at the market was a job for grown-ups, not for little boys. She made her way on the path toward the market, and he followed her. "Please, please, please, may I go to market?" he begged.

Annoyed at him, the mother made him a promise. "If you will go home right now, I promise that when I return, we will kill the pig for you and have a grand feast for dinner tonight."

"Thank you!" he cried. "And I promise that I will be a good boy!" He turned around and ran back home.

When the mother returned from the market she was horrified to see her husband preparing to kill the pig. "No!" she shouted. "Do not kill the pig! I only promised him we would kill the pig so that he would go home."

Her husband said, "You promised our son that we would kill the pig. A promise is important. And so is trust. If we want our son to grow up to be honest and trustworthy, we must show him the way by our actions. Our son learns about life by watching how we live." And the father killed the pig.

—Chinese folktale adapted from *Three-Minute Tales: Stories from Around the World to Tell or Read When Time Is Short* by Margaret Read MacDonald. Atlanta: August House; 2004:135.

Questions for Discussion

- Can you share a story about children following in their parents' footsteps?
- How can families work together to follow healthy lifestyles?
- How can children develop healthy habits when they are surrounded by unhealthy role models?

The Rabbit and the Crocodiles

During a dry spell, Rabbit realized that all of the fields of fresh, green, tender grass were now brown. After surveying the situation, he set out to find new fields of green grass.

After a day of travel, Rabbit finally found just what he had been looking for—thousands of new green shoots of grass in a large field. What kept him from getting too excited was the fact that the grass was on the other side of a wide river. He sat down next to the river to think about what to do. As he sat there, he saw the brown, scaly head of a crocodile bobbing in the river. "That's it!" exclaimed Rabbit. "I'll ask the crocodile to carry me on his back across the river." He was so excited that he shouted his words out loud.

A bird sitting in a tree above Rabbit heard what he said. "Now, Rabbit," said Bird, "that would not be very wise to ride the crocodile, because he would eat you halfway across the river. You are a clever fellow. Think about this problem. You can find a solution." With that, Bird flew away.

Rabbit did think about his problem. Suddenly he saw another crocodile in the river and, in a flash, he had an idea. He walked to the edge of the river and began talking to the crocodiles. "Hear ye, hear ye," he shouted. "I am Rabbit, the crocodile counter! I am here to count all of the crocodiles in the river."

The crocodiles made fun of Rabbit, telling him that he could not possibly count all the crocodiles in the river. "You just call your friends, neighbors, and cousins and tell them to come to this spot, and I will count them all!" Rabbit boasted.

Soon the river was filled with scaly bodies. Rabbit instructed them to stretch out nose to tail across the river. As soon as they spanned the whole river, Rabbit jumped on the back of the first one and hopped to the next and the next, each time counting. When he jumped from the last crocodile, he landed in the soft, green grass with a shriek of delight. Looking back he shouted, "Thank you for helping me cross the river. Good-bye!" The crocodiles swam away looking confused.

Questions for Discussion

- How have you solved some of the problems in your life?
- Who is the wise Bird in your life who warns you of danger and helps you believe that you can figure out your own creative solution?

The Great Python

Adapted from a Bantu Story

A long time ago there was a Chief who was a wise and fair ruler. Everyone in his tribe prospered. So when the chief became ill, his people vowed they would do whatever was necessary to heal him. The greatest healers, dancers, soothsayers, and doctors were called to the village. But none succeeded. At last, the Chief said, "Only the Great Python can heal me."

The people feared the python. But the strongest hunters and warriors agreed to seek the great snake. The Chief instructed them to sing a song of request to the snake and bring a large pot of milk as a gift. "Be quick," he whispered, "I am dying." Instantly, they set out for the python's cave.

When the warriors and hunters arrived, they placed the pot of milk on the earth and sang, "Python, the Chief is ill. Come and heal the Chief."

Deep inside the cave, the huge snake heard the song and began to uncoil, one coil at a time. He called out as he made his way to the mouth of the cave, "I am coming to heal my friend the Chief."

