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Therapeutic Use of Storytelling for Older Children Who Are Critically Ill

Mark Freeman

Like play a story can be functional and therapeutic in the care of children dealing with chronic illnesses such as cancer even when patients courses prove terminal. Examples include both oral telling and reading of stories, picturebooks novels and accounts of natural phenomena, as well as children's recounting of desires and fantasies. The field of therapeutic stories offers unlimited opportunities for both practitioner and parent to learn better ways to support children's own inner processes of imagination and motivation to strengthen and to provide comfort.

Why do stories have an ability to reach children even in the worst situations or when more direct forms of communication have become problematic? It may be that regression to prior cognitive levels (Piaget, 1929) allows for a re-remaining of earlier childhood security. Or, even more likely, the utility of transitional objects (Winnicott, 1958) does not end with the baby's bottle or the toddler's teddy bear, but continues throughout life's stages.

Full discussion on the mechanism of imagination (including lies, stories, dreams, and fantasies) as a key to cognitive learning and emotional coping is beyond the scope of this article, but anecdotal examples of story use from late school age and adolescence can help to point out directions for further inquiry.

The case histories that follow are presented in a form that entwines the process of metaphorical intervention with elements of the patient's own story, demonstrated as literary narratives. Although "fantasy-as-release" is often notable in the progress of children in medical

situations (Oremland, 1988), the importance of play and stories continues to be a significant coping mechanism for all ages in facing health problems or other crises (Freeman, 1987).

The pediatric oncology team of a tertiary care teaching hospital consisted of medical staff, nurses, social workers, child life, occupational, and recreational therapists, volunteers and others—along with myself, a pediatric nurse with specialization in storytelling. Three years as Storyteller-in-Residence (through a state arts council program) provided consistent opportunities in the oncology outpatient clinic and in the hospital, as well as at the nearby "Family House," to learn from patients some of the parameters for the therapeutic use of storytelling and reading. Although, in the cases chosen for this study, the subjects ultimately succumbed to their illnesses, most pediatric cancer patients now survive. Storytelling has wide applications during the course of a cure of chronic illness, it is also a potentially valuable adjunct in terminal cases.

In cancer treatment, the threat of death always hangs over the heads of patients and their families, this Sword of Damocles seems often ready to fall. In many situations, the use of stories provides a means of dealing with unfaceable fears and untenable realities by doing so indirectly (Haley, 1973). Myths and fairy tales have provided this function since ancient times. In his televised interviews, the popular mythologist Joseph Campbell offered a perceptive, but seemingly enigmatic, statement on the traditional use of storytelling: "Mythology teaches that our job here on earth is to participate joyfully in the sorrows of the world." Just as play has provided young children of each generation with a means to mastery (Opie & Opie, 1969), so has the "facing of death" always been a key element to older children's rites of passage, often in coming-of-age rituals where initiates learn how to deal with mortality (Levi-Strauss 1969).

Pediatric professionals bring to relationships with patients their extensive first-hand knowledge of the many stages of normal development

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By combining this with the child's expertise—his or her unique knowledge and imagination—fantasy skills can be seen here in use as tools for coping, even in “worst case” scenarios

Cases

Timmy (8 to 9 years old)

Eight-year-old Timmy spent his last months almost entirely in his hospital room. His white blood cell counts were often dangerously low, leaving him vulnerable to common infections. Both of his remarkable parents were with him much of the time, and they became expert at keeping hospital staff visits to the minimum necessary, thus preserving their room in this large institution as a relatively safe family space. I had met Timmy when he had first come to the outpatient clinic, but during the long last months in the hospital, I realized that he was best supported by his mother and father. Still, I was able to provide books for them to read with Tim.

One that they particularly liked was *The Indian in the Cupboard*. It is the story of a boy, who receives for his birthday two apparently insignificant presents from a kid brother: a small plastic Indian figure, and an old medicine cupboard found in the alley. With the addition of a skeleton key that once belonged to his grandmother, the cupboard becomes magic, bringing the Indian to life—small, but fully human and full of fight. The boy keeps him a secret in his room.

