THE EXPERIENCE OF THE LISTENER AND THE STORYTELLER WHEN A TRAUMATIC EVENT IS SHARED WITHIN THE DYAD

by

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Abstract

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by

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This qualitative study was done to illuminate the experience of the listener and the storyteller when a traumatic event is shared within the dyad. Nurses often care for their patients within the nurse–patient relationship that constitutes a dyad. Individuals who have experienced traumatic events may share their experience with nurses in story form. Repeatedly listening to these stories may have consequences for these nurses. Understanding the experience of both members of the listener–storyteller dyad can be valuable for nurses who are very often the listener for their patient storytellers. The research participants consisted of dyads; each with a storyteller and a listener. The storytellers were from a group of people involved in the crash-landing of a commercial jetliner that came to be known as the "Miracle on the Hudson." Each storyteller chose a listener who had previously listened to them share the story of this traumatic event. The author conducted an in-depth interview with each individual storyteller and listener. Interviewing both members of the dyad was a way to shed light on their experiences in a way that could not be done by interviewing only 1 individual. The phenomenon was explored using an interpretive phenomenological approach outlined by van Manen. The Roy Adaptation Model of Nursing (RAM) was found to be applicable to the findings of this study.

Keywords: Trauma, storytelling, listening, dyad, nursing, “Miracle on the Hudson”

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For without being seen, they are present with you.

-St. Francis de Sales

Dedication

To my grandmother Bridie Mercer, the strongest, toughest, bravest, and most loving person I have ever known. I can still hear your laugh. Thank you for listening to all my stories. You are my light, you are my heart.

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“Miracle on the Hudson”

January 15, 2009

CHAPTER I

Aim of the Study

She sat and waited. The memory of the plane crash came floating back to her in broken pieces, as it always did when she was quiet and still. She reminded herself that it was over, that it was in the past, and that she was safe now. Yes, it had been traumatic, but she had survived. Even though she felt the story existed somewhere in her memory, she had never been able to share it with anyone before. How could anyone listen to such a story, how could they ever understand what she had gone through? She wondered if other people could tell that she was different now. Maybe they knew just by looking at her. She wondered whether her story was written all over her face. As she tried to move from her stillness, she heard someone call her name, someone talk to her. She looked up and saw a nurse. She heard herself speak. She heard herself say that she had never told the whole story to anyone. "Come with me; I'd like to listen to your story" is what she heard next, and so she began.

In this vignette, the nurse invited the woman who had experienced a traumatic event to share her story. The woman accepted the invitation and began to speak. This vignette however gives no indication of how the experience of the listener and the storyteller unfolded as the traumatic event was shared within the dyad. I sought in my study to illuminate th experience of listener and storyteller when a traumatic event is shared within the dyad.

The Phenomenon

The phenomenon explored in this study is the experience of the listener and the storyteller when a traumatic event is shared within the dyad. The context of the study is the crash-landing of a plane, which is the traumatic event.

The following questions will guide the study:

1. What is the experience of the listener when a traumatic event is shared within the dyad of storyteller and listener?

2. What is the experience of the storyteller when a traumatic event is shared within the dyad of storyteller and listener?

Within the larger framework of society, there are many small groups, of which the dyad is one (Becker & Useem, 1942). Nurses and other healthcare professionals are often in dyadic relationships with their patients. A dyad consists of two units treated as one (Webster, 2001). There are three criteria to consider with dyads: First, the dyad is extended in time and enduring; second, there must be a patterned mutual action within the dyad; and, third, the dyad must engage personal elements of the two participants (Thompson & Walker, 1982). The storyteller and the listener may be able to accomplish something within the dyad that they could not have done alone.

When the storyteller and the listener come together to share the story of a traumatic event, a dyad is formed. The dyad extends in time for the duration of the story. It is enduring in that the listener and the storyteller now have an experience that is unique to that dyad. The oral–aural mode of storytelling forms a critical bond between people (Bradt, 1997). The dyad engages elements of the listener and the storyteller as the story unfolds. The patterned mutual action of the dyad is the "telling of and listening to" the

story. Stories that are shared among people can open mutual relationships; the story needs a listener (Frank, 1998).

A story is a written or verbal account of something that happened; a storyteller is a person who tells stories (Webster, 2001). Story is a way to structure thought; it can be a way of knowing the world, the self, and the other (Bradt, 1997). Stories can be shared in different ways. They can be spoken, written, sung, acted out, or conveyed through artwork or symbols. Storytelling is a relational phenomenon between the self of the teller and the self of the listener (Schwartz & Melzak, 2005). Storytelling may be healing in that it creates a communal space that is familiar, safe, and empowering (Haitch & Miller, 2006). After experiencing a traumatic event, the person may try to organize the experience by forming a story about it. They may find this difficult because the experience of the traumatic event may actually interrupt the formation of the story. "For a trauma survivor, putting the story and its imagery into words is the goal of recovery" (Herman, 1992, p. 177). Nurses and other healthcare providers can be the listener for the storytelling patient who may have a traumatic experience to put into words. The story is one way for a person to share the experience with another person. It can be a bridge between the two.

To disclose is to make known or to reveal (Webster, 2001). The word *disclose* may be used in reference to experiences that may be kept secret, such as childhood neglect, abuse, rape, or domestic violence. These traumatic experiences are often unknown by others until someone chooses to reveal them. Many times victims of childhood trauma receive negative responses when they decide to disclose abuse.

Women who disclose a history of abuse often feel that health care professionals are condescending and insensitive (Dienemann, Glass, & Hyman, 2005).

When healthcare providers asked veterans whether they had a history of previous trauma, 71% of them disclosed a history of trauma to the healthcare provider (Leibowitz, Jeffreys, Copeland, & Noel, 2008). Nearly45% of the veterans remembered receiving a negative response to their disclosure, and 30% of them felt they had not been believed.

The personal characteristics of the listeners as well as the nature of their responses may affect the storyteller. Women were more likely to report the traumatic experience of domestic violence to healthcare providers who were nonjudgmental and sensitive (Bacchus, Mezey, & Bewley, 2003). After deciding to disclose a trauma history, individuals may find themselves making additional decisions about whether or not to share the entire story of the traumatic experience.

Delayed disclosure or negative reactions to disclosure have been associated with poor adjustment (Ullman, 2007). Women who had been raped, despite many encounters with health care providers since the rape, reported never having disclosed their trauma because no one ever asked them about it (Esposito, 2005). In a sample of psychiatrically hospitalized patients, it was found that people were more willing to disclose abuse histories if they were asked and less willing if they were not asked (Read & Fraser, 1998).

Clinicians in the United States and Britain had identified only a small amount of the trauma resulting from abuse that was later found by researchers in psychiatric populations (Agar & Read, 2002). The two most frequent reasons health care professionals gave for not asking about past abuse were, first, they had too many other

immediate needs and, second, they believed that asking would make patients worse (Young, Read, Barker-Collo, & Harrison, 2001). The absence of an invitation to share traumatic experiences may contribute to the belief that these experiences are unspeakable or unbearable to listen to. Being asked to share traumatic experiences lets the storytellers know that the listener recognizes them and their suffering (Rosenthal, 2003).

Disclosure of a traumatic event may happen at a point in time and may be unidirectional. An individual may disclose a traumatic event *to* someone. Sharing, however, is done *with* someone; it implies collaboration of some sort. To share is defined as "to participate in and to receive jointly" (Webster, 2001). Among people exposed to a major life event, 85% felt the need to share the experience with others (Ersland, Weisaeth, & Sund, 1989).

Many types of traumatic experiences are known only to a few people; some may be kept secret for a time and some may not be shared at all. They may remain an untold story. Some traumatic events may be known to the general public. Experiences of crime victims, combat veterans, or people who have survived natural or manmade disasters are examples of traumatic events that may be known to the public. Despite the public knowledge of the traumatic event, the individual's personal experiences within the greater traumatic event may not be known. The participants in this study were involved in a plane crash-landing that became known as the "Miracle on the Hudson." This traumatic event was very much in the public eye. However, the personal experience of each individual involved in that event may be known only by a select few or may have remained an untold story.

The experience of being listened to may help individuals who have suffered a traumatic event move beyond that experience. To listen is to give attention for the purpose of hearing (Webster, 2001). Being listened to may lead to the experience of being heard. Being heard nurtures, heals, and transforms (Truxow, 2003), and the act of listening enables humans to be present and to bear witness to one another (Kagan, 2008). Bearing witness by listening can be a way to "see" the experience of the other. Nurses and other healthcare providers have the opportunity to listen to their patients. As Frank (1995) said, there is a moral duty to listen to those who suffer.

There is so much more to listening than hearing the words of another person (Bunkers, 2010). Listening skillfully requires self awareness (Truxow, 2003). Listening to the story of another requires that the listener remain in a state of unknowing in order to allow the storyteller to reveal him- or herself as well as the story. "If the story is not listened to, then the other's life will remain a shape that makes sense in the viewer's life, but is not the shape that the other views themself to be" (Frank, 2000, p. 362). The listener and the storyteller may both have a part in the creation of the story. "Stories are told with, not only to, listeners" (Frank, 2000, p. 354).