The warriors and the hunters hardly heard the snake's words, for the sound of his eerie voice and the sight of his enormous head appearing at the mouth of the cave terrified them. When the snake's body began to appear, the warriors were overcome with terror and ran away.

The hunters, accustomed to large creatures, continued singing even though they were afraid. But as more and more of the great python's body slithered out of the cave, they ran away as well.

Seeing their fear, the Python was insulted and went back into his cave.

The men went to the Chief and said, "We are sorry. But the Python refused to come out of his cave." The Chief sent them away without a word and called out, "Bring the children of the village to me!"

The children hurried to the Chief's hut. "I would like the python to come to my house in order to heal me. Please invite him with a song and a great pot of milk," said the Chief.

"The Python must be your friend," said the children.

"Yes," said the Chief. "He is my friend. His appearance is frightening, but do not be afraid."

The children carried the pot of milk and began singing as they walked to the snake's cave. At first, Python did not come out.

But the children continued to sing:

"Friend Python, please come.
The Chief is sick and only you can heal him.
Friend Python, please come.
The Chief is sick and only you can heal him."

Little by little, Python began to uncoil again. However, he called to the children as he lumbered toward the opening of his cave, "Children, others have come and run away. Let me see that you are not afraid. Show me that you truly want me to heal the Chief."

As the children stood side by side singing in front of the cave, they listened to the voice of the python.

"The Python's voice is very nice," said one child.

"His voice is filled with love for his friend," whispered another.

They also listened to the words of the Python.

"He is coming to heal the Chief," whispered one child with excitement.

Even though they were afraid, they did not run away.

Coil by coil, the Great Python slithered out of the cave. He slid up onto the shoulders of the children and urged them to move forward. He urged them not to ever stop singing. The children's fear vanished as they felt the cool skin of the snake on their shoulders. Happily, they carried the snake in a long line toward the village. Two of the littlest children, too small to hold his weight, held the pot of milk at the front of the line. Whenever the snake was thirsty, he bent his head and refreshed himself.

At the Chief's hut, the snake gently slid off the children's shoulders and made his way inside. What occurred within was unseen by the children or the villagers.

Python lay down beside the Chief and licked the Chief from head to foot. The saliva of the Python is powerful. The saliva of the Python is healing. The saliva of the Python is magic. As Chief of Snakes, he is the holder of special medicine.

Then, saying goodbye to his friend, Python slid out of the hut and returned to his cave. Everyone watched him leave the village.

The Chief grew well quickly. Then he gathered all of his people, even the warriors and the hunters, to make a feast in honor of the children. To each child he presented gifts of corn, young lambs, a calf, and his blessings. He said, "These children were brave and trusting. They heard the true voice of the Python and recognized the sweetness of real friendship. They were not influenced by his appearance but listened to Python's words. They did not run away. They will become the leaders of the future."

And that is the end of the story.

—Simms L. *Becoming the World.* New York City: Mercy Corps; 2003:26–28. Available at http://www.laurasimms.com/Becoming_the_World.html. Story used with permission from the author.

Questions for Discussion

- What kind of medicine has been healing for you?
- Do you see your medications as having magical qualities?
- Have you ever received help from an unexpected person or place?
- Have you ever conquered fear to find help?
- Why do you think the children were so brave when their parents were not?
- Which character(s) did you relate to? The Chief? The Great Python? The warriors? The children? Why do you relate to that character?

The Old Alchemist

An old man had a beautiful daughter whom he loved greatly. She was married to a man who dreamed of turning dirt into gold. In those times, people who could do this were called alchemists. The husband's dream, however, was not bringing in money to buy food so they could eat. Finally, the young couple was destitute. The young wife went to her father to seek his advice. Her father asked for a meeting with the young husband.

After listening to what the young man had been doing, the father-in-law exclaimed, "That's exactly what I did when I was young! You are close to making an important discovery. You need one more ingredient that I have only recently discovered myself. I am too old to pursue this anymore. It takes too much work."