This book contained a plethora of images and possibilities: keys from the past, junk turning into treasure, the right to be angry even if you are little, the secret friends of childhood come true, the access to an inner life that can be kept locked up or let loose, the native's real emotions versus our stereotyped conventions of American Indians. There is, of course, no way to know exactly which images will resonate best within a child's own internal life and particular development.

Good stories can provide opportunities to discuss one's “issues” and situation if so wished, or the child has permission to merely enjoy them as a fantasy escape that need not be analyzed. One great value of stories is that they are indirect—as opposed to pedagogical material, which “must” be learned. Each child takes from a story only what he or she is ready to find.

A short while after his quiet death in the hospital, Tim's parents returned the Indian book, recalling how much he had liked it. They had read together one chapter each day, up to

the day he died. My first response was of sadness that he did not get to finish it. Yet, here was a child who experienced life fully inside the confines of his room and disease, within the safety of his family and of his own mind—and who believed, like the eight-year-old that he was, in the temporary nature of death. That story about the warrior, who changes from a toy to live in a magic box, apparently made a good fit with his own situation, his deepest beliefs and hopes, as Tim demonstrated to us soon after.

Some of the hospital staff had been startled to hear that on one of their few outings, Timmy's father had taken him to the cemetery. There he had an opportunity to see where the other members of his family were already, or later would be, buried. He also had a chance to pick out his own coffin, his personal cabinet of transformation. Timmy proudly reported back that his would have a red racing stripe on it.

Roy (9 to 12 years old)

I met Roy in the outpatient clinic, when he was nine years old. Born in Korea, he seemed sometimes older, and perhaps more thoughtful, than many children born here. Though quiet and held back, he proved always interested in hearing or reading stories. It was in the course of discussing these stories that he shared with me much of his own history. He moved from Seoul to New York City for a new life, and then five years later moved to California for cancer treatment. Roy could speak both Korean and excellent English, but this with a Brooklyn accent. When homesick, it was not for Seoul but for his old Flatbush neighborhood.

One book we read together over several weeks was the illustrated novel *Wingman*, by Daniel Manus Pinkwater. This is about a conflicted Chinese-American boy living in New York. “At school he was Donald Chen, but at home he was Chen Chi-Wing or Ah-Wing.” Chen escapes from his troubles at school into the fantasy world of comic books. Each morning, he would fill his book bag with them. But instead of going to school, he would walk instead to the George Washington Bridge and climb up into its support system via steel beams. There, in the company of seagulls, he could read comics all day. The book describes how he meets Wingman, a bird-like superhero who teaches Ah-Wing the secrets of using fantasy and visualization to succeed in school and in life.

Roy was thrilled to find a book about someone like this, so closely relevant. Interestingly, however, he himself was mortally afraid of being on

bridges. He later confided having felt that way ever since his father (an absent figure whom he had not ever mentioned before) had taken him to walk across the wooden Brooklyn Bridge. Roy had been terrified—he was sure the bridge would collapse or a car would crash right through and kill them both.

Subsequently, I took Roy on a walk in an observation area near a large suspension bridge and offered him the chance to cross over it with me. He still preferred to avoid bridges. So, instead, we took a walk *under* the structure. It was exciting to hear and feel the cars and trucks rushing by 20 feet above our heads while we told each other jokes. On another day, his two sisters joined us for a movie and then went for a walk at some old ruins by the sea. This involved narrow walkways on old walls between sunken pools. In order to reach the beach, we had to cross these walkways, overcoming no small fears in the process.

Certain metaphors that we found together in stories seemed to offer Roy opportunities to visualize and then to verbalize his values system for me. As the only male in a one-parent family and a cancer patient, he was often making impossible choices between two difficult alternatives. He was always on “the bridge”—and expected to be brave. It was finally his choice, supported by his mother, to discontinue treatments as it became clear they held almost no further chance for success.