When people share the story of a traumatic event, they may share it differently on the basis of who is listening. Nurses and other healthcare professionals should be aware of how they listen to the patient and notice how the patient may be responding to their listening. There is a possibility that the way they are listening may color the experience of sharing the story. Listening is a duet, not two solos (Bavelas, Coates, & Johnson, 2000).

Pasupathi and Rich (2005) found that storytellers told shorter stories and experienced negative emotions when listeners were distracted. They found that storytellers had problems completing the story when listeners did not respond to the meaning in the story. Listeners frequently experience emotions that can distract them from what is being conveyed by the speaker (Truxow, 2003). The same story may be heard differently by different listeners, and it may also have different meanings to them (Frank, 2006). If healthcare professionals are distracted or preoccupied with their own emotions, the experience of the listener as well as the storyteller may be affected. The experience within the dyad may change as each member adapts.

In psychiatry and mental health, listening to the patient's story is an essential part of gathering clinical information. In this setting, the nurse and/or other health care professional may be the primary assessment tool, in contrast to the medical setting where objective diagnostic testing can be used. As Bradt (1997) stated, mere physical attendance is not enough, attention must be paid, and the listener must attend to what is happening. Nurses and other healthcare professionals may wish to be fully present in order to listen to the stories of their patients. However, listening to trauma stories may affect the listener.

There are previous studies that have documented the physiological effects of listening. Shortt and Pennebaker (1992) studied physiological reactions within dyads of listeners and storytellers as a story of the Holocaust was shared. They found that as the traumatic story was shared, the listener's heart rate went up and the storyteller's heart rate went down. In an early study, Wallerstein (1954) found that people experienced an increase in muscle tension during attentive listening. Nurses and social workers were

found to have strong physical sensations when doing traumatic clinical work (Raingruber & Kent, 2003). Listening to trauma stories may have an impact on nurses and other health care professionals. This in turn may color the experience of sharing the story within the nurse–patient dyad.

Justification for the Study of the Phenomenon of Choice

There is a scarcity of research about the experience of the listener and the storyteller when a traumatic event is shared within the dyad. People who have experienced traumatic events may tell trauma stories that are fragmented and disjointed, which makes understanding these stories complicated and challenging (Leydesdorff, Dawson, Burchardt, & Ashplant, 2009). Nurses and other healthcare professionals often find themselves working in dyads with their patients. Nurses listen to their patient's stories, some of which contain traumatic experiences. Shedding light on the experience of the listener and the storyteller when a traumatic event is shared within the dyad will enhance the understanding of what the experience is like from the perspective of each member of the dyad. This information will be useful for nurses who are present as listeners for their storytelling patient's within the nurse–patient dyad.

Martin Symonds (1980), who worked in law enforcement with victims of crime, described what he calls the "second wound," which he defines as "the victim's perceived rejection by and lack of expected support from the community, agencies, family, friends, and society in general" (p. 37). Nurses and other health care professionals may be creating a second wound if they do not acknowledge the trauma disclosure, fail to invite the patient to share their story, or respond in a way that does not feel meaningful to the

patient. When people avoid talking about a traumatic event with a victim, the victim may interpret it as a lack of concern and support (Guay & Marchand, 2006).

When individuals are not asked about their trauma, they may not only feel a lack of concern from providers but also find themselves without treatment they may need. When trauma stories are not shared, the potential effects of the trauma may not be addressed. If trauma is not reflected in the diagnosis, it seldom becomes part of treatment, which then leads to longer psychiatric hospitalizations (W. Tucker, 2002). There has been little research on what mental health professionals do after a client discloses childhood abuse (Read, Hammersley, & Rudegeair, 2007). Among patients who had disclosed abuse histories, there was no mention of any form of trauma treatment in 91% of their records (Read & Frasier, 1998). As patients share their traumatic experiences, they look to the listener. If the listener is a nurse or other health care professional, there may be an expectation that help will be offered.

My study was done to illuminate the experience of the listener and the storyteller when a traumatic event is shared within the dyad. The knowledge gained from this study will be valuable both for patients who have experienced traumatic events and for the nurses and other healthcare professionals who care for them. It will shed light on what it is like to share a traumatic event and what it is like to listen to someone share. This information has implications for patients who share their stories and the nurses and other healthcare professionals who listen to them.

Phenomenon Discussed Within a Specific Context

I sought to explore the experience of the listener and the storyteller when a traumatic event is shared within the dyad. The context is a crash-landing of a plane,

which is the traumatic event. On January 15, 2009 a commercial passenger jet bound for Charlotte, North Carolina took off from a New York airport carrying 150 passengers and five crew members. The plane lost engine thrust shortly after takeoff, when a flock of Canadian geese flew into the engines. The plane crash-landed in the Hudson River in New York City. All those on board survived, most with little or no physical injury. The good news of this "Miracle on the Hudson" quickly spread throughout the country. Despite its outwardly happy ending, the event would be considered a traumatic one for the individuals involved.

A trauma is any distressing event or psychological shock resulting from experiencing a disastrous event (Webster, 2001). Trauma consists of events that are in excess of our frames of reference (Felman, 1995). "In the general population 60% of men and 51% of women reported at least one traumatic event in their lifetime, almost 17% of men and 13% of women reported more than one traumatic event" (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995, p. 1052). The word *trauma* was derived from the Greek *traumatizo,* meaning to wound; it was later broadened to include psychological references (Leydesdorff et al., 2009). Traumatic events can be categorized in two ways; they can be acts of God or acts of humans (Courtois, 2002). Events that involve an immediate threat to life are likely to cause overwhelming fear, which can haunt people long after the actual traumatic event has ended (Carlson, 1997).

Trauma is an external event that is subjectively experienced; its meaning is very personal (BenEzer, 2009). If a person experiences a subjective perception of threat to self or others, then he or she is considered to have been exposed to a trauma and therefore to have the potential to develop posttraumatic stress disorder (PTSD; McNally, Bryant, &

Ehlers, 2003). The lifetime prevalence of PTSD among Americans is 6.8% (Kessler et al., 1995). PTSD is characterized by one re-experiencing the traumatic event, emotional numbing, avoidance behaviors, and heightened arousal resulting in impairment or distress that lasts more than 1 month (McNally et al., 2003).

In a sample of undergraduate psychology students, 84% reported having at least one traumatic event that was severe enough to cause PTSD, and one third of them had four or more (Vrana & Lauterbach, 1994). Among hospitalized psychiatric patients, 61% reported at least one traumatic event during their lifetime; these individuals were more disabled than patients who did not have a trauma history (McFarlane, Bookless & Air, 2001). After exposure to trauma such as an earthquake or violence, people are at high risk for developing severe or chronic posttraumatic stress reactions (Goenjian,A., Steinberg, A., Najarian,L., Fairbanks,L., Tashjian,M., Pynoos,R., 2000). In a study of plane crash survivors, 26% of them were found to be suffering from PTSD 6 months after the crash (Carlier & Gersons, 1997). There is a relationship between unsuccessful attempts to disclose traumatic events and the occurrence of PTSD (Ullman, 2003). The participants in this study were exposed to experiences that may have put them at risk for developing posttraumatic stress reactions and/or PTSD.

Assumptions and Biases Related to the Study

I sought to remain open and unbiased in regard to this study. There is a possibility that we can become challenged or limited by our own belief systems by thinking we know something (Munhall & Boyd, 1999). I identified my assumptions and biases prior to engaging in the research so I could approach each participant anew.

Coming to terms with assumptions allows one to hold them at bay, possibly even turning the knowledge against itself (van Manen, 1997).

I assumed that individuals have a desire to share their experiences around a traumatic event in the form of a story with others. I believed it would be helpful for them to do so. My assumption was that when a traumatic event was shared within the dyad, the experience of the listener and the storyteller would become a collaborative one. I assumed the listener has an effect on whether or not the storyteller would feel they were able to tell their story in a way that was personally meaningful. I assumed that it was the storyteller's experience of being heard that would make a difference for them in regard to the traumatic event.

I assumed that the reason that nurses and other healthcare providers did not ask about trauma is that when traumatic experiences are revealed to them, they feel uncomfortable emotions and a sense of powerlessness. Acting in self protection, they chose to avoid these emotions by avoiding the topic or responding in ways that do not invite the patient to share the trauma story. The patient would then sense this discomfort and avoid sharing their story.

A potential area of bias was the fact that my brother was a passenger on the plane that crashed in the Hudson River. He has told his story many times, and I have listened to it many times. He has told me that he noticed some things about listeners that may have changed the way he shared the story. I had no knowledge of whether or not the other individuals who were on the plane had experiences that were similar to my brother. I was curious about the experience of the listener and the storyteller when a traumatic event was shared within the dyad; thus, it became the focus of my research.

Relevance for Nursing

The nurse–patient relationship is at the core of nursing practice (Peplau, 1992). Nurses often listen to their patients' stories while caring for them. Some of these stories involve traumatic experiences. These traumatic experiences may seem so unusual that people find it difficult to put them into words. Nurses and other healthcare professionals can invite individuals to share their story of a traumatic event and listen as the story unfolds. When the truth is recognized, survivors can begin their recovery (Herman, 1992). Nurses and other health care professionals may be able to help an individual who has had a traumatic experience simply by listening to their story. Putting words to the traumatic experience and sharing it in the form of a story may be healing when it is shared with someone who listens.