The young man said with great excitement, "I can do it!" The father-in-law looked thoughtfully at him and slowly agreed, "Perhaps you can." Then, lowering his voice, he told his son-in-law, "You need two pounds of powder from the leaves of banana trees. You must plant the bananas yourself and cast a spell on the seeds. Then, when the plants grow, the powder on the leaves will be magical!"

Eager to begin, the young man accepted a loan from his father-in-law to begin the project. After learning the magic spells, the young man went directly about the business of planting the seeds. In those days, by the way, bananas grew from seeds and not from roots as they do now.

Each day he visited the fields and cultivated the young plants. When the plants sprouted leaves, he collected powder from the leaves. With great disappointment, the young man saw that he had only a very small amount of powder, not even close to the two pounds required. So he purchased more land, cleared it, and planted more bananas.

The young man collected the dust from banana leaves for several years before he finally had two pounds of the magic dust. With growing excitement he ran to his father-in-law's house with the sack of dust. His father-in-law asked that his daughter join them. He asked his daughter, "While your husband was collecting banana powder, what did you do with the bananas?"

"Why, I sold the bananas so that we could make a living," she said.

"Let me see the money you saved."

She hurried home and came back with several sacks filled with gold. Her father took a handful of dirt and poured it onto the floor next to the gold coins.

"Look at that," said the father-in-law. "You have turned dirt into gold."

Questions for Discussion

- Do you find a lesson in this story?
- Does this story remind you of anything to do with diabetes?
- Is hard work worth it?
- What barriers get in your way?
- What support do you need to help you get around those barriers?
- How can your family and friends help?
- Have you told them that they can help and asked for their help?
- What inner resources do you have that will help you?

The Mustard Seed

A mother was distraught over the death of her son. She brought the boy's lifeless body to Buddha, hopeful that the All-Knowing One would grant her request and bring the boy to life again.

Buddha gave her a task. He asked her to bring him a mustard seed from a family that had never suffered a loss. She wandered far and wide, searching for such a family, but all whom she met had suffered losses.

When she returned to Buddha, he asked, "Have you the mustard seed? And where is your son?" She replied, "I've buried him."

Questions for Discussion

- Do you find a lesson in this story?
- Does this story remind you of any of your experiences with grief and loss?
- Has having diabetes meant you have had to accept some losses?
- Can you find a place in your heart to accept the losses and grieve?
- What inner resources do you have that will help you?

The Blind Elephant

There once was a female elephant
Who was strong and clever.
But one day
She became quite ill and, even though
She recovered, she was now blind.
Being a survivor,
She learned to walk slowly,
Using her trunk as a guide for every step.
She taught herself how to eat,
How to cross rivers,
How to be independent
Within her own world of darkness.
The other elephants noticed that
All the young elephants stopped following
Their own mothers and were now following
The blind female.
The herd grumbled among itself
About why the foolish youngsters would
Follow a blind creature
Until an old male spoke:
"Have you not noticed
How she moves
Through the forest with
Confidence and strength?
She walks with dignity and determination.
Who would not follow such a leader?"
And the other elephants were silent,
Letting their youngsters go.

© Susi Wolf. Used with permission.

Questions for Discussion

- What does this story mean to you?
- With whom do you identify in this story?
- Does this story remind you of anyone you know who has found the strength to deal with loss?
- Has having diabetes meant you have had to learn to cope with disability?
- What inner resources do you have that will help you?
- Can you think of any role models who can help you live with diabetes?

A Sack Full of Troubles

A wise rabbi in Poland grew tired of hearing the villagers tell him that their problems were so much worse than their neighbors' problems. So one day he announced to the entire village that he had a plan to help them with their problems. He asked everyone to bring their sorrows and troubles to a village meeting.

