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Storytelling as a Therapeutic Technique in a Group for School-Aged Oncology Patients

Beth Coleman Krietemeyer and Sue P Heiney

Storytelling in a support group may be a useful technique for helping children with chronic illness resolve psychological conflicts related to their illness This paper will describe the author's experiences with two open-ended groups for children with cancer Significant stories that demonstrate the technique and its usefulness will be discussed Implications of such a technique will be given The technique is adaptable to many settings and with many different diagnoses

School-aged children with cancer experience multiple stresses and may have many psychosocial difficulties Stresses include anxiety and pain associated with procedures such as lumbar punctures and bone marrow aspirations, changes to their bodies such as loss of hair and weight gain, and the possibility of death (Koocher, 1986, Ross, 1989) These children may develop a greater dependency on others, have restrictions in mobility and activity, and endure invasive treatments that result in a decreased sense of control and competence (Van Dongen-Melman & Sanders-Woudstra, 1986) Psychosocial problems can include decreased school performance (Deasy-Spinetta, 1981), impaired parent-child relations (Lansky & Gendel, 1978), difficulty coping with procedures, and fear of separation and loss (Brunnquell & Hall, 1982) Current research shows good long-term adjustment, yet points to the need for efforts to be directed to improvement in their coping abilities When programs or strategies are employed during times of crisis, i e , diagnosis and relapse, or high anxiety, i e , tests and procedures, positive outcomes are even more likely to occur Crisis theory suggests that individuals either become stronger and have more ego strength or decompensate after a crisis The individual is irrevocably changed (Hoff, 1978) Therefore, while children with cancer are not in need of therapy by virtue of their diagnosis, clinicians should capitalize on opportunities to work through the crisis of the illness and the stressful aspects of its treatment

This paper describes the therapeutic application of group storytelling for pediatric oncology patients (ages 5 through 10) The therapeutic processes that evolve from integrating the two techniques, storytelling and group therapy, are discussed along with a description of the blending of the two techniques that results in successful group storytelling An overview of the playgroup format, which utilizes group storytelling, approaches for interpreting the story, problem solving, increasing coping, and strategies for group leaders, is detailed

THEORETICAL FRAMEWORK FOR STORYTELLING IN GROUPS

To utilize group storytelling in practice, the clinician must understand and apply concepts from two theoretical approaches to psychotherapy Clinicians choosing to use this strategy should be well grounded in group process and be experienced in group leadership skills If this is not the case, supervision by an experienced therapist is strongly recommended The techniques involved in group storytelling combine techniques from both group therapy and individual therapy using stories

Therapeutic Processes in Storytelling

Most children have been exposed to storytelling from a very early age, either by hearing fairy tales and stories made up by the storyteller or being told stories passed down from generation to generation Eventually the child makes up his or her own stories Stories and myths tell about life through the use of fantasy and symbolism These "life tales" also give models for problem

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solving and coping Therapists have capitalized on these "natural" benefits of storytelling in individual sessions with children The therapeutic value of storytelling has been described in several different approaches to individual therapy including story making, mutual storytelling, fantasy play, and hypnotherapy (Gardner, 1972, 1974, Hilgard & LeBaron, 1984, Johnson, Whitt & Martin, 1987, Robertson & Barford, 1970, Schooley, 1974)

Storymaking is a technique whereby a story may be written specifically for a child to address his or her individual needs This enables the child to act out in fantasy the feelings that he or she could not deal with in reality This technique helps the child release his or her feelings and encourages the therapeutic goal of getting well (Robertson & Barford, 1970)

In *mutual storytelling*, the therapist listens to the child's story, analyzes the story for themes, and then retells a healthier version The alternative actions and solutions serve to give the individual a sense of mastery over a stressful situation This allows for communication and rapport between the therapist and child in a way that is not as threatening as direct approaches (Gardner, 1972, 1974) Schooley (1974) further utilizes the same technique with hospitalized children, giving the child a new way of coping and a different perspective of a stressful situation The stories encourage the release of feelings of despair, anger, and anxiety

Fantasy play was developed as a stress-reduction technique This technique involves having an adult read aloud a series of visual fantasies from the book, *Put Your Mother on the Ceiling Children's Imagination Games* (DeMille, 1985) The purpose was to provide the children with a source of pleasure, gratification, and tension discharge The greatest benefit of this was realized with children with chronic illness (Johnson, Whitt & Martin, 1987)

Hypnotherapy involves the use of free fantasy and the creation of elaborate mental images (Hilgard & LeBaron, 1984) The therapist uses metaphorical language, and mental pictures to induce the trance, maintain the hypnotic state, and treat selected psychological problems (Olness, 1986) Therapists who work with children employ a personalized story to deliver the indirect suggestions that contain the therapeutic message for the child (Levine, 1980)

