Storytelling in a Hospital and the Self's Homecoming—The Act of a Greek Woman Storyteller From Nafplion in Greece and the Art of Narration

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In this paper the author draws extensively upon her personal experience in witnessing storytelling in the oncological wing of the Laiko Hospital of Athens during her hospitalization in September-October 2004. More specifically, she concentrates on the presence of an inspired woman folk storyteller who, also a patient visited in the same period the hospital for personal treatment. Having the ability to tell a story skillfully, the specific storyteller ultimately tried with her narrations to ease the pain, both physical and spiritual, of patients that suffered from heavy or light forms of cancer, regardless of the fact that she herself was facing similar health problems. This essay sheds light on the persistence and function of tradition in our days and examines how illness and misfortune are ascribed and how the storyteller and listeners are connected. Her purpose is to find out what and how people learn and teach each other under special circumstances. This question has not been absent from the work of folklorists. The fieldwork was based on qualitative research, and the ethnographic method and collecting were used.

Keywords: illness narratives, suffering and healing, feedback and response in storytelling, folklore

Introduction

During the last decades the social sciences and humanities have seen an exciting intellectual development: a “narrative reasoning in clinical practice, in search of the good”, to quote the title of an influential essay by Mattingly (1998b). The “good” is a realization among researcher’s folklore and humanistic disciplines on the interactive relationship between the healing action and narration providing us with a basis for “observing the oral transmission, but also recognizing the diachronic context in which variation and recreation take place” (Grider, 1980, p. 162).

In the present announcement, the author will draw upon her experience of the narration of fairy tales in the Onkology wing of “Laiko” Hospital of Athens, during the period of September to October 2004. In particular, the author will focus on an inspired story-teller from a small village near Nauplia in the Peloponnese who, being a patient herself, visited the hospital for treatment in the afore-mentioned period. Her name was Nafsika Arseni.

Three factors play a definitive role in the author’s choosing this subject. The first one is the relevant studies of foreign scientists who intrigue the author’s scientific interest (Krell, 1980, pp. 223-231; Kleinman 1988, pp. 67-85; Radey, 1990, p. 25; Reissman, 1990, pp. 1195-1200; Robbins, 1994; Biesele & Floyd, 1996, pp. 291-322; Elliot, 1998, pp. 36-39; Mattingly & Lawlor, 2001, pp. 35-70; Frank, 2002, pp. 14-22),

specifically the research of Linde Knoch (1994, pp. 13-14) and Gabrielle Rau (1994, p. 14) in *Märchenspiegel Journal*; The second reason concerns the story-teller herself and her personality. Endowed with unique narrative abilities, she tried through her storytelling to ease the pain, both spiritual and physical, of people suffering from a heavy or mild form of cancer, despite the fact that she herself was facing a similar health problem; Finally, the third reason reflects the author's inevitable personal involvement in the story as it was my presence in the hospital that triggered that elder story-teller's disposition to start narrating fairy-tales. Before the author begin her announcement, she would like to confess that with a lot of reservation and even greater modesty did she decide to refer, as you shall see, to a personal health issue and to include it in the presentation of her topic.

In August 2004, the author was diagnosed with first-stage skin cancer (melanoma) that was thankfully curable. Its treatment, however, required her daily, hourly presence in the hospital. As a consequence, every day for about five weeks, the author would meet up for approximately an hour in the morning in "Laiko" Hospital of Athens with patients facing similar health problems and receiving the same kind of treatment. As you can understand, that time period was sufficient for bonds of familiarity and solidarity to be developed between us, especially, in the morning hours that the effects of the drugs had not yet taken hold of us.