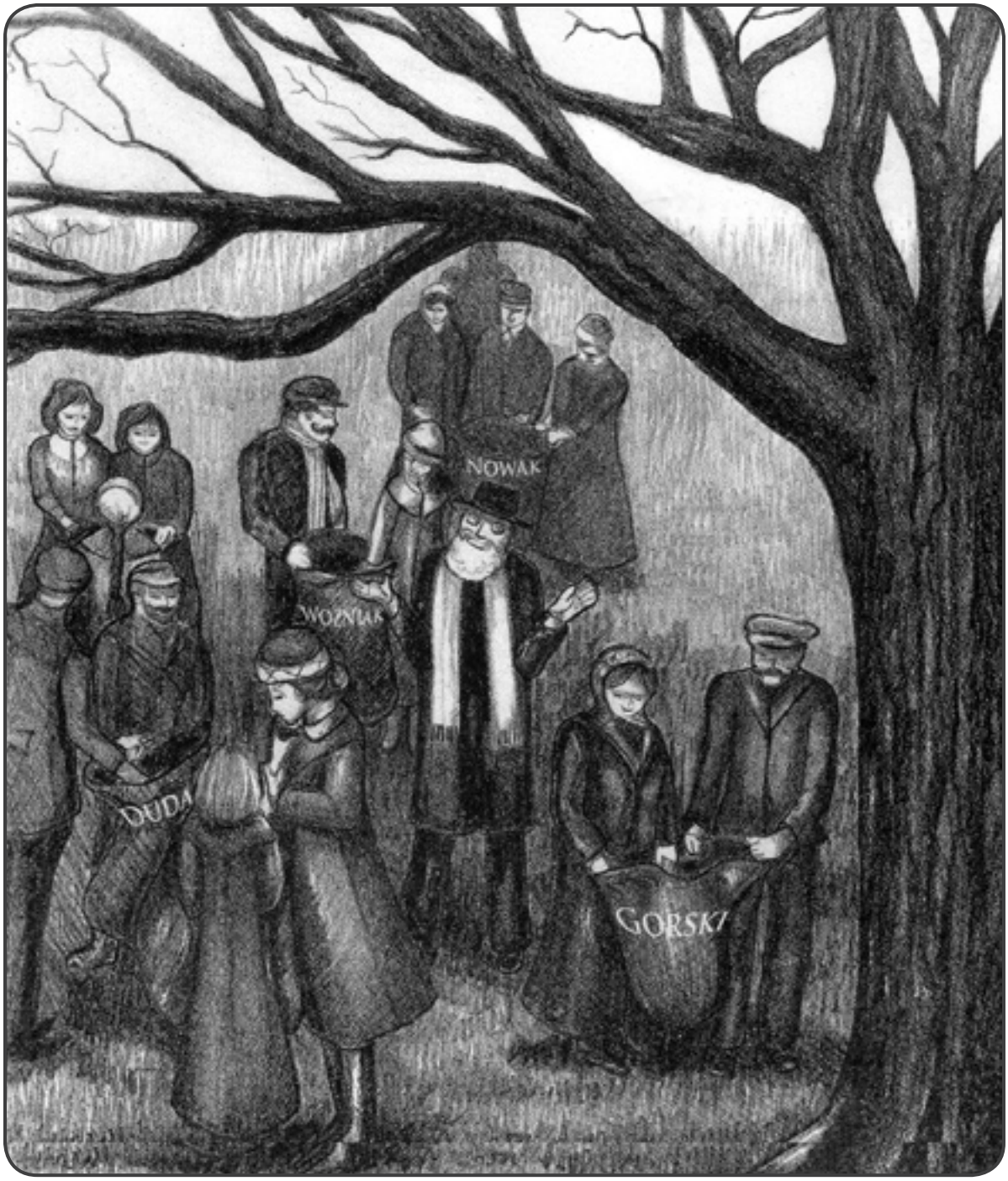
"Bring them in a bag with your name on it. Then hang your bag from a low branch on the tree in the village circle. Everyone will be allowed to examine the troubles of everyone else and exchange their troubles for someone else's. So you can leave your troubles behind and go home with the troubles of your neighbor."

The villagers were excited, believing that their lives would be so much easier from that day forward. On the day chosen for the exchange, the villagers rushed into the village circle to examine the contents of the bags, excited to see what they could bring home.

