Telling stories about stories

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I want to tell you a story.

This is a story about stories.

As in any good story, we're going to wander down a few storied paths.

One of the paths leads back to 3 award-winning stories.* Remarkable stories by remarkable physicians who take seriously the power of stories—who have written powerful stories.

Another path is about the importance of stories for human health and well-being from the perspectives of some very different "storytellers"—if we can call an indigenous author and radio humorist, and an award-winning Professor of Clinical Medicine at the Columbia University College of Physicians and Surgeons *storytellers*.

Which, for the purposes of this story, we will.

The story I'm going to begin with is about a storyteller who ends up working in a Faculty of Medicine. This story starts in a tiny community on 2 tiny islands upon which most people in Canada—perhaps, most people in the world—have never set foot. Many people will not have even heard of these islands, these islands balanced in almost-always gray and stormy waters far off the northwest coast of British Columbia—further north, perhaps, than parts of Alaska. If you type the name of these islands into a Microsoft Word document, a red squiggly line will tell you you have made a spelling mistake.

Haida Gwaii is no mistake, however.

Haida Gwaii, a fistful of scattered broken bits of earth balanced in mist and alive with the high-pitched whistles of black-and-white bald eagles and the golden shine of bull kelp on silver-sand beaches, is the ancestral home of the Haida people, people whose connection with the islands has been scientifically dated to reach back more than 7000 years. People who once spoke to, and were spoken back to, by ravens.

As the story goes, and according to one journalist who recently wrote about it, the last of Haida Gwaii's fluent Raven speakers passed away less than 20 years ago. It made sense, according to the journalist who wrote the story, that the Haida people once spoke fluent Raven—in deep history, there would have been more ravens than humans roving around the gray-green archipelagos. Ravens are talkative birds—tricksters whose antics were responsible for the first humans on the planet, according to the creation stories told by the Haida.

Ravens flew, so ravens saw the world in ways that would have proven tremendously helpful to the Haida people, so long as the people listened to the ravens' stories. And listen the Haida people did. They learned from ravens about streams where the salmon swam thick. They learned from ravens about the locations of people in danger at sea. They learned where angry bears might be hiding up ahead and where berries were bright and plentiful. It made sense to learn the languages of ravens, because ravens had important stories to offer up, stories that would ensure the health of the Haida people, so long as the people listened. Raven stories meant prosperity for the Haida people.

I grew up on Haida Gwaii.

In the mid-1980s, I hit upon what I thought to be a noble and original idea—that I would like to "help" people and "make a difference in the world." It made sense in my 12-year-old mind to wander down to the largest non-military hospital on Haida Gwaii—the Queen Charlotte City General Hospital. As I wandered down the hill from our house, with ravens calling out lessons I did not understand, I daydreamed of the "real" medical things that I would soon be doing, like changing sheets, sitting behind a nursing desk, answering the phone, and magically ministering to the sick. I had visions of the red-and-white "candy striper" uniform I would be given, of the exalted position I would quickly achieve upon being recognized as the Florence Nightingale-esque person that I surely was.

Imagine my 12-year-old surprise, then, when I was greeted at the front door of the small rural hospital by a rather pleasant family physician who said he had the perfect job for young people like me who wanted to volunteer at a hospital. And there was no need to wear any pretty uniform—my mum's hand-knit sweaters would more than suffice.

I could, I was told, sit beside Charlotte.

I could, I was told, read stories to Charlotte. I could also, although I would likely not be able to understand them, listen to the stories Charlotte would surely tell me, love as she did to tell her stories to young people.

Charlotte, you see, was the oldest living Haida person on the globe.

So far as I know, passing away as she did at about the age of 103 (although no one knew for sure when she was born) she remains one of the longest living Haida

*This article is based on a presentation by Dr de Leeuw at the awards ceremony for the winners of the 2013 AMS–Mimi Divinsky Awards for History and Narrative in Family Medicine at Family Medicine Forum in Vancouver, BC, on November 7, 2013.

La version français de cet article se trouve à www.cfp.ca dans la table des matières du numéro de **janvier 2014** à la **page e41.**

people in the knowable post-settlement history we all live in today. In the weeks and months during which I sat beside Charlotte in the Queen Charlotte City General Hospital, some remarkable things happened, many of them lessons that I still do not fully understand, many of them lessons that only show themselves when I least expect it.

