



# Stories in the Nursing Classroom: Writing and Learning through Stories

Jeanne Sorrell  
*George Mason University*

I remember vividly the anxiety that I felt when I first decided to use stories as a major part of my teaching. I worried that my students would dismiss this teaching strategy as frivolous. I had taught for many years and was comfortable with my “proven” strategies. Students did well in my classes and seemed to enjoy them. With the increasing complexity of health care, however, I felt the need to “cover” more and more content. Yet it seemed that I had less and less time to help students understand and apply this content. With the focus on *covering* content, I seemed to be covering over, or obscuring the important meanings that I wanted the students to grasp. How could I *uncover* these meanings for students?

Using stories in my teaching has provided this answer. In this manuscript I explore some of these understandings through discussing: (a) background information from the literature to make a case for teaching with stories; (b) therapeutic uses of storytelling; (c) strategies for using storytelling in teaching; and (d) telling stories beyond the classroom.

## **Making a Case for Stories in Teaching**

Many educators are looking to new approaches to teaching that will prepare students for changes they may face in living and working in the 21<sup>st</sup> century. Teaching strategies are needed that enhance students’ critical thinking skills, as well as emphasize human caring through student-centered learning approaches. Use of stories in teaching offers exciting possibilities for meeting these desired learning outcomes. Stories can help students reconstruct and reflect on the essence of important experiences. Learning to listen and to hear the core essence of a story, as well as to communicate stories, orally and in writing, are critical skills for all students to acquire.

The art of storytelling has its roots in long-ago traditions of many different cultures. Throughout history, stories were used to

communicate important understandings from the past to new generations. Included in these understandings were those related to maintenance of mental, physical, and spiritual health. With the amazing increase in scientific knowledge in the past century, we have come to rely on scientific information for knowledge. The non-scientific knowledge gained from stories has often seemed not as important.

When stories are shared together, it creates a unique pedagogical interaction between teacher and student. Van Manen (1991) views the concept of curriculum as being oriented toward the structures and phases of study at an educational institution. In contrast, he characterizes the concept of pedagogy as one that involves human, interpersonal, and caring processes of education. Pedagogy is more than a word: It is a process that “draws us caringly” toward those whom we teach (van Manen, 1991, p. 31). An important characteristic of this process is the “pedagogical moment,” which van Manen (1991, p. 40) defines as the moment of active encounter between teacher and student(s). In this pedagogical moment, the teacher can initiate a transformational learning opportunity experienced by the student as caring (van Manen, 1991, p. 130). As we listen to someone’s story, we are drawn into the unique reality of that individual. This reality is often so personal and intimate that the stories may pour forth with unexpected tears from both storyteller and listener.

An important aspect of using stories in teaching is that stories require a special way of listening. Coles (1989), a noted psychiatrist, described how patients bring their stories to health care professionals. These patients hope they tell their stories in a way that will help physicians and nurses understand their lived experiences. Nursing students learn that it is important to note the manner in which the story is presented; the development of a plot in the story; the characters who are described and the emphasis given to one or another; and the degree of enthusiasm and coherence of the accounting of the story (Coles, 1989). They learn to consider questions such as the following: Does the patient have difficulty thinking of a story? Does she seem to forget parts and repeat them? Is there anger expressed in her story? Does the story pour out of her along with tears? Does the telling of the story seem to have a cathartic effect for her? All of these aspects are important in listening to understand the lived experience of a patient. I believe that they are important understandings for students in any discipline.

In our fast-paced and technologically sophisticated society, we may not want to take time to listen, a condition which Fiumara (1990, p. 84) refers to as “benumbment.” In the midst of the constant noise of our modern world, we need to create sufficient silence to hear

ourselves and others. Many of us, as we rush from one thing to another, may speak to others without really listening. Students in all disciplines need to gain new understandings of the importance of listening.

### **Therapeutic Uses of Storytelling**

Students in any discipline can benefit from new understandings of therapeutic uses of storytelling. In nursing education, as in many other disciplines, the “classroom” expands to include agencies in the community, such as hospitals, nursing homes, community support groups, and patients’ homes. It is in these contexts that nursing students gain practice in testing out skills that they have learned in their on-campus classrooms, exploring with patients what it is like to live with a particular disease. Listening to stories from patients can help students to understand the illness experience through patients’ own eyes, as well as provide an important form of self-understanding. Stories help to create a shared world between students, their patients, and the patients’ families.