After a lengthy and exhausting search, all the people claimed their own bag and walked home feeling a bit foolish and a lot wiser. After seeing their neighbors' sorrows and troubles as they really were, the people saw their own troubles in a new light and chose to keep them.

Questions for Discussion

- Do you see yourself in this story?
- What would be in your sack of troubles?
- Is there a wise rabbi in your life?
- To whom do you turn when you feel sorrow?


NOWAK
WOŹNIAK
DUDA
GORSKI

Additional Story Suggestions*

A polite idiosyncrasy. In: Ragan K, editor. *Fearless Girls, Wise Women & Beloved Sisters: Heroines in Folktales from Around the World*. New York: WW Norton; 1998:247.

> A simple conversation between two women illustrates the effort that some women often make to keep relationships alive in families and communities. This tale was first collected in southern China in 1893.

All in the family: a tale from Pakistan. In: Conover S, Crane F, editors. *Ayat Jamilah: Beautiful Signs: A Treasury of Islamic Wisdom for Children and Parents.* Spokane, WA: Eastern Washington University Press; 2004:29–31.

> The parts of the body go on strike because they perceive that the stomach, which they continually feed, does nothing but lie around and enjoy their substance. They soon discover how important it is to work together and use their unique talents for the good of all. Other versions of this story can be found in collections of *Aesop's Fables*.

The broken wing: an allegory. In: Clark EE, editor. *Indian Legends of Canada*. Toronto, ON: McClelland & Stewart; 1992:84–85.

> This is a Chippewa (Anishinabe) tale of six young hawks. When the eldest hawk, the caregiver, is badly hurt in an accident, several of the other hawks remain behind during winter to help him survive. After relating the tale, the storyteller says, "And all of us should show kindness to anyone in need or in sickness, just as did the birds in this story."

Dinner for a monk. In: Courlander H, editor. *The Tiger's Whisker and Other Tales from Asia and the Pacific.* New York: Harcourt, Brace & Co; 1959:111–114.

> A greedy monk refuses to share the bounty of a large fig tree with other inhabitants of the area. Two men decide to trick him into giving them some of the fruit. The Laotian story cleverly demonstrates the dilemma of being pulled in two different directions.

The honorable Joha, Mulla Nasruddin Hodja and the tricky case. In: Conover S, Crane F. *Ayat Jamilah: Beautiful Signs: A Treasury of Islamic Wisdom for Children and Parents.* Spokane, WA: Eastern Washington University Press; 2004:20–21.

> When a mother pleads with the Hodja to cure her young son's addiction to sugar, the Hodja has no quick judgment for her in this difficult case. This story shows how important it is to practice what one preaches.

---

* These story suggestions were contributed by storyteller Gail de Vos.

de Vos G. King's questions. In: Spagnoli C, editor. *Storytelling for Young Adults: A Guide to Tales for Teens*. 2nd edition. Westport, CT: Libraries Unlimited; 2003:142.

> When a dissatisfied servant demands advancement in the service of the king, the king commands the servant to ask about a cart traveling on a certain road. To get the required information, the servant has to go to the cart four times, while another of the king's men gets the same information in only one trip. This story from southern India demonstrates the importance of knowing how to get pertinent information.

Diakite BW, editor. *The Magic Gourd*. New York: Scholastic Press; 2003.

> Rewarded for his kindness with a magical gourd, Dogo Zan, the rabbit, can feed his family and take care of their needs. When a greedy king seizes the gourd, a chameleon helps Dogo Zan to regain his treasure. Friendship and kindness underlie this traditional tale of the Mali people.

Mullah's miracle. In: Daenecke E, editor. *Tales of the Mullah Nasir-ud-Din: Persian Wit, Wisdom and Folly*. New York: Exposition Press; 1960:31.

> Mullah Nasir-ud-Din demonstrates that miracles are all in the eye of the beholder.