In summary, storytelling provides three overall therapeutic benefits for the child First, the story promotes the release of tension and emotions, especially those that are very frightening if dealt with directly Second, stress is relieved by increasing cognitive understanding of events, which leads to more objective appraisal of situations Storytelling also increases the child's repertoire of coping strategies The story allows the child vicariously to try out emotions and actions, test reality, and develop problem solving skills Thus, the child gains a greater sense of competence to handle stressful events Finally, storytelling enhances relationship building with the therapist and sets the stage for the child to develop greater insight and emotional support (Gardner, 1972, 1974, Johnson, Whitt & Martin, 1987, Schooley, 1974)

Therapeutic Processes in Groups

Group therapy provides the participants with corrective emotional experiences Therapeutic factors emerge from the social nature of the group (Yalom, 1983) These factors include universality, reality testing, catharsis, interpersonal learning, and instillation of hope Universality (commonality) is learning that others have similar feelings and experiences and that one is not alone Yalom (1975) postulates that the group becomes a social microcosm of the life of the members When participating in the group, members re-enact the kinds of experiences they have in real life (Collison & Miller, 1985) The participant will act out his or her conflicts and stresses, particularly unconscious ones, within the group setting Additionally, participation in the group promotes the development of insight, responsibility for behavior, and alteration of coping patterns (Yalom, 1983) More importantly, these new behaviors learned within the group may generalize to the real world, thus, the individual will become more effective in coping with the stresses he or she encounters

Blending Storytelling and Group Therapy Techniques

Based on group process theory as noted above, the play group is seen as the child's "little world" and represents elements from the child's real-life experiences Therefore, the therapist should consider the story as a metaphor or allegory containing both conscious and unconscious references to conflicts and issues that the group members are confronting If the metaphor does not fit the child or make sense, it is likely the child will ignore the unconscious references This same phenomenon is seen in group hypnosis suggestions and in individual therapy sessions Therefore, the therapist does not force each child to accept every story or

metaphor but instead looks for common elements and themes

Telling a "pretend" or fantasy story taps this material in a nonthreatening way The made-up story (like any good novel) will contain elements of real-life experiences and perceptions, thus giving the therapist access to the inner world of the child Therefore, the story and surrounding behaviors of group members become the expression of the group's process

Description of Play Group Using Storytelling

Collectively, the authors have led more than 150 play-group sessions within the past 4 years The format described below has evolved from these sessions

The play group is open to oncology patients ages 5 to 10 or kindergarten/first grade through fifth grade Usually, only those patients in the center for medical care on the 2 group days attend the sessions However, occasionally a child will be brought in expressly to attend the play group The group session is held from 11 00 a m to noon on Tuesdays and Thursdays Concurrently, a parent group is also held

All children voluntarily attend the group sessions, they are invited to attend by the leaders, but are not forced The therapists' intuitive sense is that children who use denial as a major coping mechanism choose not to attend group Those children are supported through individual work with parents and the child

The group session begins with children introducing themselves and explaining why they come to the center Following this, the therapist and children review the group contract or "rules" (Table 1) These are written on a poster, but participants are encouraged to remember rules from attendance at previous groups The contract includes rules such as speaking one at a time, sharing thoughts and feelings, and helping each other After the rules have been reviewed, each child selects a sticker and places it beside his or her name on a group role All of these activities enhance group identity and cohesion (Yalom, 1983) Following this introduction, the participants participate in an art activity that is designed to promote positive self-esteem and expression of feelings The group story is the last activity After the story has been told, the group summarizes what was learned that day Last, all participants help clean up the area and put away materials used during the group meeting

TABLE 1

Group Rules

Introduce yourself to others
Listen when others talk
Talk one at a time
Share your thoughts
Keep the talking in the room
Each person's thoughts and feelings are important
Attend when you can
Help clean up after group

LEADERSHIP TECHNIQUES

Guidelines for Facilitating the Story

Successful group storytelling occurs when the participants are captivated by the story and enmeshed in the action The following description elucidates techniques for beginning and ending the story, developing the plot, maintaining the story, and involving all participants

Before the story begins, group members are instructed to take turns so that each member has a chance to participate If they choose to do so, each member adds one or two sentences as their turn comes Everyone is given a chance to add to the story before anyone gets a second turn The therapist may begin the story with an open-ended statement such as "Once upon a time, there was a little boy who " The statement is then completed by a group member The next person adds a sentence or two, and the story evolves Members eagerly add their ideas of how the story should go In the case of a reluctant participant, the therapist may ask a question in regard to the story to get him or her involved This can also be a useful technique if the story seems to be "stuck" and needs help in progressing For example, the therapist may ask, "What do you think the boy or girl should do now?" If the story has not concluded by the end of group time, the therapist may ask a question as to what the outcome will be or suggest that the group come to a decision on how to end the story Children may each give their own ending or add to the ending provided by one child