At such times, quality of life can become of greater importance than its duration. Among Roy's best times were two springtimes when he, his sisters, and their mother joined our oncology family overnights at Audubon Ranch for egret watching, campfires, and night walks. Roy was an intrepid hiker (though still not over bridges). Another important part of the retreat was the fairy tale play, presented annually by the children for the adults, when all the children made masks out of casting materials in which to act out their parts. At the second retreat, Roy utilized his storytelling skills by serving as co-narrator. And, that year, 6 months before his death, Roy's mask was the largest of all—a great blue heron with an imposing beak. When I first saw it, I didn't recall the story of Wingman, the superhero who left bridges below and who could fly anywhere by means of imagination.

Mindy (14 to 16 years old)

I met Mindy when she was 14, 2 years before the end of her life. What I remember most of all were her eyes—large, glowing, deeply kind

and trustful, but full of unspoken desire. “Wouldn't you rather be somewhere else on a Friday evening?” I asked, the first time we met in her hospital room.

She proceeded to recount to me her friends' favorite weekend night activity. The teenagers would go the woods near the coast after dark. Their favorite game was “scare the girls,” which meant the boys circling the girls who wandered into the trees, to attack when least expected. It is a scene reminiscent of many traditional fairy tales, as in Stephen Sondheim's Broadway musical “Into the Woods.” This archetypal teenage “courtship” ritual is also the basis for many horror films—in the dark lurks the unknown—dangerous and exciting.

I recalled a grown-up short story that might fit her needs. With “The Company of Wolves,” a coming-of-age and a feminist werewolf tale in Angela Carter's *The Bloody Chamber*, we began a relationship based on storytelling. That evening in the hospital room I read the first part of the story to Mindy and her mother. We continued the next part of it a few days later during a lumbar puncture (a regular procedure in the course of her therapy for brain tumors). The to-be-continued tale not only provided something pleasant to look forward to but also blocked fear, since it is not possible to experience both positive anticipation and negative dread at the same time (Erickson, 1985). During a painful procedure, storytelling can act as a hypnotic distraction. This story's effectiveness was attested to by the “Freudian slip” of Mindy's post-puncture comment, “I didn't hear any pain at all!”

Over the next months, Mindy talked about school, about her plans for re-uniting with her father on a visit to Oregon, and then about her accomplishment in doing just that. Later her attention turned to a boy in the hospital in whom she was interested. Perhaps because she knew that progress in her treatment had grown doubtful by this point, she seemed to feel that she had to grow up faster than usual. She would ask several trusted members of the health care team such questions as, “What are adults really like?” and “What happens after you die?” Not having any easy answers, we encouraged her to talk. I also looked for stories. One was Natalie Babbitt's *Tuck Everlasting*, a novel we began to read chapter by chapter over a number of visits. In it a young girl discovers a fountain of perpetual youth and two teenaged boys from a family who have already had the mixed blessing of drinking from it. They now know that living forever can

prove sometimes to be a torture Their father confides to her

Sometimes I forget about what s happened to us, forget it altogether And then sometimes it comes over me and I wonder why it happened to me We're plain as salt, us Tucks We don't deserve no blessings—if it is a blessing And likewise, I don't see how we deserve to be cursed, if it's a curse Still—there's no use trying to figure why things fall the way they do Things just are and fussing don't bring changes "

I found this an excellent discussion of why 'bad things happen to good people' and hoped that the novel would help Mindy come to grips with all the hard changes in her life However she didn't like the book much Perhaps it seemed too young, too sappy, or too direct We decided not to read any more of it

There eventually came a time when Mindy was having trouble with her thought process This was a terribly frustrating period for her for her grown sister (who had become a constant companion), and for the entire team who cared for her She began hallucinating that various nurses' boyfriends were kidnapping her She now indicated a definite impairment in ability to transfer back and forth from fantasy to reality This did not seem like the right time for either a fairy tale or a new book Instead, I told Wendy, simply and concretely, about an actual hike I had taken the weekend before and how I had thought of her there