Nurse practitioners have described listening as the most valuable skill they had (Parrish, Peden, & Staten, 2008). Nursing education often stresses the importance of listening to the patient. However, "there is a paucity of nursing literature on listening" (Kagan, 2008, p. 109). There is a scarcity of information on how the nurse as listener is experienced by the patient. There has been a lack of interest regarding the feelings of speakers and their perceptions of being heard (Kagan, 2008). Listening to the survivor's story is a part of trauma treatment. However, the topic of psychological trauma is not part of the curriculum for many health care professions (Courtois, 2002).

"Just talking without being listened to is not enough; the one that talks must find someone who will listen" (Vajda, 2007, p. 90). Nurses and patients communicate verbally and nonverbally. Nurses should examine their own preconceptions, as they can influence the exchanges they have with patients (Peplau, 1997). Ruggiero et al. (2004)

found that high levels of support led to healthier outcomes in individuals who had been raped. Nurses and other health care professionals can provide high levels of support for their patients by listening to their stories. Telling the story can make the unbearable easier to live with (Vajda, 2007).

There is a dearth of information in regard to what listening is like for nurses and how nurses may be affected by listening to stories of traumatic events. Nursing is not limited to the care of the physical body. Listening to the patient's story is part of the emotional labor of health care (Barrett et al., 2005). Nurses often work with people who have experienced traumatic events; part of this work involves listening. Repeatedly listening to stories of trauma is not without effect on the nurse. Trauma therapists often experience secondary stress reactions and have symptoms that are the same as those of PTSD (Baird & Kracen, 2006). These reactions may affect the treatment process as well as the therapist's own experience (J. Canfield, 2005). Listening to stories of traumatic events has the potential to be overwhelming for the listener. Further research is needed to understand what it is like to listen to the stories of people who have suffered traumatic events in order to gain insight into the mechanisms at work (Shortt & Pennebaker, 1992).

Exploring what listening is like for nurses and how they may be affected by listening to stories of traumatic events is valuable. Nurses can develop secondary stress reactions as a result of repeatedly listening to stories of traumatic events. Because of this, nurses may find it difficult to continue to listen. Patients may sense that the nurse listener is overwhelmed and adapt by not sharing their story. If the nurse is not able to listen, the patient may not get the care they need, and this may slow their healing. Milton (2004)

found that for those in research, practice, and professional nursing education, interpreting and understanding stories has ethical implications for honoring and respecting others.

Summary of Chapter

This chapter described the aim of my study, the phenomenon of interest, its context, and its relevance to nursing. The justification for the study was discussed. The context was a crash-landing of a plane, which represented the traumatic event. The experience of sharing the story of a traumatic event within the dyad, explored from the perspective of the listener as well as the storyteller, was discussed. The phenomenon was deemed worthy of study, as it will add to the body of knowledge for nurses and other healthcare professionals. I sought to illuminate the experience of the listener and the storyteller when a traumatic event is shared within the dyad.

CHAPTER II

Evolution of the Study

Historical Context

This historical context includes a discussion of storytelling, dyad, and the evolution of psychological trauma.

Storytelling

The earliest written record we have of storytelling is a collection of Egyptian stories, *The Tales of the Magicians,* which dates back to 4000 B.C. (Sawyer, 1942). Storytelling runs through all forms of human communication; it is as pervasive today as it was thousands of years ago (P. Myers, 1990). The custom of storytelling has long been appreciated as a way for cultures to pass information from one generation to another (Restrepo & Davis, 2003). Storytelling has been the basic mode of communication between people since the beginning of human time (Schwartz & Melzak, 2005).

Linguistic literature on American storytelling has shown that stories embrace a variety of topics and experiences; men and women alike have engaged in the activity (Miller, 2009). Educators have supported the value of storytelling in a child's education (P. Myers, 1990). Medicine is beginning to acknowledge the value of story as a way to attune to the individual patient (Charon, 2006). In nursing, storytelling has been used to convey knowledge and promote a sense of caring and validation (Restrepo & Davis, 2003). Storytelling within the nurse–patient relationship is often done in the context of the dyad.

Dyads

Psychology has traditionally seen the individual as the fundamental unit of analysis; however, people exist in social systems, not in isolation (B. Canfield, 2007). Exploring experiences within the dyad is familiar to relationship therapists who realize the need to understand the perspective of both members of a partnership rather than only one person's point of view (Teachman, Carver, & Day, 1995). "Dyad" implies pair relatedness, interdependence, reciprocity, and mutuality (Thompson & Walker, 1982). The patient and the nurse are an example of a dyad that may exist as part of the treatment for individuals who have experienced a traumatic event. For some time now, a psychotherapeutic approach has been Freud's "talking cure," which is an example of how a therapist may be able to help a patient put language to a traumatic event (Leydesdorff et al., 2009).

Psychological Trauma

Judith Herman (1992) described the history and evolution of psychological trauma as it surfaced periodically into public consciousness. The first time it emerged was in the late 19th century anticlerical political movement. It was called *hysteria*, a disorder believed to affect only women. The later received attention when men were returning home from the First World War. The study of trauma-related symptoms began in England and the United States after the First World War and hit a peak after the Vietnam War. The political context was the antiwar movement. Trauma also came into public awareness in reference to sexual and domestic violence in the political context of the feminist movement (Herman, 1992). In the early 19th century, a condition called "railway spine" was identified. People involved in railway crashes developed sleep problems, nightmares, ringing in their ears, chronic pain, and intolerance for traveling on

the railways. The syndrome was later named "traumatic neurosis," and this was the first time the word *trauma* was used in psychiatry as something stemming from a mental cause rather than a physical one (Lasiuk & Hegadoren, 2006).

Herman (1992) described how physicians who treated railway spine noticed that the symptoms were similar to those of hysteria, which afflicted women. In the late 1880s, a French neurologist named Charcot identified the symptoms of hysteria as paralysis, tremors, and spasms. In the early 1890s, Pierre Janet, a student of Charcot's, noticed that when patients were reminded of their past, they experienced altered states of consciousness. Around the same time, Sigmund Freud and Joseph Breuer found that most of the women who suffered from hysteria had a history of childhood sexual exploitation. They discovered that when the traumatic memories were put into words, many of the symptoms of hysteria went away (Herman, 1992).

Much has been learned about traumatic illness during times of war from the soldiers who have had overwhelming traumatic experiences. Lasiuk and Hegadoren (2006) reviewed the evolution of stress reactions in combat. In 1870, Arthur Meyers coined the term *soldier's heart* to describe the physical symptoms such as fatigue, palpitations, and shortness of breath experienced by soldiers in combat. In 1871, Jacob Mendez DaCosta, who had been an army surgeon in the Civil War, labeled what he saw in soldiers as DaCosta's syndrome, irritable heart, or effort syndrome. In 1915, British military psychiatrist Charles Samuel Myers came up with a new term *shell shock*. He felt that this psychological condition was directly brought on by the horrors of war. In 1941, Abram Kardiner, an American psychiatrist, used the term *war neurosis*. He noticed there was often amnesia for traumatic events in soldiers. He had studied with

Freud and noticed that the soldiers with war neurosis had many of the same symptoms as women with hysteria had (Lasiuk & Hegadoren, 2006).

Soldiers were not the only ones found to have symptoms after being exposed to stressful events. In 1942 there was a fire in The Coconut Grove Nightclub in Boston that resulted in 492 deaths. Researchers learned a great deal about the aftereffects of suffering a terrifying event through the experiences of those who survived the fire. Individuals who had escaped the fire had a high incidence of neurosis and nightmares (Adler, 1945).

Herman (1992) went on to explain that during the 1970s soldiers who had been traumatized in the Vietnam War were returning home with symptoms similar to those identified as traumatic neurosis by the psychiatrist Kardiner over 40 years earlier. In 1972, Ann Burgess, a psychiatric nurse, and Lynda Holmstrom, a sociologist, studied the psychological effects of rape. They noticed that women who had been raped had some of the same symptoms as combat veterans. They called it *rape trauma syndrome*. In 1980, after learning a great deal about the symptoms of combat veterans, researchers at the American Psychiatric Association included PTSD in *The Diagnostic and Statistical Manual of Mental Disorder* (as cited in Herman, 1992), and it became a "real" disorder. The lifetime prevalence for PTSD is from 1% to 9% in children and adults (P. Tucker & Trautman, 2000).

Trauma is currently in the public awareness and has been recognized by the Surgeon General as a public health risk of major proportion (Courtois & Gold, 2009). The attack on the World Trade Center, ongoing acts of terrorism, war, and natural disasters such as the 2004 tsunami in Asia, Hurricane Katrina in the United States, and

the 2010 earthquakes in Haiti and Chile are all considered to be traumatic events. These traumatic events are known to the public. However within these public traumatic events, there are personal traumatic experiences that may be known only to the individuals who have actually lived them. These personal experiences continue to provide opportunities for healthcare professionals to learn more about the way people respond to traumatic experiences and the best ways to care for them should the need arise.

