



ARTS FOR HEALTH

STORYTELLING



MICHAEL WILSON

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ARTS FOR HEALTH

Series Editor: Paul Crawford, Professor of Health Humanities, University of Nottingham, UK

The *Arts for Health* series offers a ground-breaking set of books that guide the general public, carers and healthcare providers on how different arts can help people to stay healthy or improve their health and wellbeing.

Bringing together new information and resources underpinning the health humanities (that link health and social care disciplines with the arts and humanities), the books demonstrate the ways in which the arts offer people worldwide a kind of shadow health service – a non-clinical way to maintain or improve our health and wellbeing. The books are aimed at general readers along with interested arts practitioners seeking to explore the health benefits of their work, health and social care providers and clinicians wishing to learn about the application of the arts for health, educators in arts, health and social care and organisations, carers and individuals engaged in public health or generating healthier environments. These easy-to-read, engaging short books help readers to understand the evidence about the value of arts for health and offer guidelines, case studies and resources to make use of these non-clinical routes to a better life.

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INVESTOR IN PEOPLE

DEDICATION

For Matthew, Rosie and Rebecca

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SERIES PREFACE: CREATIVE PUBLIC HEALTH

The 'Arts for Health' series aims to provide key information on how different arts and humanities practices can support, or even transform, health and wellbeing. Each book introduces a particular creative activity or resource and outlines its place and value in society, the evidence for its use in advancing health and wellbeing, and cases of how this works. In addition, each book provides useful links and suggestions to readers for following-up on these quick reads. We can think of this series as a kind of shadow health service – encouraging the use of the arts and humanities alongside all the other resources on offer to keep us fit and well.

Creative practices in the arts and humanities offer a fantastic, non-medical, but medically relevant way to improve the health and well-being of individuals, families and communities. Intuitively, we know just how important creative activities are in maintaining or recovering our best possible lives. For example, imagine that we woke up tomorrow to find that all music, books or films had to be destroyed, learn that singing, dancing or theatre had been outlawed or that galleries, museums and theatres had to close permanently; or, indeed, that every street had posters warning citizens of severe punishment for taking photographs, drawing or writing. How would we feel? What would happen to our bodies and minds? How would we survive? Unfortunately, we have seen this kind of removal of creative activities from human society before and today many people remain terribly restricted in artistic expression and consumption.

I hope that this series adds a practical resource to the public. I hope people buy these little books as gifts for family and friends,

or for hard-pressed healthcare professionals, to encourage them to revisit or to consider a creative path to living well. I hope that creative public health makes for a brighter future.

Professor Paul Crawford

PREFACE

This book was first conceived prior to the COVID-19 pandemic outbreak of 2020, but was largely written during the series of extended lockdowns and other restrictions on social activity that followed. Acknowledging that context is important because it was during this time that both elements of this book, health *and* storytelling, were cast into a new light because of the new circumstances under which we were living.

Health experts and immunologists, in particular, had been predicting a pandemic of some sort for many years, but when the first cases began to emerge in late 2019 and its rapid spread around the world realised in early 2020, it still seemed to take politicians and the wider general public by surprise. We seemed woefully unprepared for what quickly became the largest public health emergency in more than a generation.

Health and, in the UK at least, the healthcare system became headline news, but this did not restrict itself simply to the steady advance of coronavirus. There were (and continue to be) concerns around other areas of healthcare. If the healthcare system were overwhelmed, or even stretched, by cases of COVID, how would this impact on other areas of care? How would it affect those patients on waiting lists for important operations? Influenza vaccinations were offered free to all over 50s and other vulnerable groups in order to try and mitigate for the anticipated additional burden on hospitals during the critical winter flu season. Later, it was the vaccination roll-out that dominated the collective consciousness.

There were also serious concerns relating to mental health. As we entered lockdown, large numbers of people suffered a significant

loss of income, as jobs were lost, furloughs were introduced and businesses ceased to operate, all adding to personal and family stress levels and affecting mental well-being. The Occupational Health departments of large businesses were kept busy supporting those people who were having to transition to homeworking, often whilst trying to home-school children and work from the kitchen table. Most of all, people were confined to their homes, placing a severe restriction on social interaction and it became increasingly difficult to maintain one's network of social relationships outside of the immediate family, never mind establish new relationships. People became increasingly disconnected from each other, as studies suggested that society was suffering from social isolation and experiencing rapidly rising levels of mental ill health. Particular groups of people were especially vulnerable: the young, who were denied contact with their peers when schools, colleges and universities moved to online delivery; those living alone, or in cramped accommodation; the elderly in residential care homes, who were particularly at risk from the virus and were denied visits from family. There were fears that the measures that were being put in place to tackle the spread of the virus were, in fact, contributing to a mental health crisis.