When I first saw Charlotte, I saw the smallest of bent bodies, a caved-in person with long yellow fingernails and wet teary eyes, a woman folded into a slightly elevated metal and plastic hospital bed, tucked in with a soft blue blanket. I was terrified. She was so old. Past 100! I was 12. I overcame my fear and sat with Charlotte. She held my hand, her hand cool and dry, purple-veined and all bones, curled around mine with a grip I can still recall. She spoke to me, slowly but consistently, in a language I did not understand. She did not speak English, although she understood it. During many of the hours that I sat beside her hospital bed, during some of which I must confess that I read out loud trashy teen romances like *Sweet Valley High* to the oldest living Haida person in the world (can you imagine?), people would come and visit Charlotte.

Many of them just stood beside her bed. Some stroked her hair, or fluffed her pillow, or smoothed the blanket over her small body. Often there was silence. Often Charlotte would speak those words I never understood. Once, a man about my father's age came and sat with us, saying to me something I will never forget.

"You are lucky," he said, "to be listening to the words of Charlotte. She is a very powerful elder. You do not understand her words, but just listening to her words, her stories, is medicine."

Almost 3 decades later, I still carry the stories of Charlotte. My stories of sitting with Charlotte, Charlotte who told to me stories that I did not comprehend but which nevertheless settled into me. Stories from Haida Gwaii. Stories that frame my position as a teacher and researcher interested in health inequalities working in the Northern Medical Program, a distributed arm of the University of Northern British Columbia Faculty of Medicine.

Are stories medicine?

Thomas King, Cherokee-Scottish author of more than 15 books and the mind behind CBC Radio's brilliant Dead Dog Café series, thinks so.

In his Massey lecture *The Truth About Stories: A Native Narrative*, King writes that "the truth about stories is that that's all we are."[1] King references other indigenous storytellers like Jeannette Armstrong, who writes, "Through my language [through stories], I understand I am being spoken to, I am not the one speaking. The words are coming from many tongues and mouths of the Okanagan people and the land around them."[1] Metis singer-songwriter and storyteller Andrea Medard reminds us "it's not the colour of a nation that holds a nation's pride. It's imagination. It's imagination inside."[2] Laguna storyteller Leslie Silko is more direct: "[Stories] aren't just entertainment. Don't be fooled. They are all we have, you see, all we have to fight off illness and death. You don't have anything, if you don't have the stories."[3]

Some awfully smart non-indigenous folks would agree. These folks tell their stories in the form of double-blind, peer-reviewed research papers: Michael Chandler and Chris Lalonde, who have doctoral degrees in psychology, have for the past 2 decades published some of the most groundbreaking investigations about First Nations youth suicide in British Columbia.[4,5] It seems that stories (otherwise called *sociocultural resiliency, competency, and continuity*) are one of the single greatest preventive hedges against youth suicide in First Nations communities. If young people know their stories, if they are able to tell their own stories, they have better health outcomes. And if youth have better health outcomes, communities that experience the greatest burdens of poor health in this country (aboriginal communities) might grow into a healthier tomorrow.

Dr Rita Charon, founder and director of the Program in Narrative Medicine at Columbia University, would likely agree. The basic premises of Charon's work, articulated a little differently than by King and Chandler and Lalonde, is that narratives shared between physicians (or other health care professionals) and patients afford unique ways of navigating the most fundamental aspects of the human condition: suffering, pain, joy, fear, connection, transformation, terror, illness, passing on, and love, to name but a few.[6,7] Charon argues that narrative is the most basic scaffolding of any story because narrative is a re-telling, a description, or a relating of events in a sequential and relational way, as opposed to speaking in isolated or staccato ways about various facets of wellness or illness, and is fundamental to meaningful clinical encounters.

Narrative, or story, allows for humans to truly understand each other, increasing the capacity to deepen diagnosis, increasing empathetic orientation to complex medical challenges, and increasing the likelihood of a successful doctor-patient relationship. The telling and the consumption of stories, according to Charon and her team, is not unidirectional. It is not just about getting patients to tell their stories to health care professionals. Instead, stories—narratives—are multidirectional tools that allow health care professionals to critically reflect on their own practices by understanding events relationally, over time, and across different spaces, to learn from other professionals about expanding skill sets, to effectively communicate about the "wickedly" complicated issues so often involved in clinical interactions.