Using Projective Play Materials

Various play materials are used to assist with the stories and stimulate the child to project his or her own real-life experiences onto the play items These projections may include unconscious feelings and perceptions about stressful events By using these materials, the therapist further taps normal development to enhance therapeutic process Examples of the use of these within the context of the story are given below The therapist uses a magnetic board that

has one-dimensional figures of farm animals, people, plant life, and shapes This board often stimulates stories about daily living A group member may select shapes of a child and an animal and place them on the board He or she may then begin the story about a little boy who has a pet The next member will then select shapes to add to the board and the story evolves Also, several different hospital-related materials are used These items include a wooden play hospital equipped with puppets and furniture, a felt board with realistic medical figures, and miscellaneous medical equipment such as a stethoscope and a blood pressure cuff When using these materials, a member may place a puppet on a stretcher and proceed to do a bone marrow aspiration When the procedure is completed, the "doctor" talks to the "patient" and tells him or her the results These play materials both stimulate the child to act out the story and more realistically express feelings and actions in the story

Promoting the Corrective Emotional Experience

The group leader's overall task is to facilitate interaction and to develop an environment in which the group participants will work through stresses and have corrective emotional experiences (Yalom, 1975) This task involves interpreting themes/conflicts and promoting the emergence of therapeutic factors within the context of a story At no time does the therapist force the children in any particular direction with the story Instead, the group leader uses gentle questions and comments to facilitate the discussion and to guide the children toward problem solving Techniques used would be similar to those with an adult group, words and explanations would match the developmental age of the children

Interpreting Themes/Conflicts Analyzing group content and identifying significant themes is an ongoing task of the group therapist Themes represent both conscious and unconscious conflicts that cause psychic distress Universal themes that may emerge from group sessions include trust versus mistrust, closeness versus isolation, dependence versus independence, powerlessness versus powerfulness, responsibility versus irresponsibility, helplessness versus capability, and hopelessness versus hopefulness (Whitaker & Lieberman, 1964) Other themes may focus on major life crises such as death or loss

The authors maintained process logs to assist in theme identification These logs were kept to record predominant themes, materials used, and content The themes discussed are derived from these process notes A review of these logs revealed that significant themes from the play-group sessions were helplessness, hopelessness, and death These themes recurred in a majority of the sessions These themes are inferred from statements and actions of the group participants and refer to both conscious and unconscious conflicts and stresses

A lack of capability, or helplessness, was identified by the therapist as a common theme When the therapist attempted to engage the child in a simple art activity, the child often disclaimed their ability or would repeatedly try to get the picture "right "

The patients often expressed a loss of control or powerlessness For example, the "patient" in the story invariably had a "broken leg," which could be interpreted as a reference to immobility, powerlessness, and an inability to control their situation The story entitled "The Boy Who Always Fell Down" illustrates this theme in its title

Different therapists might interpret the themes in a variety of ways The prime objective is to discern the theme that is pertinent to that group of children If the therapist is on target, the children will exhibit some behavior which indicates agreement (This is similar to the "aha" experience in Adlerian theory)

An example of a group story, "The Wolf Who Killed Children on Chemotherapy," is given to highlight the thematic nature of the group sessions In this story, the children were using felt figures and a felt board to make up a story Some of the felt pieces looked like people and animals, others were shapes and free forms One child in the group began the story by picking up a black animal and calling if a wolf He then began a story about a wolf who came to the hospital and killed children on chemotherapy The other children joined in to develop the plot As the story progressed, one "brave man" went after the wolf with a gun But the wolf took the gun from the brave man, and they had a fight The brave man was able to get the gun back, but the wolf got away Many themes, both conscious and unconscious, can be derived from this story The theme of death is clearly an issue Also, powerlessness and helplessness are inferred These themes imply that children with cancer grapple with many difficult conflicts and have assaults to their independence and sense of competence