We sat quietly together and shared the adventures of a series of bubbles that calmly circulated in an eddy of the pool at a waterfall's lap small bubbles joined with each other to form larger ones until eventually the single bubble became simply too large to hold together I re-lived for her, the joy of hiking up a path beside the fall, only to find myself at the base of another waterfall, then another, and another We talked about the thick fog that had completely filled the top of the canyon, the tips of pine trees seen poking through that fog below I told her that, since she was no longer in any physical shape to spend time outdoors herself, I wanted to share that place with her

I did not know if Mindy was able to hear the story of this hike in her current state of mind, but I continued to share it with her as much for my own sake as for hers Luckily, as her health improved temporarily, her thinking also cleared A month later, on what was to be her last visit to the hospital, her family told me that she had not only heard, but had also later re-

counted that hike to several of them She had taken from my description the precise metaphors she had wanted the images of Christmas trees ascending through the clouds, of small bubbles of life joining into larger meanings, and of a flow upward, which in the vocabulary of her family's religious belief meant heavenward

On several past occasions, Mindy had told me about the book that was closest to her heart, *Waiting for Johnny Miracle* I knew that it was a romance about adolescents in a hospital, and since I'm not big on teen romance novels, I never pursued the matter But, it was at about this time that she fell in love and began a tryst with a boy her age, a neuro-oncology patient on the same unit The staff had the good sense to give them time alone together, the little bit of privacy that hospital rooms can afford Both of them wore caps to cover their hair loss, and their 'dates' were regularly interrupted by one or the other's medication-induced nausea Yet, this relationship was, for them, as serious as are most adults liaisons Although both knew that her prognosis was not good this proved no deterrent

On her last visit, Mindy surprised me with a copy of *Waiting for Johnny Miracle* She had asked her father to find the book for her and he had recently come up with it Now it became her gift to share I read it and found it a better-than-average pulp romance, one that placed normal adolescent wish fulfillment within the limitations of hospital life But, for Mindy, it was like a dream come true In the book, two girls on a cancer ward scheme to help the one who will not live long to experience love—and sex—before she dies This was her reminder to me that we all, for whatever the length of our life span, need our stories to live by

Catrina (15 to 17 years old)

At one of the evening storytelling sessions at "Family House," we finished the picture books and sent the children back to their parents and off to bed Mindy and a friend named Katrina, a patient with bone cancer who had already lost one of her legs and was to lose both before finally succumbing to the disease, were among the small group of teenaged girls remaining This provided a good opportunity for a participatory telling of a Roman/Greek myth, 'Cupid and Psyche' It concerns a girl whose beauty is so envied by Venus that the goddess herself sends word by oracle that the girl must be sacrificed by her father to a winged creature Does her father do it? Each girl hearing the

story had a different answer to contribute to the natural course of the narrative

Several of the girls answered 'He's more afraid of the monster than she is!', "He doesn't want to but " one said honestly, "I don't know " None of the answers was 'wrong,' and each was validated by the storyteller, for each 'told' about how the listener is personalizing their own tale

Psyche finds herself in a beautiful palace, with sparkling streams running through the open-roofed rooms past beds of moss Yet each night, there is a visitation by the winged beast, never seen but clearly heard asking that she not try to view him Only later does the "monster' turn out to be Amor, or Cupid, god of love, so taken with Psyche that he pricks his finger on one of his own arrows and falls in love with the girl Psyche listens to her jealous sisters and ends up wounding Cupid with a drop of wax as she extends a candle over him to see his face while he sleeps Should she have? There are different answers

She is, however, banished from the palatial paradise and must go on a long and difficult odyssey with painful tasks, during which she comes to the end of her desire to live, but ultimately proves herself steadfast Finally, she wins the right to dwell forever on Olympus as a demi-goddess, never again to be separated from her winged lover Each of the girls present could relate to Psyche's series of trials and tribulations, but each related to one or two of the story's metaphors in particular for one, it might be the impossibly unfair task of separating a mound of various seeds before the sun comes up, for another, the condition of being ready to jump from a high tower, for yet another, of being exiled from home and held in a strange bed Each may, or may not, express the way she internalizes the tale