Theoretical Context

The Roy Adaptation Model of Nursing (RAM) was found to be applicable to this study in that it describes the person as an adaptive system functioning toward a purpose. The goal of nursing within the RAM is to promote and maintain patient adaptation within the current difficulty. Roy's theory proposes that as adaptive systems, humans respond to stimuli in an effort to initiate a coping process, which has an effect on behavior that leads to responses that are either adaptive or ineffective (Perrett, 2007). Further discussion of the applicability of the RAM to the findings of this research study is in Chapter VI.

Experiential Context

I am a psychiatric nurse practitioner, and I practice in New York City. On September 11, 2001, I waited in the hospital emergency room for survivors of the attack on the World Trade Center (WTC) to arrive. Very few survivors did arrive, and the ones I saw were stunned and grateful to be alive. In the days that followed, I met with many shocked, often frantic people who came to the hospital mistakenly convinced that their missing friends or family members had been rescued and brought there. I listened as they showed me photos and talked about those they loved but could not find. I created and facilitated groups for individuals who had escaped the WTC buildings, as well as one for

the wives of firefighters who had survived the attack. I met with hospital staff to talk about their experiences and provide support. I provided individual and group support for the rescue workers who spent time at the site of the WTC looking for human remains. I continue to serve on a critical incident stress management team that provides support for rescue workers such as fire, police, paramedics, nurses, and physicians in work-related stress.

I noticed some things as a result of my work with these individuals who had experienced traumatic events. I noticed that they all had a desire to share their story. The individuals who lived through the WTC attack wanted to share their stories of survival. The hospital staff wanted to share their stories of waiting and their feelings of helplessness; the grieving families wanted to share the stories of their treasured loved ones. The rescue workers wanted to share their stories of trying to find people among the ruins, often describing those lost in the rubble as their brothers. The wives of the firefighters wanted to share the stories of what it was like for them on September 11th and the days and weeks that followed. I noticed that if I was simply present and listening, they were able to share their story with me.

In my practice as a psychiatric nurse practitioner, I provide psychopharmacology as well as individual and group therapy to many individuals who have suffered a traumatic event or series of traumatic events. I have noticed that individuals who seek psychiatric care often share their stories of traumatic events differently with different health care professionals. It is unclear as to why this is so. Perhaps it has to do with the experience, the story, the individual professional, the patient, or the experience within the

dyad. This uncertainty and curiosity is what drove my desire to explore the experience of the listener and the storyteller when a traumatic event is shared within the dyad.

Summary of Chapter

This chapter provided an overview of the historical context of storytelling and the dyad. It presented a review of psychological trauma and how its visibility in society reflected the prevailing culture, history and politics of the time. The experiential context of the researcher was revealed in that there was a preexisting interest and current clinical practice in the area of psychological trauma treatment. A brief mention of the RAM was presented in that it views humans as adaptive systems.

CHAPTER III

Methodology

Phenomenology

This study explored from a phenomenological perspective the experience of the listener and the storyteller when a traumatic event is shared within the dyad. The term *phenomenology* was initially used by Emmanuel Kant in 1764; it is derived from the Greek word *phainein,* which means, "to appear" (Priest, 2002). The aim of phenomenology is to produce descriptions of phenomena so the essential structure of this experience can be understood (Priest, 2002). Phenomenology offers a way to obtain descriptions of feelings within contexts. Meanings are revealed from the perspective of the individual who experienced those feelings (Thomas, 2005).

"Phenomenology is the study of essences and according to it, all problems amount to finding definitions of essences, the essence of perception or the essence of consciousness" (Merleau-Ponty, 1962, p. 328).

> The phenomenologist tries to access the personal, the individual, and the variations within themes by creating knowledge that gives insight into the individual. Meaning making takes place at the intersection of the emotional and physical world where the experience occurs. (Conklin, 2007, p. 277.)

The focus on experience in phenomenology is a focus on human involvement in the world; meanings are given in perception and modified in analysis (Munhall & Boyd, 1999).

Edmund Husserl. Edmund Husserl (1859–1938) was a German philosopher, mathematician, and logician who believed that the material world is accessible through

consciousness and that all knowledge comes from experience. He saw individuals as the vehicle through which the essence of a phenomenon was accessed and described. He held that the life world is understood as what individuals experience prereflectively (Dowling, 2005). Husserl advocated "bracketing," which he described as an attempt to strip away preconceived notions about phenomena in order to see them without subjectivity. When phenomena are reduced without presuppositions and judgments, a state of epoche is achieved; this enables the phenomena to be seen anew (Conklin, 2007).

Husserl challenged his own belief in regard to bracketing and held it as an ideal that was necessary to achieve in a study that was credible. He wondered, however, whether it was possible for a phenomenologist to put him- or herself out of action, as one could not stop being a natural human being (Husserl, 1983). Phenomenology not only must develop the method of acquiring novel cognitions from novel subject matter but must produce them in perfect clarity so they meet every serious objection (Husserl, 1983).

Husserl (1983) described intentionality as the integral interconnectedness between humans and the life world, proposing that humans are never passive in the face of experience and that all experience takes place in relation to something other than itself (Thomas, 2005). Anything unknown is a horizon of something known (Husserl, 1983). Just as the traumatic experience has a context, the storyteller and listener have a context for sharing the story, which may actually be each other. The storyteller and the listener may be interconnected; they each may expand the others horizon. This may happen within the dyad.

Martin Heidegger. Heidegger (1889–1976) agreed with Husserl's focus on the things themselves, but he directed himself toward an understanding of the things rather than a description of them alone; he was interested in the meaning of being in the world. Merleau-Ponty (1908–1961) built on the writings of Husserl and Heidegger (Dowling, 2005).

Merleau-Ponty. "Merleau-Ponty referred to himself as the philosopher who does not know" (Thomas, 2005, p. 73). Merleau-Ponty saw the self as thinker and, therefore, inseparable from the body and the lived experience. He focused on the experience before it became objectified. He encouraged people to see the world as if it were new, to rediscover the experience as if it were the first time they were experiencing it.

Merleau-Ponty used the word *intertwining* to describe the inseparability of the subject from the world in which the subject is situated. He spoke of "the 'knot of relations' which he described as all the people that are connected to an individual in their lifetime being contained within this knot" (Thomas, 2005, p. 71). An event may seem subject to chance, but chance happenings offset each other, facts come together revealing an event we can talk about (Merleau-Ponty, 1962). There is no absolute truth, according to Merleau-Ponty; there is perception. Judgment is the taking of a stand in an effort to know something. Sense experience, on the contrary, is taking the appearance at face value (Merleau-Ponty, 1962).

Hermeneutic phenomenology. Hermeneutic phenomenology is grounded in the belief that researcher and participants come to an investigation with understandings shaped by their backgrounds, and through interaction and interpretation, they cogenerate an understanding of the phenomenon (Wojnar & Swanson, 2007). The aim of

hermeneutic phenomenology is to gain descriptions as well as interpretations of the way we experience the life world prereflectively. "Hermeneutic phenomenology provides a deeper understanding of the nature or meaning of our everyday experiences, without classifying, or abstracting them" (van Manen, 1990, p. 9).

Van Manen (1997) described hermeneutic phenomenology as a human science that studies persons. It is a philosophy of the personal and the individual, which is pursued against the background of an understanding of the other, the whole, or society. "Lived experiences and the structures of meanings (themes) in terms of which lived experiences can be described and interpreted, constitute the immense complexity of the life world" (van Manen, 1997, p. 101). Phenomenological human science is the study of lived or existential meanings; it attempts to describe and interpret those meanings. Phenomenology does not offer a theory; it offers insights that provide more direct contact with the world (van Manen, 1997).

Summary of Chapter

Chapter III presented phenomenology as a way to see things as they appear. Significant figures in phenomenology were introduced. There was a discussion of the philosopher Husserl, who held the perspective that all knowledge came from experience, as well as Merleau-Ponty, a philosopher who preferred ambiguity. Hermeneutic phenomenology was described as a way to describe and interpret things, to see their essence.

CHAPTER IV

Methodology Applied

Phenomenological Research Approach

I explored from a qualitative perspective the listener's and the storyteller's experience when a traumatic event is shared within the dyad. Qualitative research involves questions about human experiences and realities that are studied through contact with people in their natural environment, which produces rich descriptive data that help us understand their experiences (Munhall & Boyd, 1999). I chose a qualitative research approach over a quantitative one in order to illuminate and understand the lived experience of participants. "The preferred method for natural science has been detached observation, controlled experiments and quantitative measurement, in contrast, human science involves description, interpretation and self reflective or critical analysis" (van Manen, 1997, p. 4).

The phenomenon was explored from the phenomenological perspective. "The goal of phenomenological analysis is not to explain or discover causes but to clarify the meaning of phenomena" (Giorgi, 2005, p. 77). What is to be understood is not the Thou but the truth of what the Thou says, the truth that becomes visible only through the Thou, and only by letting the self be told something by it (Gadamer, 1975). Phenomenological inquiry tries to get at the meaning people place on their individual lived experiences (deMarrais & Tisdale, 2002). I sought to illuminate and understand individual lived experiences. The researcher's role is to discover the essence of the experience through an interpretation of the textual data that are obtained from participants (de Marrais & Tisdale, 2002).

van Manen

An interpretive phenomenological research approach proposed by van Manen guided this study. The Canadian phenomenologist Max van Manen was influenced by Merleau-Ponty. Van Manen believed that lived experience is the starting and ending point of phenomenological research. For van Manen, researcher involvement has a prominent place in his phenomenology, which involves questioning the way we experience the world (van Manen, 1997).