That was when the author met Nafnika Arseni. Her presence in the ward was indeed distinct. Her illness seemed not to have taken a toll out of her. She was in the last phase of her treatment and things were looking up for her. She was ever-moving, petit and neurotic. In reality, she had an unusual vividness for her age and illness; she was 75 years old. Her voice, vibrant and strong, would more than once be disrupted by hilarious-noisy bursts of laughter, whereas she would almost always accompany her speech with expressive gestures. As it turned out later on, the author was not surprised when she confided in the author that her father and grand-father were great story-tellers and that she herself used to narrate stories wherever and whenever she could. As it turned out later on, her repertoire was inexhaustible, her memory unailing. When she found out that fairy tales constituted the topic of the author's research work, she proposed narrating to the author a few worthy, rare, old fairy-tales that she knew, so that they would not get lost. the author did not object. That woman had awaked her research interest. In reality, the author eagerly accepted her proposal.

The rest of the patients in the ward did not share the author's enthusiasm and in the beginning at least they reacted with discontent. The idea that they had to be silent for quite a while so that the fairy tales could be appropriately recorded, within a space that barely fitted 12 patient stations, was for some sufficiently annoying. In addition, they didn't have any motives to listen to fairy-tales since they were convinced that fairy-tales are only for children. It required my personal intervention to change their minds, talking about the origin of fairy-tales, about great story-tellers recording them, but mainly emphasizing the fact that fairy-tales were originally stories destined for an adult audience¹. The zeal they saw in me played a much more important role than the author's arguments, the zeal to deal with something that would give the author pleasure, stimulating the group reflex. The author was "one of them", facing the same health problem, and you all know or can imagine, the solidarity people sharing a cruel experience are feeling, especially when this experience relates to difficult to cure diseases and a sense of exclusion from the joys of life. That is how the recording of fairy tales in "Laiko" hospital in the autumn of 2004 started. What followed was very interesting. The author's narrator turned out to be a "master of speech" and that is a characterization that she herself proudly used.

¹ At this point the author has to admit that Knoch's research article was a great help for her.

Respectful of her art and her audience, she unfolded one by one her narrative skills earning the attention and admiration of a reserved, if not negative, audience. In the beginning, she was supposedly addressing only me since the author was recording her narrations with a tape-recorder; however, she had faith in her capabilities and she was confident, as she would later confess to me, that she would manage in a short while to attract the interest of the other listeners of the ward, a fact that didn't take long to happen. Two days after she had started her story-telling, the dancing fingers of the initially indifferent audience gave way to a wide-eyed and open-mouthed audience that was literally hanging on every word she said.

She followed a specific order in the narration of her fairy-tales. Endowed with an infallible intuition that allowed her to appreciate the needs of her audience, she would start her narrations with two or three short, jokes or anecdotes, to unlock the mood of even the most demanding listeners. The main topics of these narrations concerned marital relations and infidelity, the human sexuality and erotic lust, for these were the sort of jokes or anecdotes that her listeners wanted to hear. It is worth noting here how the erotic instinct is activated in conditions of death and how its expression (or externalization), even if exaggerated, is in essence a disguised cry of life towards the painful fear of the inevitable end. Right after the jokes and anecdotes, the tales of magic (ATU (Aarne-Thompson-Uther), 2004, pp. 1-749) that constituted the main backbone of her narration would follow. The content of most of the fairy tales of this category would pertain to heroes that were healed from incurable diseases, died and were resurrected or re-gained body parts that had been eaten by the insatiable dragon or the evil witch (1994, pp. 1-24). The author could never understand whether this thematic choice had been conscious or unconscious, she herself had never made it clear, but the author can assure you that, for the 12 patients of that small hospital ward to whom she was addressed, it served as a welcomed support to their life conditions at the time. In her repertoire, Nafsika Arseni also included religious stories (ATU, pp. 750-849), much beloved by her and her audience, precisely because the idea of a divine entity that stood by and aided the heroes of the fairy-tales served, at that given moment, deeper psychological needs. In order to "awaken and revive" memories and personal experiences from childhood, she would choose known fairytales, classic ones that everyone knew, like Cinderella or Snow White. Some of them were in fact requested again and again by the patients; however, she would avoid repeating the fairy tale of Rapunzel (ATU, p. 310), even though it was her favorite. The golden hair of the fairy tale hero that she threw out of the window and reached the ground, becoming a ladder for her beloved to climb up the tower, was a subject that brought up painful emotions to the patients, especially women, who had in their majority lost, or were about to lose, their hair during the chemotherapies.