It is not necessary for anyone to draw direct connections between the elements of a story and the realities of hospitalization, though trained therapists can find material useful for counseling in a medical patient's responses to stories, in play, or in films As in a formal therapy session, such communication can emerge from "mutual storytelling" (Gardner, 1986), in group discussions, or in creative writing Catrina, a quiet but very thoughtful high school senior, listened to the tale of "Amor and Psyche" and later wrote about a dream she had—one that she believed shed light on herself and her own dilemma

"I was walking through the woods, just walking around for exercise, but carrying

my sword, dagger, and my special arrow shooter, when I noticed that I had become very thirsty Presently I came upon a small house in a tiny clearing I knocked three or four times but there was never an answer After the fourth knock I decided to just go in get a quick drink of water and leave Well, I entered the house slowly, and if the outside of the house was bad, you should've seen the inside—major gross! But unfortunately I was still thirsty Just as I was about to see if the faucet worked, I heard a rustling noise behind me

"When I turned around I saw a group of about twenty savages standing behind me Their faces were decorated as if they were about to celebrate a feast, and I hoped I wasn't the main course Each of them had long, sharp, pointed arrows The problem was that the arrows weren't pointed towards the floor they weren't pointed up at the sky They were pointed at me As I reached for my sword one of them shot at me, and I ducked just in time for it to whiz inches away from my head At once I was in battle I killed so many it was unbelievable, but eventually I got outside, and now I was swinging from tree to tree, swishing my sword from side to side, warding off these newly-made enemies "

Catrina's is not an unusual dream of chase and escape, and is related to her own condition dealing with hospitalizations, medical staff, radiation therapy, and the recent amputation Early in the dream she is walking in the forest, as if in dreams neither of her legs had any problem But later when she must flee rapidly, it is her arms she uses both for escape—swinging through the trees—and for revenge She is, in fact, remarkably well armed with a sword and a dagger and a valuable "special arrow shooter " The particular imagery of arrows may or may not have had to do with the story of Cupid, or the cathartic nature of one story may have encouraged her to write her own

"In fact," Catrina added when she wrote up her dream to be printed in a family support newsletter, "almost all my dreams were related to that one in one way or another It was my way of dealing with cancer Peculiar, you might think, but it worked "

DISCUSSION

Those children whose lives are touched on here, two latency-aged boys and two adolescent girls, each found stories useful in his or her own

way The youngest, Timmy, was enveloped in a supportive and protective family who were already helping him to think about his upcoming death Intervention in this case was best accomplished by providing helpful tools to the parents What proved useful was not one of the books directly on death and dying but was an adventure story that allowed for a wide range of fantasies based upon the coming and going of life of a plastic toy transitional object This story offered validation to Timmy that small need not mean powerless, and it reflected his own pre-adolescent belief in the impermanence of death This was affirmed by his reframing of a coffin as a racing car, a powerfully quick vehicle to a place of security where family can continue forever

Roy was merely one year older, but by circumstances, he was already forced to face a reality of insecurity, of the limits of family His separation from a father who had abandoned them remained unresolved When offered a trip of his choice by "Make-A-Wish," he did not go to Disneyland nor to Korea, as his mother wished, but back to Brooklyn to look for Dad Later, his treatment options narrowed to a nonmatching bone marrow transplant that offered scant hope of success and promised months of isolation in a hated hospital In considering the deadly option of no further treatment, he also faced separation from his mother

Nothing makes such adult decisions easy for a twelve-year-old child who has grown up too fast, but the novel he related to may provide a key to his own coping caught between two worlds, the character finds a way off the bridge, learning that his internal powers of imagination can carry him far Roy's choice to avoid entering the hospital again may have reflected a victory for internal bravery (a superhero who teaches mental strength) over external bravery (adult medical voices suggesting Roy "should" keep trying at all costs to survive physically) Finally, Roy had found that he could become the narrator of his own story