Van Manen outlined four existentials belonging to the life world that provide guidance for researchers on phenomenological writing. They are (a) lived space (spatiality), (b) lived body (corporality), (c) lived time (temporality), and (d) lived human relation (relationality or communality) (van Manen, 1997). Lived space or spatiality is evident when the other is revealed in the emotional or physical space that is described by the participant. The lived body or corporeality refers to the sense of revealing and concealing ourselves. The story may be revealed and concealed on the basis of corporality of the other and the feelings therein. Lived time or temporality may have been evident for the participants as they shared their experiences with each other and with me. The lived other, relationality, is always evident in that the storyteller and the listener exist in the presence of the other (van Manen, 1997). Van Manen states that hermeneutic phenomenological research is fundamentally a writing activity, research and writing being aspects of one process.

> From a phenomenological point of view research is done to question the way we experience the world, there is a desire to know the world in which we live as human beings. Phenomenology describes how one orients to lived experience,

> hermeneutics describes how one interprets the "texts" of life. (van Manen, 1997, p.85.)

Research Activities

Individual in-depth interviews were conducted with all participants. In-depth interviews are used by researchers to cocreate meaning with interviewees by reconstructing perceptions of events and experiences (DiCicco-Bloom & Crabtree, 2006). An interview that involves an uninterrupting and noninterpreting listener not only has value for research but also helps the interviewee to go on despite the traumatic and/or painful experience (Vajda, 2007).

Data analysis was carried out according to the process described by van Manen. Reflection of lived experience is always recollective, it is a reflection on experience that has already passed or been lived through (van Manen, 1997). During an in-depth interview, I asked the participants in the current study to look back and reflect on an experience that had passed. "An appropriate topic for phenomenological inquiry is determined by questioning of the essential nature of a lived experience: a certain way of being in the world" (van Manen, 1997, p. 39).

Phenomenology contributes to deeper understandings of lived experiences by exposing what is often assumed and taken for granted (Starks & Brown-Trinidad, 2007). The participants in this study were involved in a public event that would be considered traumatic. Their personal individual experiences within the public event may not have been known by others. Some of these personal experiences were revealed in this study. These experiences were further illuminated which led to a deeper understanding of them. Van Manen (1997) described phenomenological research as the explication of

phenomena as they present themselves to consciousness; it always begins in the life world, the world as we immediately experience it. There are six steps or methodological themes in the van Manen research process, which he stated are not to be used mechanistically but rather as a way to animate inventiveness and stimulate insight (van Manen, 1997). They are the following:

1. Turn to a phenomenon that is of interest.
2. Conduct an investigation of the phenomenon as it is lived.
3. Reflect on essential themes that characterize the phenomenon.
4. Write and rewrite in order to describe the phenomenon.
5. Maintain a strong and pedagogical relation to the phenomenon.
6. Balance the context by considering the parts as well as the whole.

"A phenomenological description is always *one* interpretation, and no single interpretation of human experience will ever exhaust the possibility of yet another complementary or even potentially richer or deeper description" (van Manen, 1997, p. 31). There is a possibility that at some time in the future another researcher may explore this phenomenon, and a different description or interpretation may emerge. Expressing the fundamental or overall meaning of a text may result in different readers discerning different fundamental meanings, which does not make one interpretation necessarily truer than another (van Manen, 1997).

Bracketing

The process of recovering original awareness is called *reduction* in phenomenology. Phenomenological reduction is a particular manner of rigorous reflection, and bracketing is the leading methodological technique used in

phenomenology to aid this process (Munhall & Boyd, 1999). I made every attempt to bracket my biases and assumptions in order to remain in the unknowing and approach each participant and their experience as unique. I put aside my preconceived beliefs and made every attempt to be present and listen carefully to participants as they shared their experiences. "Bracketing is a mathematical metaphor that puts one's natural attitude and beliefs in brackets in order to place it out of question for a time" (Priest, 2002, p. 52). Bracketing was done in an attempt to avoid prejudice and to enable things to emerge and be seen as they appear. Bracketing is done not so we can deny our presuppositions about the world but done to expose them (Merleau-Ponty, 1962). Husserl advocated bracketing, but van Manen did not embrace Husserl's view (Dowling, 2005). Van Manen suggested that if we try to forget what we already know, it may creep back into our awareness (van Manen, 1997).

Reliability and Validity: Rigor

Rigor is achieved in qualitative research when the study is believable, accurate, and useful to people other those who participated in the study (Priest, 2002). "The researcher must ask themselves whether the study has truth, value, applicability, consistency, and neutrality" (Lincoln & Guba, 1985, p. 290). To achieve rigor, I made every attempt to bracket my biases and assumptions. I practiced ongoing self-reflection by journaling. I collaborated with professional colleagues and expert qualitative researchers with over 20 years experience in qualitative research. I did this in order to address my subjectivity and bias and to promote the credibility of this study. I presented and clarified findings with participants to see whether the identified themes resonated with them. "The criterion for objectivity is intersubjective agreement; if multiple

observers agree on a phenomenon, then their collective judgment can be said to be objective" (Lincoln & Guba, 1985, p. 292). As I wrote, I tried to avoid prejudice on my part and enable things to be seen as they appear and let the voices of the participants be clearly heard. Phenomenological text succeeds when it lets us see that which shines through (van Manen, 1997).

Protection of Human Subjects

Consent, which included permission to be audiotaped, was obtained from each individual participant prior to the participant interview. Participants were reminded that their participation was completely voluntary and that they had the right to stop participation or withdraw from the study at any time without penalty. Each participant's identity was masked, and he or she was provided with a pseudonym. Participants were notified that all identifying information was removed in the publishing of this study in order to maintain their anonymity.

It is acknowledged that the participants in this study had experienced a traumatic event. People who have experienced traumatic events and participated in research about their traumatic experiences have conveyed approval of the experience (DeMarni, Freyd, Binder, DePrince, & Becker-Blease, 2006). People receiving care for PTSD appreciated being asked about their traumatic experiences (Ferrier-Auerbach et al., 2009). For domestic violence survivors, participation in trauma research had no detrimental effects and was actually viewed as positive (Griffin, Resick, Waldrop, & Mechanic, 2003). There is no evidence that anyone was harmed as a result of their participation in this study.

I conducted face-to-face interviews in a place chosen by the participant where they felt safe and comfortable speaking and where their privacy was protected. Three participants were interviewed over the phone because of their availability. They stated that they were speaking from a place where they felt comfortable and had the ability to speak freely. In order to maintain confidentiality, I spoke to them while alone in a locked quiet room. Prior to conducting the phone interviews, I mailed consent forms to two of these individuals and then verbally reviewed the forms with them. They mailed the signed consents back to me in an envelope I had provided. I had the opportunity to meet the third phone interview participant in person and obtain the consent at that time, which was prior to the phone interview.

I conducted the research in a way that I believed was tolerable and respectful to the participants as well as myself as a researcher. It is important to recognize that strong emotions may be experienced by researchers and participants and that researchers are not there to provide therapy, they are there as researchers (deMarrais & Tisdale, 2002). I was clear about my role and provided participants with appropriate resources (see Appendix A) if they felt the need for mental health counseling. I was aware of the possibility of personal reactions to traumatic material and carried out ongoing reflection by keeping a journal and consulting with colleagues and supervisors. Data are in a locked cabinet in my office and maintained on an encrypted secure drive at the CUNY Graduate Center and the University of Pittsburgh as a way to protect the privacy and confidentiality of the participants.

Sample Selection

A purposeful sample was obtained. Purposeful sampling in qualitative research means that the researcher chooses individuals and sites for study because they can purposefully inform an understanding of the research problem and the phenomenon under study (Cresswell, 2007). In purposeful sampling, the sample size is determined by informational considerations. "Sampling is stopped when there is no new information coming from newly sampled units; redundancy is the primary criterion" (Lincoln & Guba, 1985, p. 202.). In regard to sample size, the criteria of both sufficiency and saturation are useful (Seidman, 2006). The number of participants was determined by sufficiency in that there were enough participants so that individuals outside the study might have a chance to connect to their experience. Saturation was achieved when in the course of analyzing the data, I no longer heard anything different or new from the participants being interviewed. Despite reaching saturation, I chose to continue to interview every person who had volunteered to be a part of the study, as I felt it was important to listen to the story of their experience.

The participants who volunteered to be a part of the study were from a group of individuals who were involved in the crash-landing of a commercial jet liner. The plane crash-landed in the Hudson River in New York City on January 15, 2009, and everyone on board survived. The storytellers and listeners were mostly from the New York and North Carolina areas. They had spoken about the crash before and were willing to do so with me. They all expressed an interest in knowing the findings of the study. Most of them stated that they were happy that someone was researching the topic.

After obtaining Institutional Review Board (IRB) approval from the Graduate Center, City University of New York, I sent an invitation to participate in the study to

potential participants (see Appendix B). The invitation was sent via email by an individual who had contact with a group of people who had been involved in the plane crash. This email invitation to participate contained an overall description of the study, the purpose of the study, and my name, background, and contact information. Individuals who were interested in participating in the study were invited to return an email. Based on their expressed interest, I contacted them via email.