Reading stories—and remember, these do not need to be stories that are clearly about health or medical practices—is also therapeutic unto itself. It allows us to visualize new modes of human interaction, to see things

unfolding in unexpected ways, and to probe our own realities deeply and in complex ways that might not otherwise be considered. In short, stories are remarkable phenomena that expand our capacities to understand ourselves and those with whom we live, with whom we share the reality of human conditions. Stories are us, as we tell them, as they are told to us.

The authors of this year's 3 prize-winning stories know, innately, the power of narrative—the power of story. And they have told 3 incredible stories from this vantage point.

Dr Vivienne Lemos's story "Fledgling" recounts the way that a story provides a lifesaving bond between a physician and the father of a critically ill child. Taking place in an isolated northern location, the story turns on the need for an indigenous man to accompany his desperately sick child to a hospital in Toronto, Ont, a city he has never been to, which frightens him terribly. The physician, with an incredible reliance on narrative medicine, tells the story of what the father can expect upon arriving in Toronto, allowing the father to feel safe on his next journey with his daughter. Sometimes a story is the most powerful medicine—exactly what is needed to convince a father to travel with the daughter who will not live without him.

If more evidence is needed about the role that fathers have in shaping—and saving—lives, we can easily turn to Dr Catherine Hudon's personal essay, "*Merci papa*." "*Merci papa*" is a grand, arching narrative that crosses many years and spans the coming of age of a physician who begins from a place of being inspired by her father and, after years of hard work and critical questioning, returns to a place of being inspired by her father. What is important to note in the essay is that it is through stories—by listening to the stories that her father tells of practice and patients—that Dr Hudon is inspired to become a physician herself, and to then tell us, the readers, her own stories of what she does and what she has gone through. Stories are the very stuff of physicians' lives and practices.

Dr Alex Kmet is a remarkable physician-storyteller. And he is an avid reader, something very evident in his deft use of metaphor to enliven one of the most profound narratives that humans speak to each other about: being close to someone who dies. In Alex's narrative-making hands, scissors transform into "metal prey" and a yellow plastic allergy bracelet becomes a "serpent's poisonous coil." At the heart of Dr Kmet's story, "Little Things Matter," is a remarkable lesson—the only thing we have upon exiting the world is the connections we have made with each other. And so the little things do matter: Making someone comfortable. Building some kind of relationship. And, in the end, honouring them by telling the story of what you remember of them and what you learned from them.

These 3 stories are powerful. They recall the stories I grew up with, the stories that stay with me, the stories given to me even if I do not comprehend their meanings or lessons. Stories might be spoken in Raven or in Haida, or by others whose words we do not fully understand in the moment.

It is important we always listen.

Carefully.

Because, as Thomas King reminds us, the truth about stories is that that's all we are.[1]

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Acknowledgment

I thank the Michael Smith Foundation for Health Research and the National Collaborating Centre for Aboriginal Health for funding support. The views expressed are my own and not an official position of my institution or funders. I also thank University of Northern British Columbia postdoctoral fellow **Kendra Mitchell-Foster** for her assistance.

Competing interests

None declared

References

1. King T. *The truth about stories: a native narrative*. Toronto, ON: House of Anasi Press; 2003. p. 2.
2. King T. *The truth about stories: a native narrative*. Toronto, ON: House of Anasi Press; 2003. p. 62.
3. King T. *The truth about stories: a native narrative*. Toronto, ON: House of Anasi Press; 2003. p. 92.
4. Chandler MJ, Lalonde C. Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcult Psychiatry* 1998;35(2):191-219.
5. Chandler MJ, Lalonde CE, Sokol BW, Hallett D. Personal persistence, identity development, and suicide: a study of Native and non-Native North American adolescents. *Monogr Soc Res Child Dev* 2003;68(2):vii-viii, 1-130.
6. Charon R. The self-telling body. *Narrative Inquiry* 2006;16:191-200.
7. Charon R. Narrative and medicine. *N Engl J Med* 2004;350(9):862-4.