Stories have been demonstrated to be useful in a variety of therapeutic modalities for both the listener and the storyteller. Examples used here are related to nursing but the underlying premises are useful also for other disciplines. Five specific types of therapeutic uses of stories are discussed here: Assessment of clients’ problems; enhancement of understanding of culture; reminiscence therapy; narrative reframing; and storytelling in groups. When students learn to elicit stories from clients in these ways, they are rewarded with new understandings of their clients, as well as a sense of helping to empower others.

#### **Using Stories for Assessment of Clients’ Problems**

Traditionally, assessment of a patient’s condition often results in “scientific” information in numerical form. Patients are accustomed to filling out many “yes/no” questions on forms in their physicians’ offices, the type of information from their “presenting history” they think health care professionals want. They are unaccustomed to telling stories to illustrate their health history and needs. Students learn that stories can be an important strategy for gathering important assessment information (Banks-Wallace, 1999). The essence of the story is a detailed description of an experience, not measurement of variables related to cause and effect. Stories have the capacity to bring ideas and facts together in a sharpened focus, helping a student to picture a patient’s situation through his eyes (Emden, 1998).

As a result, students gain important information for structuring a plan of care.

This is illustrated by one student's experience with a 98 year old patient, Mrs. Jones, who was hospitalized with pneumonia. The nurses in the hospital unit told the student that Mrs. Jones was constantly putting on her call light to ask for something but did not really need anything and demanded too much attention. Indeed, when the student assessed the patient's physical condition, she found that Mrs. Jones' lung sounds were clear and she no longer had a fever. The pneumonia was definitely improving, yet she seemed depressed. The student then asked Mrs. Jones: "Can you tell me about something that has occurred during your hospitalization that you worry about?" Mrs. Jones then told how she had asked the nurses repeatedly about the injections she was getting but they would not explain them to her. When she put on her call light, no one came for a long time. She said that she felt completely out of control and could not sleep. The student listened to Mrs. Jones for about 15 minutes, realizing that she had assessed Mrs. Jones' fear and worry in a way that she could not have without eliciting her story. Mrs. Jones told her that no other nurses had taken the time to do that. The student said:

It was at that time I realized I don't ever want to become like one of the "other nurses." I don't want to stop caring about people in general whether they are young or old. No matter how many patients I may have that day, I won't ever stop listening to them. Listening to our patients is one of our most important responsibilities as nurses (Sorrell, 2000).

#### Using Stories to Enhance Understanding of Culture

Stories may be able to cross individual, cultural, and educational differences more powerfully than other types of information. Patients' stories are never just their stories — they connect the student with larger cultural narratives of shared meanings (Emden, 1998). Canales (1997) notes that health care professionals often construct the identity of ethnic minority women from stereotypes and myths evoked by their appearance. As a result, ethnic minority women may experience a feeling of double jeopardy, enduring the consequences of living in a society that devalues both women and members of specific racial or ethnic groups. Although Canales focused primarily on Hispanic women, these concerns related to stereotyping on the part of health care professionals can apply to many minority groups.

Draucker (1998) explored storytelling as an intervention with American women who had multiple experiences of sexual violence and abuse. Narrative therapists elicited discussion of moments of strength, autonomy, and emotional vitality that were embedded in lifestories otherwise saturated with suffering and oppression. Results of the research study suggest that storytelling may be a useful intervention for opening up possibilities for women to construct new life narratives.

#### Reminiscence Therapy

Another therapeutic use of storytelling is through reminiscence therapy. This approach to storytelling has been used effectively with a variety of populations, including elderly patients with confusion and dementia. Sometimes it is combined with other interventions, such as Tai Chi (Gibb, Morris, & Gleisberg, 1997). It appears that reminiscing about one's life through stories can be a beneficial coping strategy, helping to process information, feelings, and thoughts into a broader life perspective.

One advantage of reminiscence as an intervention for persons with Alzheimer's Disease is that it focuses on remote memory, making short-term memory less important. When students engage persons with Alzheimer's Disease in reminiscing about their lives, they draw on the person's remaining skills in remote memory and help to preserve integrity, generate self-esteem, and enhance well being. Even though these patients may confuse past and present, truth and fantasy, the stories facilitate social interaction and help in reconstructing an identity (Crisp, 1995).

#### Narrative Reframing

Narrative reframing is a type of storytelling that students can learn to help themselves and/or their patients to restructure life experiences. Students are encouraged to think about their early childhood and later years and how their families' and friends' beliefs and attitudes may have affected how they view different experiences in their lives. Did these experiences encourage them to feel that they had control over events in their lives? Or did they grow up feeling that they were at the mercy of "fate" and could do little to change their lives? The way we learn to view experiences in our lives affects how we relate to these experiences. Through listening to how individuals tell stories of experiences in their lives, students learn to help them to reframe these stories into a more optimistic outlook and empowering approach.