There was absolute freedom in her choice of material. Even though the author never dictated what fairy-tale to narrate from the numerous she knew, she would often ask the author if she agreed with the content of her narrations and if she found her fairy-tales interesting, implying, of course, if they were worth being recorded. Full of zeal to transfer the oral tradition exactly as she had been taught of it, she kept the structure of the fairy-tales, their course and plot unchangeable. She narrated them exactly as she had learnt them in her childhood (Allen, 1984, pp. 1-12).

The narration of fairy-tales wouldn't last initially for more than 20 minutes; that was a mutual agreement between the narrator and myself, firstly to keep the concentration of the listeners intact, and then, to avoid any danger of physical exhaustion, especially for herself. After one week, the time would be increased—it had been increased to approximately 45 minutes, yielding to the demand of the audience themselves, a demand that Nafsika was more than eager to satisfy and without any sign of exhaustion. After the end of the narrations,

through emerging questions or memories, interesting conversations between the members of the audience would begin; more than once, each listener would take the opportunity to relay personal stories and experiences, what science characterizes as memorates (Bennett, 1989, p. 167); in fact, they were so many and so interesting that they could become the subject of a separate study in the future. You can understand that from a scientific point of view and apart from all the rest, the narration of fairy-tales in the hospital turned out to be a wonderful experience for me from which the author collected priceless hidden treasures. But for the other patients of the ward as well, it was turning out to be a welcomed change from the harsh reality of the hospital which they wanted to make more beautiful. Slowly, the idea of the daily hospitalization would begin to seem less appalling.

Even after the second week of the narration of the fairy-tales, two pots with dried plants, brought by two lady patients, would decorate the ward, as "fairy tales must be told in a beautiful surrounding"; a box of candies was placed next to the narrator to "sweetly" accompany her in her narrations, whereas the entry of any outsider in the area, even the nurse, was considered an intrusion "in our own place/in our home". It is impressive how fairy-tales can have such a catalytic effect on people, even under the most adverse conditions, even today. They do not solve problems, but they do bring a smile in the lips more frequently. For as long as Nafsika's fairy-tales lasted, all us listeners could calmly enjoy them in our stations, breathing deeply and feeling relaxed. After that, the narrations of the story-teller would always bring about a subject that we could discuss a subject capable of tearing, even for a little while, our attention away from the imminent health issues we were facing. This is a very important parameter of what the narration of fairytales in the hospital can offer and the author can share all of these with you due to that charismatic woman.

What made her such a special narrator? Undoubtedly, she was endowed with unique narrative skills. She knew how to carefully choose the material of her fairy-tales and to deliver it right. Even today, the author can easily recollect the graphic expression of her movement, the indiscernible contraction of her face when she was narrating, the special intonations of her voice, the dramatic pauses. All that beauty of the combination of the words she would choose and the rhythm she would create in her narration, introduced to us the magical world of fairy-tales with a unique way and nothing could destroy that magic, not even the careful, silent as far as possible, coming and going of the personnel, doctors and nurses, that wanted to hear too, but their busy schedule did not allow them. Nafsika knowing the art of narration well², reacted creatively in the presence of her listeners, in their absorbed interest, their applause, adjusting her speech according to the receptiveness of her audience³. However, the skills that the author describes are skills that someone can meet in many talented narrators. So what was it that made that woman so special, for all of us that have been her audience to consider her as a uniquely fascinating narrator? the author believe it was her motive. Her motive and the reflection of that motive in her narration.

She did not address an audience just to entertain and please but fellow men that were in suffer and were directly facing the threat of death. It wasn't rare a remark or a reaction of her to trigger wonderful and unpredictable eventful moments, those that anthropologists define as healing dramas, "certain kinds of dramas in clinical settings, which are births and rebirths" (Mattingly, 1998a, p. 89; Mattingly & Lawlor, 2001, p. 31).