For teenaged Mindy, the developmental task at hand included the usual adolescent need for control, as well as her desire to take risks and to try out new identities This involved coming to terms both with sexual romance and curiosity about death—areas for an adolescent that are dark, forbidden, and fascinating Fiction was particularly important for this patient but, as she made clear, the choice of story had to be based on her needs and choices, not mine The tale of *Tuck Everlasting* didn't work for her

(though it did for me), *Waiting for Johnny Miracle* was what she needed (despite my own value judgments on it) Later, when her normal developmental skills were curtailed by tumor-induced thought disturbance, it became important as a caregiver to provide clear and simple communication that was nonthreatening in content

The Greek myth that was told to Catrina and her adolescent friends provided an entire set of potentially relevant imagery disguised as metaphor, that permits an wide range of otherwise unacceptable emotions, such as despair in the face of rejection by family (a common teenage theme), loss of a love object (the first is felt even more strongly, perhaps, than later losses), consideration of suicide (often related more to the yearning for 'surcease of sorrow' that Edgar Allen Poe mentions in his poem *The Raven*, or with the punishing of significant others, rather than actually wishing death), and the irrational desire for a paradisaal immortality in the face of life's unfairness and difficulty A teenager can choose what she likes from this menu Catrina's own dream reveals epic elements that her subconscious has created for her use swords and arrows more potent than the syringes and scalpels encountered in hospital, a means of escape using hands only (certainly a valuable coping strategy and fitting image for an amputee), the outsmarting and overcoming of powerful enemies

CONCLUSION

Stories are appropriate in different ways at every stage of growth, and can be particularly helpful near life's end for children with life-threatening illness Questions of quality of life during these important days and months do not always lend themselves to study in quantitative form, but stories provide a valuable resource of coping skills Our ability to care for and maintain two-way communication between ourselves and patients, and their families, can be augmented by stories we share, and by those we hear children tell

Any child facing medical or emotional challenges (such as long-term hospitalization, homelessness, or aftereffects of war) can benefit from the close, caring communication implicit in the storytelling relationship Obviously, the use of tales can also be of importance as a source of support and expression among patients who will survive, their families, and caregivers All the crucial "loss" issues (Viorst, 1986)—the fear of mortality, anxiety about separation, terror around disfigurement—are relevant whether or

not the patient is expected to live or succumb to illness. Stories can even help in cases when treatment fails or where treatment is not an option.

This immediacy of critical emotional challenge—removed to other characters and contexts—is one of the ways storytelling and metaphor “work.” First of all, the story might reflect a child’s own internal life—the fears and fantasies appropriate to that age and individual—and then it can offer a greater degree of resolution than the child might come up with on his or her own. This involves a complex relationship between a child, who brings willingness and ability to relate fantasy to his or her own internal life, and an adult who chooses a story that may be relevant, adding greater personal experience to the telling or reading of the tale.

When this occurs within the context of a multi-disciplinary therapeutic team, group input can help define a core challenge and a child’s involvement in a particular tale can provide valuable new information on levels of awareness and coping responses. Areas of challenge thus highlighted can be related back to the team, or referred for psychiatric evaluation, when appropriate. The teller of a therapeutic tale may be a therapist but might also be any member of the team knowledgeable about the child and about human development, and able to gear the story situationally. It can also provide a valuable role for parents, grandparents, or friends, as well as for health care staff.

There is no “right” or “perfect” story to use with a child any more than an individual has a “correct” fantasy. The best guidelines to any particular child’s realm of fantasy for any professional are what a child chooses to share from the internal life: dreams, desires, fears, and nightmares. A great deal can be gathered by simply asking for explanations of pictures children have drawn or television shows they watch, or finding out about the toys, games, or stuffed animals that are part of their world. Children have every right to be private about their internal reality, but most are eager (and surprised!) when they find that an adult is actually interested in this aspect of their lives.