Opening your ears: a speaker's anecdote. In: MacDonald MR, editor. *Three Minute Tales: Stories from Around the World to Tell or Read When Time Is Short*. Little Rock, AR: August House; 2004:138.

> While some people's ears are attuned to nature (or to their health), others' ears are much more attuned to the sound of the cash register.

May J. The ruby: a parable from the Hindu tradition. In: Holt D, Mooney B, editors. *More Ready-to-Tell Tales from Around the World*. Little Rock, AR: August House; 2000:247–248.

> A poor young man follows his dream of riches by obtaining a huge ruby from an old man. After returning home and pondering the ease with which the old man had given up the rich jewel, the young man gives it back to the old man, having discovered that he did not want the burden of great riches, but instead the peace of mind and contentment that allow one to give away worldly wealth so easily. This story is an excellent illustration of the relative value of material and spiritual concerns. Jim May explains that the old man is a *sannyasi*—one who had given up everything in order to live a simple life and thereby encounter the truly sacred.

The three young crows. In: Bruchac J, editor. *Tell Me a Tale: A Book about Storytelling*. New York: Harcourt, Brace & Company; 1997:116–117.

> In this retelling of a Japanese tale, three young crows are asked the same question to see whether they are wise enough to join the flock. The first two crows offer wise enough answers but the third crow's extraordinary wisdom earns him a position of leadership. This simple tale celebrates attentiveness to the environment and to the situation at hand.

Tongue meat. In: Baltuck N, editor. *Apples from Heaven: Multicultural Folk Tales about Stories and Storytellers*. North Haven, CT: Linnet Books; 1995:113–115.

> A sultan's wife becomes very ill. In his attempt to cure her, the sultan consults everyone he can. One poor man, with a very healthy wife, states that he keeps his wife healthy with tongue meat. When a diet of tongue meat does not help the sultan's wife, that noble lady goes to stay with the poor man and his family. When she refuses to return home after regaining her health, the sultan discovers the true meaning of tongue meat—stories and shared laughter.

Xieng Mieng. In: Spagnoli C, editor. *Asian Tales and Tellers: Stories from Japan, Indonesia, Vietnam, China, Pakistan, India, Korea, the Philippines, Tibet, Sri Lanka, Burma, Cambodia, Laos, Taiwan, Bangladesh, and Nepal.* Little Rock, AR: August House; 1998:159.

> In Laos, Xieng Mieng is a very popular trickster who deceives both farmers and the king. In this short tale, the trickster teaches the king about hunger and pride.

Appendix B.

Sayings and Proverbs

Appendix B provides sayings (*dichos* in Spanish) and proverbs that you can use when you talk with your patients. For example, you can use them as a springboard for discussion by asking, "What does this saying mean to you?"

Sayings and proverbs can be found in many sources, such as *Bartlett's Familiar Quotations,* which is available at your local library. You also can ask your patients to bring in sayings or proverbs that they find relevant to their lives.

"I am not afraid of storms, for I am learning how to sail my ship."
—*Louisa May Alcott (1832–1888), American novelist*

"Where there is a will, there is a way."
—*Anonymous*

"After a rainstorm, the sun will shine."
—*Anonymous*

"Take the first step in faith. You don't have to see the whole staircase, just take the first step."
—*Martin Luther King, Jr. (1929–1968), American clergyman, civil rights leader, and Nobel Peace Prize winner*

"God made the sea, we make the ship; He made the wind, we make a sail; He made the calm, we make the oars."
—*Senegalese proverb*

"You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can come out of it."
—*Maya Angelou (born 1928), American author and poet*

"God grant me the serenity to accept the things I cannot change; courage to change the things I can; and the wisdom to know the difference."
—*Serenity prayer (attributed to Reinhold Niebuhr)*

"A faithful friend is the medicine of life."
—*Ecclesiastes 6:16*

"It's not the load that breaks you down; it's the way you carry it."
—*Pearl Bailey (1918–1990), American singer, actress, and Tony Award winner*