² As Atkinson, Bruner, Reissman and other scholars of narrative have emphasized "a story is not merely a text, it is a performance and differences in performance contribute to differences in meaning" (Mattingly, 1998b, p. 282). See also Harvey (1989), pp. 109-128.

³ Georges, 1979, pp. 71. As Atkinson, Bruner, Reissman and other scholars of narrative have emphasized "a story is not merely a text, it is a performance and differences in performance contribute to differences in meaning" (Mattingly, 1998 b, p. 282). See also Harvey (1989), pp. 109-128.

More than to narrate a story in order to please me, the collector of her fairy-tales, or her audience, she herself found the courage with her narrations, to open roads within pain and to support the lives of people that were in the same painful position as her; that was the main motive for narrating them (Ricoeur, 1992, p. 123). Precisely this immediacy and the heightened intension were the main elements that made her narrations so uniquely fascinating in the conscience of all of us that were her audience (Schwartz, 1989, pp. 42-26). She was convinced of the importance of her effort, with the deep knowledge of elderly people being close to death who see life more clearly and become for the rest of us teachers of great lessons (Lock, 1996, pp. 575-600). Deep within us, all the members of the group recognized her motive, a motive that satisfied the immense need for affection and care that a very sick person has, in this case a cancer patient. Even if we lost her tracks, even if we never looked for her, those of us that had been her audience never stopped thinking of her as the good fairy of the tales of magic, the supernatural helper who, in the crucial moment, gave us the help that we all needed, transforming with her magical wand those medical sessions into little episodes, little stories in a bigger life story, worthy of being narrated.

With such a story the author will conclude my announcement today. She was an elderly patient with liver cancer, in the second to last stage. She came for treatment to the hospital twice a week, and always, when she came to our ward, the story-tellers ward, she would sit quiet and silent in a corner and she would observe our narrations. She was always sad, even when she smiled, and we had understood that her husband and son, although they loved and took care of her, they were not able to emotionally support her. The author vividly remember that moment. Nafsika was telling us an animal tale (AT 20 A (Aarne-Thompson 20 A), 1964, p. 25) when suddenly, she stopped her narration and turned her attention to the elderly patient, making a small gesture with her hand, giving her the floor. Her watchful eye, the practiced eye of the good narrator that has the ability to detect even the most imperceptible reaction of her audience, had detected the expression in the face of the elderly listener, her hidden desire to narrate the fairy-tale herself. Nafsika gave her that opportunity. The elderly patient took the floor and continued to narrate the fairy-tale that Nafsika had started narrating, a fairy-tale of her childhood that she would often hear from her favorite grandmother. She narrated it beautifully, truly beautifully, mimicking the voices of the animals in such a funny way that caused the first and only hilarious laughter that the author would hear in that hospital ward at that time. That elderly woman died three months later. But even to this day the author cannot forget the shy blushing in her cheeks, the blushing of a small girl, and her joy when Nafsika embraced her through applause and cheers and before all she admitted "You said it much better than I did!" (Bruner, 1990, pp. 36-38).

Finishing the announcement, the author would like to note that that the duration of five weeks is too small a period to extract any safe conclusions. The questions raised are numerous and call for further research, questions that have to do for example with the personality and intentions of the narrator, his role or his functionality within a clinical setting. The blissful moments that all patients had the opportunity to experience because of the fairy tales of Nafsika, could merely be fleeting momentary bursts of life that could be only due to the random presence of that inspired woman and her humanitarian motives, and perhaps in depth of time they could not be maintained or, under different conditions, could not even be created.

On the other hand, narrations in hospital may prove to be a creative activity with transformative and healing potential, a means of spiritual encouragement, a mild supportive method that could function in conjunction with any other form of scientific, psychological support. It may be in fact that the results in the case of the narration of fairy-tales may be more direct; since fairy-tales are usually associated with pleasant

memories of childhood, stimulating the memory of a person, they have the power to speed up his positive psychological response compared to other scientific methods of psychology which are based on logical parameters. All of these and many more are issues that require a thorough and in-depth approach and there is the intention in the future for them to constitute the subject of a broader inter-scientific research.