The group story is a rich source of themes that represents conflicts related to the participants' perceptions of their experiences The leader's approaches for both eliciting and dealing with themes are similar to approaches in adult groups In the adult group, the discussion is guided to facilitate greater and greater depths of disclosure so that anxiety-producing and unconscious material is gradually brought to conscious awareness and discussed directly Therefore, even superficial interactions are treated as a part of the group process The skilled therapist interprets these discussions so that the group becomes able to process its own metacommunication, develop insight, and promote individual maturity The play-group therapist should treat the group story in this same manner As the story unfolds, the therapist should attend to the process of what is happening among the participants, listen with an "inner ear," and follow his or her own intuition to identify the theme To encourage the emergence of the theme into conscious awareness, the leader should gently encourage the group to expound upon allusions, veiled references, and comments that seem to point to a particular theme The therapist can accomplish this task within the context of the story by reflecting, restating, summarizing, or paraphrasing story elements to highlight a theme Once this has occurred, the participants can be assisted to find ways to cope with the stresses of which the themes are indicative Also, the therapist can "wonder" about events and action in the story For example, in the previously mentioned wolf story, the therapist wondered about the feelings of the children who were not killed Thus, the themes of sadness and death were openly discussed as an integral part of the story Story themes are dynamic, constantly changing with the overall group process To maximize the benefits of group participation, the therapist should be alert for themes and time interventions to address the life stresses they represent Through such approaches, the participants' coping abilities may be increased

The story itself may be a metaphor of a particular theme While the entire metaphor may not be applicable to each child, there may be common elements, such as fear Using the same principle as that used in group-hypnotherapy sessions, the therapist assumes that the child will attend only to those messages that make sense to him or her (Olness & Gardner, 1988)

Facilitating Therapeutic Factors Another approach to increase coping is to promote the emergence of therapeutic factors within the group The therapist should actively work for the development of catharsis, universality, insight, and problem solving within the context of the story

Catharsis may be promoted by asking about the character's feeling and then validating the normalcy of such feelings as sadness, anger, and fear

To promote commonality, the therapist must simultaneously listen for content while observing which comments strike a familiar chord in group members Also, nonverbal indicators may give clues to common feelings and experiences The children may nod, lean closer to the speaker, and attend carefully When the group is engaged in telling a story that has many common experiences, the leader may sense an intense involvement of the group in the story and a desire by everyone to want to contribute to the story As the leader observes these processes, he or she should restate and summarize the action and feelings within the story

As the children sense they are not alone and that their feelings are normal, the therapist should begin to gently guide the participants to develop insight and to problem solve These two factors promote further coping Encouraging the children to interject different solutions for problems the characters are facing and encouraging them to share different ways to handle situations indirectly teaches problem solving Communication techniques that promote further sharing work well here, also. The therapist should not reject inappropriate solutions but should encourage the group to evaluate solutions and think about better alternatives

By listening carefully, the therapist is able to capture the child's perceptions about stressful events and to promote the development of therapeutic factors This technique is particularly useful when children are trying to cope with a serious illness and its treatment, which are so overwhelming that the child may lock away concerns rather than deal with them The group story becomes the mechanism for releasing unconscious conflicts and for providing the corrective emotional experience

For example, one child who had received three bone marrow transplants for aplastic anemia and whose mother had experienced a psychotic episode during one of the transplants, returned to the home treatment center and began to participate in group storytelling on days when she received antithrocyte globulin She would not, or could not, recall events surrounding her transplant and in many ways ex-

hibited signs of having either a post-traumatic stress disorder or a dissociative reaction (American Psychiatric Association, 1987) Yet, during group meetings, she became actively engaged in whatever story was being told She played various roles with the puppets, including parent, nurse, and patient During each play group, she always made the patient die and often played out angry interactions between the story participants that were apparently her perceptions about the transplant experience This child contributed fearful events to the story that the other children had not experienced However, the fear of death and the angry feelings were common to all, and many children nodded in agreement or became engaged in the story The group story provided a way of expressing thoughts and feelings that might have been suppressed using a more direct approach Even after many group sessions, this child still refused to discuss her experiences directly, but would request to attend the group meeting Her mother also believed that the play group was a positive experience for her When she returned to school, she was eager to join a study group because of positive associations with play group This example demonstrates the emergence of therapeutic factors such as universality and catharsis

EVALUATION

The children who participate in the play groups provide anecdotal evidence of the value and importance of the program For example, children beg to come to the group session, asking parents to stay after their appointment is over If play group is cancelled, the children want to know why Children want to come in at age 4 and want to continue to participate after they are 11 In the parent group, parents relay the children's positive evaluation and their own external evalution of the value to their child Some of the participants demonstrated increased coping with specific problems after being involved in a group For example, one child who experienced severe procedural distress was able to bring this up in group via a story on helping and to ask for help Afterward, he learned more effective ways of coping with his anxiety

CONCLUSION

Group storytelling is a challenging technique to use with children with chronic illness This indirect approach to counseling facilitates coping by the synergistic effects of therapeutic processes that emerge from group process and storytelling

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