Each storyteller participant who agreed to be in the study contacted someone who had listened to their story and asked whether that person would be interested in participating as the listener member of the storyteller–listener dyad. If the listener agreed, they sent me an email saying so. I sent them the email containing a description of the study, the purpose of the study, and my name, background, and contact information. I arranged a time to speak with each listener and each storyteller participant who had expressed interest in being part of the study. I obtained a signed consent (see Appendix C) that included consent to be audiotaped from each participant before I conducted an in-depth interview with each storyteller and each listener. I conducted these interviews during the months of June, July, and August, 2010.

Data Collection

At the heart of interviewing research is an interest in the stories of others (Seidman, 2006). A qualitative interview gives research participants an opportunity to tell their story to the researcher. The participants in the current study were individuals who were involved in a plane crash (storytellers), as well as individuals who had listened to them tell the story of their experience (listeners). A separate, private, in-depth interview was conducted with each individual storyteller and listener. An in-depth

interview is a process in which a researcher asks questions and a participant responds with thoughts, perspectives, and narratives (deMarrais & Tisdale, 2002). "An interview that involves an un-interrupting and non-interpreting good listener, not only has great value for research, but also helps the interviewee to go on living notwithstanding his/her traumatic, painful experiences" (Vajda, 2007, p. 100). Most participants stated that they enjoyed the interview and found it interesting and/or cathartic.

P. Sloan (1998) studied the reactions of a group of plane crash survivors and found that survivors preferred interviews to questionnaires. "The in depth interviewer should go to such depth in the interviews that surface considerations of representativeness and generalities are replaced by a unique description of an individual's experience" (Seidman, 2006, p. 51). Nonverbal communication such as gestures and body language should be considered (Lincoln & Guba,1985, p.276). The participants shared reflections and insights with me; they shared their individual, personal lived experiences.

A date and meeting time for initial interviews was agreed upon with participants. The interviews were audiotaped. I took some written notes during the interview as well and incorporated them into the transcript. For example, the descriptions of the participant's homes and/or clothing were noted. The audiotape files were assigned pseudonym titles, and they were individually downloaded to a secure server at the Qualitative Data Analysis Program (QDAP) of the University Center for Social and Urban Research affiliated with the University of Pittsburgh. Each audiotape was transcribed verbatim by a transcriptionist who had completed the Human Subjects Research in Social and Behavioral Sciences module as well as the Research Integrity module. Hard copies of the transcriber's certificates are stored in the office of the

Assistant Director & Senior Research Specialist of the QDAP. The transcriber was a person with experience and knowledge of phenomenological studies. Names of participants and anyone they mentioned were removed during transcription and replaced with the word *name*. After the transcription was complete, I reviewed each transcript for completeness and to ensure that all identifying information was removed. Pseudonyms were assigned to all participants.

I had considered using ATLAS ti (version 6), a computer-assisted qualitative data analysis program for text, image, audio, and video data material to assist with data coding and analysis. However, I chose to analyze the texts personally because it provided me with a firsthand connection to the data. The participants came alive to me as I became immersed in their written stories in a way that was not fully possible during the phenomenological interview.

Interview Process and Research Question

Each storyteller participant was asked to speak about their experience of telling the story to someone who had listened to them share the story. They were asked, "So tell me what it was like to tell your story to ----." Each listener was asked to share their experience of listening to the storyteller. They were asked, "So tell me what it was like listening to ---- tell you their story." Participants were encouraged to share their experiences by asking nonleading questions until they felt they had no more to say on the topic. I also used silence as a way to make space for the experiences of the participants to emerge. The participants generously shared. They seemed genuine, transparent, and honest as they reflected on their experiences.

Summary of Chapter

This chapter described the application of the methodology, including a description of the van Manen method. The rationale for using a qualitative phenomenological approach was discussed in that it lends itself to revealing the lived experience of individuals, and nursing has an investment in understanding these lived experiences. Protection of human subjects, sample, setting, access, interviewing techniques, data collection and storage procedures, timetables, and feasibility were reviewed. A commitment to maintaining rigor was discussed. The research questions were presented.

CHAPTER V

Findings

Research Setting

This study illuminated the experience of the listener and the storyteller when a traumatic event is shared within the dyad. The participants were individuals who were involved in the traumatic event of a plane crash that came to be known as the "Miracle on the Hudson." I adopted an interpretive phenomenological approach, using the method outlined by van Manen (1997) to analyze the data. This chapter contains a description of the sample, the study participants, and the research findings.

Study Sample

There were a total of 24 participants in this study: 12 dyads. Each dyad had a storyteller and a listener. The storytellers had experienced a traumatic event, and the listeners had listened to them share the story of their experience around that event. The listeners and storytellers individually and separately shared their experiences with me in an in-depth interview. The interviews were done face to face with 21 participants; the remaining three were conducted on the telephone because of participant availability. The participants included nine men and 15 women. Among the storytellers, there were six women and six men. Among the listeners, there were nine women and three men. Their ages ranged from 29 to 74 years. Nineteen participants were employed at the time of the study.

The majority of the participants were from the North Carolina area; the rest were from the New York area. I flew to North Carolina to meet with participants who lived there. All participants were interviewed at the location of their choice. All locations

were sufficiently private so that no one else could hear what was said. I met most of them in their homes or in private spaces. All participants were provided a pseudonym. Because of the public nature of the event, I made an effort to avoid any particular description that might compromise the anonymity of the individual participants. Descriptions of the participant's specific physical characteristics and their individual ages were intentionally omitted. The following is a description of the storyteller–listener participants presented in dyads; storyteller first and then listener.

Descriptions of Participants in Dyads of Storyteller–Listener

Powell–Rebecca

Powell, storyteller. Powell and I met at his home; he invited me in, and we sat together at a large wooden table in his dining room. It was a hot, humid day, and the air conditioner whirred in the background. We were alone in the house, as his wife, Rebecca, was running errands. He was wearing sneakers, beige cotton shorts, and a white tee shirt with the outline of an angel on it. He sat next to me, leaning slightly forward, his legs crossed at the ankles, his elbows bent back against the chair, hands loosely clasped. As he reflected on his experiences of sharing with his wife, he often squinted his eyes, looking toward the ceiling.

> The first time I told it was to my wife, Rebecca it was the day of, and that was kind of more therapeutic I would say because she was concerned about me. Well, I felt like I was in a bad place and she needed to know what I'd been through.

Rebecca, listener. Rebecca greeted me with a slight smile, shaking my hand. She was dressed in a running suit and sandals and had a bag of groceries, which she handed to Powell. We walked through the kitchen and out a back door onto a patio, leaving Powell

inside. Even though much of her hair was pulled back off her face, she frequently ran her hand over it, smoothing it back as she talked. She sat directly across from me at a small metal table, her legs outstretched, and arms resting on the table. Her voice was soft. As she spoke, she often looked off into the distance breathing deeply.

Rebecca spoke of how difficult it was to know that her husband had gone through such a traumatic experience. She spoke about how she tried to help him understand what was happening to him. She told me how she told him "You're feeling this way because of this' and I would tell him it's normal, it's ok to feel that way, and that kind of thing." Rebecca believed it was important to let the person talk about the event. "I feel like it's important to allow the person who had the traumatic event to talk about it any time they need to and all the time. I feel that's very important because repressing it is not positive."

Ava–Cathy

Ava, **storyteller**. I met Ava at the food court of an outdoor shopping mall. When she came in she waved and smiled widely, coming over to the table in a quiet, empty corner of the room. She sat down next to me, keeping a slight smile as we talked. As she spoke, she often looked straight ahead out the window. Ava felt it was helpful for her to share the story with her friend Cathy. "In the beginning it was like a dream; it was fuzzy and I learned it was your brain's way of protecting you." She found that "It was very therapeutic, saying it over and over, it helped me remember things." Ava recalls having the realization that people cared about her.

> My friend she said—maybe you should write everything down—and this is right after it happened—and I wouldn't. She said I would like for you to share it with us one day. And I was thinking to myself, really? You know, I mean I was just

amazed at how much they cared, and how much they wanted to know about it. Wow, you know, people really care.

Cathy, **listener**. Cathy and I met at a coffee shop where the smell of coffee hung heavy in the air. She sat directly across from me in a quiet private spot of the shop. She pulled the chair up to the table, and bent her elbow so she could rest her head in her hand. She sipped her cold drink through a straw as we spoke. She talked about what it was like for her to listen to her friend Ava tell the story of this traumatic event. Cathy believed that Ava did not want to talk about the traumatic event because it made her uncomfortable. "I always thought that, from my sense, I always felt like she was very uncomfortable having to talk about it all the time; people would just bring it up, and her being uncomfortable—I always remember that." Cathy spoke about her own feelings of discomfort when someone asked Ava to share her story while Cathy was there listening.

> It would make me uncomfortable. Because I just wanted to tell the people just for once just don't bring it up. Well it was usually dropped pretty quickly; I mean I think they could tell that it's not something she wanted to talk about.