Conclusions

The life experiences that are orally transmitted are the very source from which all storytellers procure their material. The same thing happened in the case of this charismatic folk storyteller from Nauplion in Greece who, under extremely adverse conditions, tried to communicate with the other patients so that they could receive her stories not only as a forthcoming change in their often very cruel reality but mainly as a minimum help in their possible short lives. Hopefully, my results will have some bearing on analyzing the interaction of the storytelling event in a hospital and the roles and positions of the listeners (patients) that affect performance and interpretation, enabling us to recognize the shared experiences of the human condition.

References

- Aarne, A., & Thompson, St. (1964). *The types of the folktale: A classification and bibliography*. FFC 184, Helsinki: Academia Scientiarum Fennica.
- Allen, B. (1984). Re-creating the past: The narrator's perspective in oral history. *The Oral History Review*, 12, 1-12.
- Bennett, G. (1989). And I turned round to her and said... a preliminary analysis of shape and structure in women's storytelling. *Folklore*, 100(2), 167.
- Bieseke, M., & Floyd, R. D. (1996). Dying as medical performance: The Oncologist as Charon. In Laderman C., & Roseman M. (Eds.), *The performance of healing* (pp. 291-322). New York: Routledge.
- Bruner, J. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.
- Csordas, T. (1994). Introduction: The body as representation and being-in-the-world. In T. Csordas (Ed.), *Embodiment and experience* (pp. 1-24). Cambridge: Cambridge University Press.
- Elliot, C. (1998). Why can't we go as three. *The Hastings Center Report*, 28(3), 36-39.
- Frank, A. (2002). How can they act like that?: Clinicians and patients as characters in each other's stories. *The Hastings Center Report*, 32(6), 14-22.
- Georges, R. (1979). Feedback and response in storytelling. *Western Folklore*, 38(2), 104-110.
- Grider, S. A. (1980). The study of children's folklore. *Folklore*, 39(3), 162.
- Harvey, C. B. (1989). Some Irish women storytellers and reflections on the role of women in the storytelling tradition. *Western Folklore*, 48(2), 109-128.
- Kleinman, A. (1988). *The illness narratives: Suffering, healing, and the human condition*. New York: Basic Books.
- Knoch, L. (1994). So war mein Leben-genau so war es. Vom Märchenzählen vor alten Menschen (This is my life). *Märchenspiegel*, 5(3), 13-14.
- Krell, R. (1980). At a children's hospital: A folklore survey. *Western Folklore*, 39(3), 223-231.
- Lock, M. (1996). Death in technological time: Locating the end of meaningful life. *Medical Anthropology Quarterly*, 10(4), 575-600.
- Mattingly, C. (1998a). *Healing dramas and clinical plots: The narrative structure of experience*. Cambridge: Cambridge University Press.
- Mattingly, C. (1998b). In search of the good: Narrative reasoning in clinical practice. *Medical Anthropology Quarterly, New Series*, 12(3), 273-297.
- Mattingly, C., & Lawlor M. (2001). The fragility of healing. *Ethos*, 29(1), 35-70.
- Radey, C. (1990). Telling stories: Creative literature and ethics. *The Hastings Center Report*, 20(6), 25.
- Rau, G. (1994). Märchenzählen im Krankenhaus (Narrations in hospital). *Märchenspiegel*, 5(3), 14.
- Reissman, C. (1990). Strategic uses of narrative in the presentation of self and illness. *Social Science and Medicine*, 30, 1195-1200.
- Ricoeur, P. (1992). *Oneself as another*. Chicago: University of Chicago Press.

Robbins, S. J. (1994). *Autobiography of a face* (pp. 78-79, 152, 155-158). Boston: Houghton Mifflin.

Schwartz, M. (1989). Storytelling: A way to look deeper. *The English Journal*, 78(1), 42-26.

Uther, H. J. (2004). *The types of international folktales: A classification and bibliography*. FFC 284-286, Helsinki: Academia Scientiarum Fennica.