An illustration shows how narrative reframing helped to empower Mrs. Mason, the wife of a 54 year old man diagnosed with early Alzheimer's Disease. The student asked Mrs. Mason to talk about specific worries she had in doing the "right" thing for her husband. Mrs. Mason described how she felt she may need to make "advanced directives" to ensure that extraordinary measures of life support would not be implemented in an emergency for her husband but she did not know what her Catholic religion allowed. She talked about childhood memories of the "shoulds and should nots" from her religion. Even though she had drifted away from the church, she still wanted to do the right thing. Mrs. Mason told the student that she had never talked with anyone about this before, and as a result of thinking about it "out loud," she intended to call a priest and discuss with him acceptable options for making advanced directives for her husband. Thus, the student's efforts to elicit a story helped Mrs. Mason to reframe her worries and move toward a positive outcome.

### Group Storytelling

Storytelling in groups can be therapeutic for the listener, as well as the storyteller. An interesting study was carried out by Chelf, Deshler, Hillman, and Durazo-Arvizu (2000) with participants in a cancer-related storytelling workshop. Participants included persons with a diagnosis of cancer, their loved ones, and members of the public. Eighty-five percent of the respondents stated that hearing others' stories of living with cancer gave them hope. The authors suggested further research to demonstrate the benefits of storytelling as a strategy for coping with cancer.

Steffen (1997) focused on social and process aspects of personal narratives told at Alcoholics Anonymous (AA) groups in Denmark from 1990 to 1993. Analysis of the stories suggests that the ongoing telling of personal narratives in AA groups takes place in a continuum between autobiography and myth. It appears that individual and collective experiences are merged into a shared therapeutic process.

### **Strategies for Using Storytelling in Teaching**

In order for students to use stories as therapeutic interventions with clients, they need to practice writing and telling stories. Storytelling may seem an "unnatural" activity in a formal classroom when students are used to sitting for most of the class listening to a lecture, taking notes, or answering questions posed by the teacher. Many think of storytelling as an activity embraced by women, rather than men, so it is interesting to think how this teaching strategy

relates to male students. One study (Paterson, et al., 1995) explored how male nurses learn to care as they progress through a nursing curriculum. In a phenomenological study with 20 male students in a baccalaureate nursing program, the researchers found that both beginning and senior students stated that they had learned to care by listening to and reflecting on the stories of others, including nurses, teachers, friends, and classmates. They often sought out stories from individuals, such as residents in a nursing home, to learn what it was like to be a patient in a health care institution.

There are many ways of using stories to benefit learning for students. This section provides examples of two strategies that I believe are useful for students in any discipline: writing stories in journals and reading stories in the classroom.

### Stories in Student Journals

Having students write their stories in journals is an important teaching strategy. It is the responsibility of faculty to read these journal entries carefully. One nursing student, Nancy, told me of how she wrote to her instructor in her clinical journal about an experience in which she and her fellow students assigned to a psychiatric facility were in a state of shock after watching a film on child abuse. Since the instructor was not at the facility when the students watched the film, Nancy wrote how the students gathered outside after watching the film and wandered around in shock. She wrote, "We felt like we'd been bombed. Probably over half the students had personally experienced problems of alcoholism or abuse, whether it be by spouse or father. Instead of seeing the children in the film, we were seeing our own selves and realizing, 'My god, my childhood was really a mess.'" Nancy told me how upsetting it was that she shared these personal feelings in her journal but received no help from her instructor in resolving her distress:

It was just frustrating because I thought writing about this in my journal would help the instructor realize that if someone's really having some problems, they could call them into their office. But she just wrote back, "Keep verbalizing." There were a lot of the students who I know didn't even get to where I was and even cry about it. They just sort of took a deep breath and said, "OK, I'm not going to think about this anymore." But if you don't deal with it as it comes every time, then how are you going to help somebody else? (Sorrell, 2000)

In this example, the instructor reading the journal did not seem to understand the learning that could occur with creating a dialogue in the journal between faculty and student. Journals in all disciplines can be used to create learning through telling and responding to students' — and faculty members' — stories.

### Reading Stories in the Classroom

I require students to write two stories during the semester and give them specific guidelines for writing an effective story (Box 1). We discuss how both the topic and the style of writing are important for conveying important information through stories. Students see that the most effective stories are often “never again” stories — ones that stand out in a person's mind because they illustrate an experience that is extremely important to that individual. These types of stories help to capture insights that are important for nurses to understand in planning therapeutic interventions.