Tom–Melinda

Tom, **storyteller**. It was twilight at the end of a New York City summer day. I met Tom in a private area of a small café, and he sat directly across from me at a small red table in the corner. Tom looked directly at me when he spoke, occasionally tilting his head as he considered his experiences. He smiled easily, weaving humor into the story. He told me that he often found himself smiling about certain parts of the experience, but at the same time he was aware of how serious it was. He talked about calling his wife from the plane immediately after they crashed into the Hudson River.

> So as we were going down I was trying to call my wife, just to call her, and I never got a signal to call out, but I had my phone with me, and when we—after we crashed, and we got—I actually lost my phone in the crash, but as I got up I saw it slide across the aisle and I picked it up and I called her, and I got her immediately, so immediately I was trying [laughs] okay we're crashed in the Hudson, oh I didn't say the Hudson, I didn't know where we were at, but you know we're in the water, I think we're all going to be alright, I love you, I love [name], I gotta get out of the plane, I'll call you in just a minute, right?

Melinda, listener. I met Melinda at her home. Because of her schedule, we had arranged to conduct the interview a few days later on the phone but wanted to meet each other in person before that. We spoke in the sun-filled kitchen of her home next to a large window that looked out onto a private yard. There were family photos visible. When she spoke she expressed herself using her whole body, extending her hands, changing the tone, volume, and cadence of her speech. Melinda said that unlike her husband, she found no reason to smile when she remembered the traumatic event. She spoke about getting the first phone call from her husband.

> He called me while they were taking in water, so that, you know, initially was, you know, Holy Crap, are you kidding?, like what's going on, and he hung up. So the initial way it made me feel would be—I can't even tell you—I want to say devastated, but just [breath] yeah, I mean I couldn't even speak, my—I was—crying hysterically, of course.

Inga–Shane

Inga, storyteller. Inga spoke in a soft voice, the strength and depth of her speech fluctuating at times. She sat kitty-corner to me at a large rectangular table in a quiet, empty school classroom. Her large dark-colored satchel sat on the chair beside her. Her arms and hands rested on the table as we spoke. She tended to look down at her hands and then back at me as she spoke. Inga and I talked about what it was like for her to share her story with her husband Shane.

> With my husband too, you know, even though I knew that he is 100% open to listening to whatever, I mean he probably, if he again if he would, whenever he would give more acknowledgment to the, you know, the fact that I felt this way or that way or tried to, you know, guess, quote un-quote guess how I felt it also would make me you know maybe talk more about it.

She talked about how available he was to her.

> Before going to bed—that's maybe the time when you want to tell more or something, because it's kind of the end of the day and so [breath] I would talk to him about that, you know, late at night, and again, you know he [breath] you know he's usually very understanding and doesn't say okay, you know, listen, it's like, you know twelve o clock. I mean enough already with the plane.

Shane, listener. Shane and I talked about his experience of listening to his wife Inga share this traumatic event. Shane initially sat beside me in a quiet, empty classroom of a college and then turned his chair so he faced me directly. He was wearing jeans and a button-down shirt and was carrying a briefcase. Shane described himself as analytical. He said that as he listened to Inga, he found himself having feelings and experiencing images.

> Nothing I think really prepares one for [breath] something of this magnitude and this—I guess unique kind of experience, [breath] I had all kinds of emotions, all kinds of feelings, and even images going through my mind.

He recalls his experience as he spoke with her on the phone immediately after the crash.

> I remember I had images [breath] while she was talking to me of her being on a, on a stretcher or a gurney, which she wasn't, but you know, being taken in an ambulance, for some reason I was also, just in my mind, imagining—trying to imagine kind of geographically where this was happening.

Monty–Lila

Monty, storyteller. Monty met me in a sandwich shop. As we sat in a private booth, he leaned forward to speak. He had a deep, clear voice and clarified things before he spoke. Monty shared his deep faith in God with me. He talks about sharing with his wife. "She might still say that I keep stuff internalized, but I probably [share] with her more than anybody else. I share everything." He talked about how helpful it is that he can always go to his wife and talk.

She's helped me—I'm like 99% of the males in America. When the crap hits the fan—and my dad was horrible too, he never showed much emotion. You know so when the crap hits the fan, I internalize it a lot, which isn't always the healthiest way to do it. But it's who I am. But I can always go to her and talk to her about it and that's helpful.

Monty talked about how telling his wife helped him remember things, fill in missing information.

> The first time I was telling her, I was telling her on the telephone. And then afterwards she helped me fill stuff in by helping spur memories. Again, I, like a lot of people, blocked a lot of stuff out. I couldn't remember [Name] what he looked like or [Name] or anybody else for probably three weeks. I always just tell her.

Lila, listener. Because of her schedule, Lila and I could not meet in person. We talked on the phone about what it was like for her to listen to her husband Monty share his experience of this traumatic event. Lila's voice was soft as she described her unwavering faith in God. She says that she has a great deal of love and respect for her husband. "He's a physically strong man, and so you begin to just depend on that in all areas and through God's strength he is character strong and mentally strong." She talked about what it was like to listen.

> As you listen, it's kind of like talking in circles I realize, but as you listen you're hearing, you're gaining information, you're learning about something, and so then it reveals to you, so then you need to listen more to see if that revelation was a passing thought, or if it was a deep hurt, or if it was a healing? What was it you heard? So as you listen to the story, and I think that's kind of why we listen to stories, or why we hear, or want to hear from survivors if you will, is to glean again.

She spoke about hearing from her husband right after the plane crash.

> The guy was going to walk me through each moment, and yet I didn't know what the next moment would bring, and so when I saw him, that was really just incredibly powerful.

Donna–Nina

Donna, storyteller. I met Donna at her home. Her living area had many plants, and there was artwork throughout the space. The many windows created a feeling of openness. While we spoke there was a loud thunderstorm, and at times we watched the rain through the window. As she spoke, she sometimes looked down at the table. She says that her emotions fluctuate, she often feels different day to day. "Sometimes I get teary-eyed. Um, and I don't know why. And then some days when I tell it, I feel very happy and elated and happy to be here… I'm all over the board."

Donna says that she shares things with her sister Nina but she thinks beforehand about what she shares.

> She's very caring and very giving, but she would protect me to the ends of the earth, and she would try to take away the pain or my feelings, and since she had so much on her plate when this occurred, I just didn't want to tell her everything. I didn't want to burden her. I didn't want to—I just didn't want to upset my sister.

Donna talks about how her sister Nina was there to comfort her when she felt upset. She says that Nina tries to help her remember all the things that are important in life.

> There are some sides to the story that are frustrating for me, and she always reminds me that I'm alive. And she always reminds me when I get upset that, she'll say, "Don't let that bother you. Look at the outcome. Don't let those small things upset you.

Nina, listener. Nina and I talked about what it was like for her to listen to her sister Donna share the story of this traumatic event. I met with Nina in the same place as

Donna. Donna went to another part of the house so we could meet in private. We sat in the kitchen together; the thunderstorm had passed, and the sun was beginning to shine. Nina often looked down at the table or her hands as she spoke, sometimes very softly. There were periods of silence. She says that she and Donna are very close. She says she tried hard to understand what this experience was like for her sister.

Nina makes comparisons to other traumatic events. "I think that…what they went through was extremely traumatic... Absolutely. I mean, I think it's as close as being involved and not dying, being one of the people that didn't die in 9/11. That traumatic of an event."

Nina reflected on her feelings.

> I'm kind of in awe that she went through such an event and came out of it. I'm not part of her story. I think the people who were directly involved are part of the story. I think all the rest of us are just insular parts. Yeah, and I feel love for her.

Devan–Loretta

Devan, **storyteller**. Devan talked with me about his experience of sharing this traumatic event with his wife Loretta. I met Devan and Loretta at their home; they both met me at the front door. Loretta went to another part of the house while Devan and I spoke. Devan and I sat in his kitchen, a sunny space adjacent to his family room. He sat in a chair and moved it so we could face each other. His arms and hands resting on the table, his head bowed at times as he reflected on his experience. At times he found speech difficult, as it was slowed by his emotion. You could hear the faint sound of children playing outside as we spoke. Devan talks about trying to gauge his wife's emotions and her availability to him.

> I don't think she really tells me all the time how she's feeling until maybe I push it too far or something. There are times I need to tell it. So, and she's the only one around, and she's really one of the only people now, except for other passengers that can be there with me.

Devan described how he shared "the scary part" of the story.

> What I try to bring out of the scary part is the gratefulness. The fact that, you know, I didn't have to die today. You know, I'm alive. So if there's any mention to the scary part because I did need to talk about it—I did need to discuss it. I try to quickly with her say, but, you know, I didn't have to die, and here we are and so forth.

Loretta, listener. Devan left the kitchen and went to another part of the house so Loretta and I could speak privately. She pulled her chair into the table and rested her arms and hands on the table top. We sat in the kitchen with Loretta facing the window that looked into her sunny backyard. She talked about how she was initially worried about her husband's safety. "I wanted to make sure he was ok; that he was getting the help and support." Loretta talked about what it was like to hear what she considered to be the worst part of the story.

> So the second time he told his story which is when he got home after the plane ride home he did fill in a little bit more about the actual plane crash and he talked more about um how he was—his feelings going down into the water, like he thought he was going to die. Now that was extremely [breath] upsetting.