"Where there is hope, there is life; where there is life, there is possibility; and where there is possibility, change can occur."
—*Jesse Jackson (born 1941), American clergyman and civil rights activist*

"Every small, positive change we can make in ourselves repays us in confidence for the future."
—*Alice Walker (born 1944), American author and Pulitzer Prize winner*

"It is the mind that makes the body."
—*Sojourner Truth (1797–1883), American abolitionist and women's rights activist*

"The head and the body must serve each other."
—*Wolof proverb*

"The empty bag cannot stand up."
—*Haitian proverb*

"Don't be afraid to look at your faults."
—*Yoruba proverb*

"Instead of wallowing in misery, I just made some changes."
—*Stephanie Mills (born 1957), American singer and Grammy Award winner*

"The wind does not break a tree that bends."
—*Anonymous*

"When one door closes, another one opens."
—*African-American folk saying*

"If you are on a road to nowhere, find another road."
—*Ashanti proverb*

"As soon as healing takes place, go out and heal somebody else."
—*Maya Angelou (born 1928), American author and poet*

"Just don't give up trying to do what you really want to do. Where there is love and inspiration, I don't think you can go wrong."
—*Ella Fitzgerald (1917–1996), American singer and winner of 14 Grammy Awards and the Presidential Medal of Freedom*

"I used to want the words 'She tried' on my tombstone. Now I want 'She did it.' "
—*Katherine Dunham (1909–2006), American dancer, choreographer, songwriter, and anthropologist*

"Salud y alegría, belleza cría." ("Health and joy bring out one's natural beauty.")
—*Dicho español (Spanish saying)*

"Train your head and hands to do, your head and heart to dare."
—*Joseph Seamon Cotter, Jr. (1895–1919), American poet*

"You never find yourself until you face the truth."
—*Pearl Bailey (1919–1990), American singer, actress, and Tony Award winner*

"Am I the best in the world? No. The question is: Am I the best I can be?"
—*Edward James Olmos (born 1947), American actor, director, and Emmy Award winner*

"Del dicho al hecho hay mucho trecho." ("There's quite a stretch between word and deed.")
—*Dicho chileño (Chilean saying)*

"The greatest wealth is health."
—*Virgil (70 BC–19 BC), Roman poet and author of The Aeneid*

"I can accept failure. Everyone fails at something. But I can't accept not trying."
—*Michael Jordan (born 1963), American athlete (basketball) and businessman*

"In order to change, we must be sick and tired of being sick and tired."
—*Anonymous*

"Defining myself, as opposed to being defined by others, is one of the most difficult challenges I face."
—*Carol Moseley-Braun (born 1947), American attorney and the first African-American woman elected to the U.S. Senate*

"A la tercera va la vencida." ("Third time's lucky.")
—*Dicho español (Spanish saying)*

"If you have health, you probably will be happy; if you have health and happiness, you have all the wealth you need, even if it is not all you want."
—*Elbert Hubbard (1856–1915), American writer, artist, and philosopher*

"Life is not merely to be alive, but to be well."
—*Marcus Valerius Martialis (c. 40 AD–c. 105 AD), Roman poet and epigrammatist*

"Persevera y triunfarás." ("Persevere and triumph.")
—*Dicho español (Spanish saying)*

"The battles that count aren't the ones for gold medals. The struggles within yourself—the invisible, inevitable battles inside all of us—that's where it's at."
—Jesse Owens (1913–1980), American track and field athlete and 1936 Olympic gold medalist

"La salud es la mayor riqueza." ("Health is the greatest wealth.")
—Dicho español (Spanish saying)

"Our bodies are our gardens to which our wills are gardeners."
—William Shakespeare (1564–1616), English poet and playwright

"Jesus wept."
—John 11:35 (Jesus' response to hearing of the death of Lazarus and seeing Lazarus' friends weeping)

Appendix C.

Additional Resources

Web Resources

Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov/diabetes

CDC's Division of Diabetes Translation offers resources for public health and health care professionals as well as for the general public.