Twice during a semester I set aside time for students to read their stories aloud in class. I believe that the reading of the story by the author to an audience of peers creates a powerful learning experience. I call the storytelling activity a “Read Around;” students sit in a circle and take turns reading their stories. The focus is on the storytelling itself and the message it conveys. During the Read Around I also read a story to the class that I have written. Students usually seem surprised that I read my story but they appreciate this participation. I believe that as faculty, if we want our students to experience the value of telling their stories, we must also tell our stories.

It is important to recognize that telling of these “never again” stories creates an intimacy in the classroom that may be unexpected, and sometimes upsetting for students. Students' sharing of stories necessitates a safe learning environment where they feel secure in disclosing personal feelings and information (Geanellos, 1996).

This intimacy involved in telling one's story is illustrated by an example from one of my classes, in which the emotion evoked through students' storytelling was too much for one student and she left the classroom. Afterward, she sought me out to apologize and told me that her sister had died barely three months earlier. Listening to a classmate's story of a patient's death had brought the intensity of her own grief to the surface. The incident gave us a chance to talk about the losses in our lives. Both the student and I shared a unique moment of learning. Later in the week, I received multiple E-mails from students in the class saying how much they had enjoyed the class storytelling experience, and even though they cried, they valued the experience deeply.



### **Telling Stories Beyond the Classroom**

Students are often surprised by the excellent quality of stories produced in their class and may want to discuss different ways to “showcase” the stories so that the outcomes of their sensitive writing extend beyond the classroom. Some of my classes have designed desk calendars featuring a story for each of the months, with additional stories and pictures interspersed throughout the calendars. Students gave these calendars to friends and families as gifts and were proud of the image of nursing that they helped to convey to “outsiders.” One class designed a website for their stories, which they called “Weaving a Tapestry of Nursing Care through Stories.” In addition to gaining writing skills through participating in the project, students learned the technical aspects of designing a website. The website was featured at an “Innovations” conference attended by students and faculty across the University. The stories featured on the website helped students and faculty from other disciplines to gain a new understanding of the essence of nursing.

Perhaps the most ambitious outcome of storywriting in my classes was a book, *Beveled Edges: A Portrait of Caring. Nurses' Reflections* (College of Nursing and Health Science, 2000), published on-line. The class selected this title because they believed that the book represented a portrait of stories that were honored for their value, as a fine portrait would be protected in a beveled edged frame. Students accomplished the publishing of the book in one semester through dividing up into workgroups that focused on proposal writing, editing, graphics, and marketing. The proposal writing group obtained a grant of \$160 from an on-line publisher, which covered the cost of publishing 30 books, more than enough for the class. The editing group worked many hours to ensure that stories submitted by class members were free of errors and suitable for publishing, assuring the confidentiality of any clients described in the stories. The graphics group solicited photographs from the class to illustrate the various stories. The marketing group obtained publicity for the project through the campus newspaper and other sources and explored various options for selling the book. The class decided to purchase their own books (priced at \$7.00/book) so that the 30 free books could be used as samples to distribute to bookstores for sale. Students voted to donate all proceeds from the sale of the books to a scholarship fund for future nursing students.

Students were so enthusiastic about this project that it took on a life of its own, with workgroups staying after class to discuss their activities. They learned many important skills through the project, such as oral and written communication, editing, marketing, scanning

of graphics, and collaboration. After the class ended, they continued to remain in touch through the E-mail site we had established and shared enthusiastic comments they received from purchasers of the book. The University archives requested a copy of the book, the Dean of the College ordered 60 copies to be distributed to dignitaries associated with the University, and numerous copies were purchased by persons outside the University. The project was an important source of pride for all of us. One student shared a humorous experience about attending a meeting in her clinical agency when a nurse passed around the *Beveled Edges* book and asked her, "Have you seen this book?" "Seen it?" she responded with great satisfaction. "I helped to write it!"

### Summary

I sometimes think about how cold and impersonal a classroom feels at the beginning of a semester, just four walls, full of empty chairs facing straight ahead. But as the semester progresses, that cold classroom becomes energized through our nursing stories. If my classroom could talk, I think it would have many stories to tell. In the process of meeting each week with my students to discuss a specific topic, many other things happen through our shared stories. Through the stories, we laugh and sometimes cry and together we uncover new ways of knowing about nursing. The stories help us to grow as a community of nurse scholars, caring nurse scholars.

Storytelling can be a creative and powerful teaching strategy in all disciplines. Although stories have been used for centuries as a valuable means for communicating a special kind of knowledge, they have often been ignored in education. We come to know essential content of knowledge in a discipline through the lived experience of being a learner. It is important for all students — and teachers — to write and tell their own "lived experience" stories.