All through this time, the press, the airwaves, social media and the conversations in family sitting rooms were filled with stories about health and we acquired a whole new vocabulary for telling our health stories. 'Social distancing', 'PPE', 'flattening the curve', 'contact tracing', 'herd immunity', 'the R number', 'superspreader' and 'zoom fatigue' were amongst the plethora of new words and phrases that emerged during 2020 to support our pandemic storytelling. But, leaving the specific area of pandemic-related stories to one side for a moment, a lockdown that limits the degree of social engagement and interaction will inevitably have a detrimental impact on the amount of storytelling that can take place. Storytelling naturally emerges from social interaction and is, indeed, its very glue, so any curtailment of our ability to socially interact will reduce opportunities for storytelling. If we subscribe to the idea that our collective health (in particular our collective mental health) is to some degree dependent on our social well-being and

the good functionality of our social systems and networks, then we will also be concerned about the impact of a decline in what we might call our ‘story health’, that is our ability to take advantage of opportunities to tell and listen to stories.

There is nothing new, of course, in any of this. In Shakespeare’s time, when the plague arrived in sixteenth- and seventeenth-century London, as it periodically did, the first action the city authorities took was to close the theatres. This limited the spread of the disease, but at the same time, closed down the primary popular form of public storytelling. Writing in the middle of the fourteenth century, Giovanni Boccaccio (1313–1375) set *The Decameron* in the context of the 1347–1349 Black Death outbreaks in Florence. In the book, a group of young men and women decamp to a villa outside of the city to wait out the plague, in an act we would now probably call social isolation, or ‘forming a bubble’. To pass the time, they take it in turns to tell each other stories, 10 stories a day for 10 days. However, it more than passes the time; in extraordinary circumstances it allows them to maintain the health of their social relationships – it is literally an act of survival and protects them as much from the effects of the plague, as the act of quarantine does.

If necessity is the mother of invention, then the COVID-19 pandemic has likewise presented us with opportunities to innovate and find new creative ways of telling each other our stories. Creative arts professionals have been at the forefront of this innovation and, in particular, storytellers and theatre-makers have exploited the new ‘Zoomiverse’ to experiment with storytelling forms. In our own work at the Storytelling Academy at Loughborough University, we were forced to postpone the International Digital Storytelling Conference that we had been due to host in April 2020, so instead we created our own ‘Digital Decameron’ (<http://stories.umbc.edu/index.php/2020/03/24/the-digital-decameron/>) with colleagues at the University of Maryland Baltimore County, whereby we hosted 10 digital stories per week over 10 weeks, with a different curator for each week.

Nevertheless, these kinds of initiatives were often only substitutes for the real thing. As the lockdown continued, people craved

human contact and it became clearer than ever that Boccaccio's Florentines had one major advantage over us – they were able to gather together to tell their stories in the same shared space, hearing each other's non-mediated voices, occasionally touching each other and feeling each other's breath on their cheeks. For storytelling is less about what is being told and more about the act of telling. It is an intensely human experience and being together in the same space and sharing our stories remind us of, and confirm, our very humanity. Quite simply, storytelling is a statement that confirms that we are alive.

Given the ubiquity and centrality of storytelling in our lives, as I've just argued, one might reasonably ask why we need a book on storytelling for health at all. It is so fundamentally necessary to our existence, in that we are storytelling animals, I might as well propose a book on *breathing* and health. Well, as easy and natural as storytelling might seem, 'storytelling work' can be deceptively difficult, complex and varied. It is the intention of some of the chapters in this book to explore those difficulties and complexities, but it is through the case studies, which deliberately make up the very core of this volume, that the variety of practices that constitute storytelling is represented. This includes workshops and performances, stories from patients and stories from healthcare professionals and medical practitioners, some aimed at the medical establishment and healthcare system and others at patient audiences. Others advocate to a wider public audience. I have tried to include as wide a range of projects and practices as possible, but it is in the nature of a book of this kind that there will also be huge gaps. This is not intended to be an exhaustive, or even fully representative set of examples. Like storytelling itself, it is simply a modest demonstration of the possible.

ACKNOWLEDGMENTS

In spite of what it says on the cover, this book is, of course, not the work of a single person. Various people have contributed in myriad ways and it would be unfeasible to mention them all by name, but I hope they know who they are and that I am grateful.

Specifically, I would like to thank Professor Paul Crawford from Nottingham University and Professor Emeritus Alan Bleakley from the Peninsula Medical School in Truro, whose extensive knowledge and wisdom concerning the role of the arts in healthcare have been freely and generously given over many years.

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Special thanks should also go to my colleagues and doctoral researchers at the Storytelling Academy at Loughborough University. I learn from them every day, more than they probably realise.

And finally, I would like to thank my wife, Jayne, for her unconditional support throughout, and my black Labrador, Izzy, who has selflessly kept me company by spending most of the pandemic asleep on the armchair in my study, whilst I tried to write this book.

Loughborough, November 2021