National Diabetes Education Program (NDEP)
http://www.ndep.nih.gov

NDEP is an initiative of the U.S. Department of Health and Human Services that is jointly administered by CDC and the National Institutes of Health. NDEP is supported by more than 200 public and private partners who work together to improve the treatment and outcomes of people with diabetes, promote early diagnosis, and prevent the onset of diabetes among people at highest risk.

Several NDEP products incorporate storytelling. Examples include *Five Communities Reach Out*, *New Beginnings: A Discussion Guide for Living Well with Diabetes*, and the *Road to Health Toolkit*. All NDEP materials are in the public domain and can be photocopied and distributed free of charge. Materials can be downloaded from the NDEP Web site, ordered online, or ordered by calling 1-800-438-5383.

Native Diabetes Wellness Program
http://www.cdc.gov/diabetes/projects/diabetes-wellness.htm

The mission of the Native Diabetes Wellness Program is to work with a growing circle of partners to address the health inequities so starkly revealed by diabetes in Indian Country. With social justice and respect for Native and Western science as grounding principles, the program strives to support community efforts to promote health and prevent diabetes. The Web site provides information about projects and links to the Eagle Books and other materials.

Healing Story Alliance: A Special Interest Group of the National Storytelling Network
http://www.healingstory.org

The purpose of the Healing Story Alliance is to explore and promote the use of storytelling in healing. The Web site provides a listserv where people exchange ideas and stories about their experiences using this technique. It also has a searchable bibliography and links to dozens of story ideas.

Publications

Anderson B, Funnell M. *The Art of Empowerment*. 2nd edition. Alexandria, VA: American Diabetes Association; 2005.

Banks-Wallace J. Emancipatory potential of storytelling in a group. *Image: Journal of Nursing Scholarship* 1998;30(1):17–21.

Charon R. Narrative medicine. A model for empathy, reflection, profession, and trust. *Journal of the American Medical Association* 2001;286(15):1897–2002.

Coles R. *The Call of Stories: Teaching and the Moral Imagination*. Boston: Houghton Mifflin Company; 1989.

Cox AM, Albert DH. *The Healing Heart—Communities: Storytelling to Encourage Caring and Healthy Communities*. Gabriola Island, British Columbia: New Society Publishers; 2003.

Cox AM, Albert DH. *The Healing Heart—Families: Storytelling to Encourage Caring and Healthy Families*. Gabriola Island, British Columbia: New Society Publishers; 2003.

deVos G, Lottridge CB. *Telling Tales: Storytelling in the Family*. Edmonton: The University of Alberta Press; 2003.

Feste C. Storytelling in diabetes education. *Diabetes Spectrum* 1995;8(2):119–123.

Gillard M. *Storyteller, Storyteacher: Discovering the Power of Storytelling for Teaching and Living*. York, ME: Stenhouse Publishers; 1995.

Kleinman A. *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books, Inc; 1988.

MacDonald MR. *Three-Minute Tales: Stories from Around the World to Tell or Read When Time Is Short.* Atanta: August House; 2004.

Perez G. The Eagle Books: Stories about Growing Strong and Preventing Diabetes. *Through the Eyes of the Eagle, Knees Lifted High, Plate Full of Color,* and *Tricky Treats.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2005. Available at http://www.cdc.gov/diabetes/pubs/eagle.htm.

Silko LM. *Ceremony.* New York: Viking Penguin; 1977.

Simms L. *Becoming the World.* Portland, OR: Mercy Corps; 2003. Available for order at http://www.laurasimms.com/Becoming_the_World.html.

Simms L. *Stories to Nourish the Hearts of Our Children in a Time of Crisis.* Atlanta: Holland Knight Charitable Foundation; 2008. Available for order at http://www.laurasimms.com/AidTimeCrisis.htmlwebsite.

Making it real: effective storytelling in tobacco control. *TTAC Exchange* (newsletter online) 2003;1:3. Available at http://www.ttac.org/enews/mailer07-25-03.html.

Wolf S. Newsletter [online]. Available at http://www.wolfsongcreative.com.

November 2009