Given the pressures and real time constraints that educators face today, it may seem unrealistic to incorporate stories into teaching. As faculty struggle to cover more and more material in their teaching, however, stories represent an important approach for uncovering important ideas and understandings embedded in students' experiences. Stories also represent a powerful strategy for encouraging students to listen and to create therapeutic interventions for clients. Finally, stories present a valuable opportunity for helping students communicate beyond the classroom to showcase important insights from their learning. Future research can help to evaluate present strategies and identify new ones for enhancing learning through stories for students in all disciplines.

*I would like to acknowledge with appreciation the assistance of Dr. Terry Zawacki, Director, Writing Center, George Mason University, for her assistance in the review of this manuscript.*

### **Box 1**

#### **Writing an Effective Story**

Writing a patient's story, or one of your own, is not simply a recounting of events. The process of writing a story of a critical incident in your nursing practice, referred to by Benner (1984) as a paradigm case, involves you in thinking about the events in a new way, encouraging you to connect isolated bits of information from the incident into a cohesive story. This written story, in turn, serves as a case for reflection about the meanings embedded in the concrete experiences of your patients and yourself. Many of our most profound experiences — witnessing a birth, suffering with a loved one, comforting someone who is dying — cannot be adequately expressed through technical, “scientific” writing. Skillful writing of your stories, however, can allow the power of these experiences to emerge.

#### **Try using one of the following ideas to start your story:**

Describe an incident related to health care that stands out in your mind because it went exceptionally well and made a real difference in your life.

Describe an incident that stands out in your mind because there was a frustrating breakdown in providing effective health care.

Describe an incident related to health care in which you made a mistake.

Describe an incident related to health care that was a special challenge.

Describe an incident that you think illustrates the essence of what nursing is about.

#### **Try these guidelines for writing your story:**

Write in the first person, using simple phrases, just as you would tell it to a friend. Include important details that help the reader understand the context, or background, in which the experience oc-

curred. Be careful, though, not to include unnecessary details that distract the reader from the main story line. Describe why the incident is “critical.” State what concerns, thoughts, and feelings were occurring during the incident.

Stories are often only 1 to 2 pages. Think about how you want your story to begin and end. If you present too much background information, especially at the beginning, your readers may lose interest before they get to the main message of the story. Try to begin your story in an interesting way that makes the reader want to continue reading. Also, you want to end your story in a way that leaves the reader thinking about the message of this “never again” story.

### Works Cited

- Banks-Wallace, J. (1999). Story telling as a tool for providing holistic care to women. *MCN American Journal of Maternal Child Nursing*, 24(1), 20-24.
- Benner, P. (1984). *From novice to expert. Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.
- Canales, M. (1997). Narrative interaction: Creating a space for therapeutic communication. *Issues in Mental Health Nursing*, 18(5), 477-494.
- Chelf, J. H., Deshler, A. M. B., Hillman, S., & Durazo-Arvizu, R. (2000). Storytelling: A strategy for coping with cancer. *Cancer Nursing*, 23(1), 1-5.
- Coles, R. (1989). *The call of stories*. Boston: Houghton Mifflin.
- College of Nursing and Health Science (2000). *Beveled edges: A portrait of caring. Nurses' reflections*. Fairfax, VA: George Mason University. Produced by Chapbooks: www.chapbooks.com.
- Crisp, J. (1995). Making sense of the stories that people with Alzheimer's tell: A journey with my mother. *Nursing Inquiry*, 2(3), 133-140.
- Draucker, C. B. (1998). Narrative therapy for women who have lived with violence. *Archives of Psychiatric Nursing*, 12(3), 162-168.
- Emden, C. (1998). Theoretical perspectives of narrative inquiry. *Collegian: Journal of Royal College of Nursing, Australia*, 5(2), 30-35.
- Fiumara, G. C. (1995). *The other side of language: A philosophy of listening*. New York: Routledge.
- Geanellos, R. (1996). Storytelling: A teaching-learning technique. *Contemporary Nurse*, 5(1), 28-35.

- Gibb, H, Morris, C.T., & Gleisberg, J. (1997). A therapeutic programme for people with dementia. *International Journal of Nursing Practice*, 3(3), 191-199.
- Patterson, B. L., Crawford, M., Saydak, M., Venkatesh, P., Tschikota, S., & Aronowitz, T. (1995). How male nursing students learn to care. *Journal of Advanced Nursing*, 22(3), 600-609.
- Sorrell, J. M. (2000). Stories as a nursing intervention. Unpublished research.
- Steffen, V. (1997). Life stories and shared experience. *Social Science Medicine*, 45(1), 99-111.
- Van Manen, M. (1991). *The tact of teaching*. Albany, NY: State University of New York.