When a child’s stage of development is matched with a carefully chosen story shared by a caring adult, the results can be cathartic. This differs from a literally prescriptive process, where a book about an amputee is automatically chosen for a patient about to undergo removal of a limb. A book about divorce may be a more acceptable and less direct means for a particular

child to deal with the issue of loss (just as a book on limb loss might help a child facing family divorce). Particularly in times of stress, children may respond better in a learning situation that provides indirect (safer) metaphor rather than cold facts.

Practitioners can develop their own skills in the use of storytelling, reading, metaphor, and other forms of therapeutic language by practice. Many health care providers already utilize informal storytelling techniques on a daily basis, to build rapport and to share difficult areas of communication. A more conscious approach one that can be integrated fully into team care can also benefit both patients and caregivers.

Examples of stories to use can range from the simplest to the most complex. A good beginning would be to choose three nondidactic examples: (a) a joke or cartoon strip, (b) an amazing human interest news story, and (c) a fairy tale chosen by reading a collection of tales from a culture with which the practitioner feels associated. These three examples could be tried on a variety of “listeners” (family members, colleagues, and patients) until the teller is comfortable enough with them to vary their telling depending on the audience, fitting text to situation.

One further note on fairy tales is in order. These stories, rather than being appropriate to preschool-age children (who prefer the simpler, less violent encounters in animal stories or picture books), are actually more useful during the school-age years and into adolescence. They are different from fables, parables or cautionary tales, epics, or creation myths (von Franz, 1982 provides a very intricate Jungian interpretation of myth and fairy tale). True fairy tales offer older children a chance to practice their new-found independence in a realm where anything is possible (see Bettelheim, 1977, for a rather strictly Freudian explanation of this process).

There are specific elements that characterize a story as a fairy tale, which practitioners searching the folk literature can find. First, these are tales about an “everyman” or “everywoman,” usually a young person, whose troubles in the world have become insurmountable. Second, rather than promoting simple heroism in the face of these dilemmas, the story transports its character into another world, a wilder or more dangerous or magical place. Third, the narrative introduces its explorer to creatures of unknown powers, challenging him or her to decide how to deal with these powerful characters. Fourth, there is a set of challenges which often involve grave risk and impossible faith. Finally,

task(s) accomplished, there is a return to the real world—but with a newfound sense of success “Happily ever after,” then, can be seen as the place returned to now, but with greater knowledge and experience. The tale has provided a metaphoric rite of passage.

An introductory and very partial list of fairy tale anthologies follows, though it bears repeating that there is no “right” book—only ones that an adult has come to love and that turn out to meet a child’s needs.

A greater understanding of the developmental stages of fantasy life (along with more rational forms of cognition) can provide remarkable tools for primary care providers—parents and educators as well as nurses, social workers, and child life specialists. It remains for practitioners in various fields (such as rehabilitation, addiction and abuse recovery, treatment of AIDS and other chronic illnesses, to name a few) to compile and share their own empirical knowledge bases, to discover which stories in folklore, picture books, novels, cartoons, videos, and films best provide reflections of a child’s rich fantasy world of dreams, self-images, and hopes for the future. In this way, we can learn better ways to support the child’s own inner processes of imagination and motivation, to strengthen and to provide comfort.

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Resource List of Fairy Tale Anthologies

American Indian Myths and Legends, Erdoes and Ortiz Pantheon, 1984. “Arrow Boy,” “The Flying Head,” and many others.

Arab Folktales, Inea Bushnaq Pantheon 1986. “The Ring of the King of the Djinn” Bedouin tales others.

Best Loved Folktales of the World, selected by Joanna Cole Anchor, 1982. “Cupid and Psyche ‘Beauty and the Beast,’ etc.

Cuentos: Tales of the Hispanic Southwest Erdoes and Anaya Museum of New Mexico, 1980. A bilingual collection.

Elijah’s Violin & Other Jewish Fairy Tales editor Howard Schwartz Colophon 1983. “The Golden Mountain” and others.

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