Sometimes Loretta remembers how powerful her feelings were.

> There's a period of time when he was sure he was going to die, and to imagine him going through that. What it must've been like. And that really upset me... But the most painful was the next day when I got to process it more. And then it went in—yeah. When he told me then just—definitely the part of the story where his anguish, you know going down.

Gerard–Joseph

Gerard, storyteller. I met Gerard at home; he was outside doing yard work when I arrived. Gerard welcomed me into his home, and we sat together in his kitchen looking out into his yard. Gerard moved quickly, spoke quickly, and also had a quick wit and smile. He says that he tells his story and tries to live his life as an example to others who may be struggling with fear, struggling to find their own courage.

> There are a lot of people who think the plane crash was a miracle. I don't necessarily think that was a miracle. The miracle is that there are people out there still coping, living, being fathers, mothers, sisters, brothers, whatever.

He talks about pushing through the fear while telling the story.

> It's like—I don't want to be—I don't want to be—I don't want to be afraid to tell the story. There are some people, [breath] there's people who don't want to recount it, and [breath] everybody's different.

Gerard welcomes the opportunity to share his experience and believes that talking about the traumatic event was helpful for him.

> Actually I—you know, I don't mind telling the story, and people will go—oh if you really don't want to talk about it—it's like no, it's like I don't have any

problem. I [was] kind of holding it in. I believe it was helpful for me to recount the story.

Joseph, listener. Joseph met with me in the kitchen of Gerard's home. Gerard went to another part of his home so we could speak privately. As we sat down at the table, Joseph cautioned me that he was a man of few words and not given to emotion. He told me that Gerard was a good friend, someone you could rely on. Joseph believed that there were no noticeable changes in Gerard as a result of going through this traumatic event. He talked about being with Gerard as he told the story.

> Mostly I'm listening. Maybe occasionally commenting, adding humor, sarcasm, but—and you know, I [breath] there isn't a profound sense of pain or worry when I listen to him. You know, it's—you hear the stories of the people that were on their cell phone trying to call home and leave messages, and I think there was a calmness that you know, and—I don't think it left any lasting scars.
>
> Joseph realized that his friend was not in danger by the time he heard the story.
>
> I already knew that he was safely on a boat and was going to be okay. I don't know that I—panicked. And I—you know, I don't know how I would have reacted if the outcome hadn't been positive.

Joseph does not see any outward changes in his friend.

> I don't have a sense that he's changed his outlook markedly, or—needed to. So—but with him it's—it's an interesting story—you know, I don't think it changed him much because there wasn't a crying need for change.

Polly–Juliet

Polly, storyteller. Polly and I talked about her experiences of sharing this traumatic event with her mother Juliet. I met Polly at her home in a neighborhood that is shaded by tall green trees. She and I talked in her family room, where we had privacy. She was reflective, looking up on occasion as she thought about what she was sharing. She feels the story is continually evolving for her. "I choose to share more when I'm ready, and as I discover more." She continues to have memories of different parts of the experience at different times since the traumatic event.

Polly feels the story has evolved, that it is different from the way she told it in the days following the crash. She talked about telling her mother.

> I think if I were to tell her today it might be a different story than I told [breath] the day after. At that point, I think the story was still very factual. It was—and it was fuzzy. I—I don't remember a lot, so I think that by the—when I told my parents and my mother specifically, [breath] it was still more of a story that I tell people today who want to know because it was just the facts.

Polly remembered what she was thinking about during the crash.

> I thought about the big things, the [breath] family I was leaving behind, what life would be like without me, and I thought about the little things. And so I've now—have filled in more of those—here's what I was thinking, and here's how I felt, and here's what I've learned, and here's—you know, the experience that's now in hindsight and how I [breath] can reflect on it.

Juliet, listener. I met Juliet at her home. Her husband was outside gardening when I arrived, and he invited me into their home where Juliet was making coffee. We sat at her kitchen table next to a large window that overlooks the garden birdfeeder and

sipped coffee as we spoke. Her husband left the house to run errands. Based on what she told me, Juliet seems to be an incredibly caring, loving mother who expressed a tremendous everlasting connection to her children. She spoke about the first time she talked to her daughter Polly after the crash.

> We sobbed and we sobbed, and that started me, and I cried that whole night after talking to Polly. She called me, [breath] and she said I'm okay, I'm getting out of the hospital now, and [name]'s going to meet me, and we're going to have dinner.

Juliet believed that she had no frame of reference for a traumatic event such as this. The experience felt like it did not belong to her; she felt disconnected. "You know, it was like my body was somewhere else, and my mind was somewhere else. I couldn't—nothing like this has ever happened to me before." She reflected back on her life.

"You know, I've had an easy life, but now it's started being difficult." She had a hard time believing that things were happening, as they felt unreal. "Because it's not happening to me. I mean bad things don't happen to me, you know." Juliet felt she had no frame of reference for how to be or what to do. "It was still tough, you know, because your child's life is threatened, you know and it was surreal. I didn't know the proper things to do, the proper things to say."

Bob–Bryce

Bob, storyteller. Bob and I talked about his experience of sharing this traumatic event with his friend Bryce. I met Bob at his home and we sat together in his living room near the fireplace. The windows were large and the sun shone in. He sat in a large dark leather chair facing me, resting his back into it, his feet up. I sat on the dark leather

couch opposite him. Bob said that despite the fact that telling the story brought up anxiety, he still wanted to share it. He talked about finding ways to understand why his memories of the crash were so disjointed. He used the example of filing cabinets.

> It's like you have these filing cabinets in your mind, and everything's neatly placed because, ok well, I've driven out of my driveway hundreds of times, so I know how to process that or whatever. You know, going to the fridge to get a drink, and then like all of a sudden this crazy thing happens that I have no reference material to where to put it, and it kind of puts everything in there out of whack. It's like somebody takes the file cabinet and just dumps it on the floor. Everything's scattered around, and it takes a while to kind of pick those things up and organize them again and find a little place for them and say, ok, this is where this goes, and this is where this goes. So it's constantly been evolving.

Bryce, listener. Bryce spoke with me about what it was like to hear his friend Bob share the traumatic event. It was a hot, hazy, rainy day, and Bryce invited me inside his home where it was cool. He offered me a cool drink and sat in a big stuffed chair facing the fireplace, with his legs loosely crossed at the ankles. I sat on the couch facing him. He often looked up at the ceiling, and his eyes widened at times as he shared his experiences.

Bryce spoke about his belief that people do not fully understand what his friend Bob really went through. "Yeah, because they had heard the—I mean they knew he was in the crash, but nobody actually heard the story or saw what it's done to him." He had feelings for his friend, believing that Bob had experienced painful emotions. "It makes

me feel sad." He said that he made an effort to be there for his friend Bob. "I was trying to be supportive and as helpful as possible."

Bryce talked about the fact that he has changed the way he feels about flying since Bob went through this traumatic event. "And now I just—after 9/11 that was it, and with this I was like, you know, I'm not doing it again unless it's a family emergency." Bryce reflected back on how it was to hear his friend's story. "I get emotional recalling the initial aspects of what it was like that first time afterwards."

Deidre–Emma

Deidre, storyteller. I met Deidre at her home. Her husband was outside doing yard work and then left to run errands. She had just gotten home from work, so she was dressed in dark slacks and a crisp blouse. We sat across from each other at her kitchen table. The sun was setting and there was a gentle summer breeze coming through the window. We talked about what it was like for her to share this traumatic event with her friend Emma. She felt that her experience "was not painful; it was just emotional." She wondered to herself.

> Do I really want to talk about this? You know, and I was saying to myself, you know, no, I don't know, and then I said, you know, ok, let me just do it, because I guess people want to know.

Deidre said she was surprised when her friend Emma did not ask her about what her experience was like. She reflected,

> So I don't know that we really ever shared, you know, face to face, because we just didn't really talk about it that much, because she didn't say to me, you know, oh, what was it like? You know?

Deidre went on to speculate about what Emma may be feeling. In the past, Deidre had imagined what it would have been like if she herself had lost her friend Emma and guessed that Emma may have had similar feelings. She recalls thinking, "Oh my God, if I ever lost her? I know she must have felt the same thing at that point."

Emma, listener. I met Emma at her home. She waited for me on the front steps as I got to her house. Her home was decorated in soft colors, and there was the aroma of coffee. We sat side by side at the kitchen table. She leaned forward onto her elbows and crossed one hand over another as she spoke, turning her head to speak with me. Emma said that she first heard the story while Deidre was telling other people and she was there listening. She felt lucky that she did not lose her friend in the crash. She believed it was important to step back from Deidre to give her space.

> You know, she needed to know that I loved her and that I was there for her and that when she needed me; that was all that mattered. But, as I said, she was being pulled in so many different directions that I found myself stepping back, because I didn't want to be, I don't know if burden is the right word, but I didn't want to be another stressor.

Emma reflected on her feeling that she was not a part of what was happening to her friend.

> I think it's, I think it's really important, even if you feel that you're kind of being left off in the dust, there for, for a while, [breath] that you have to turn around and say to yourself, you know, we're really, really good friends, and a lot is going on in her life right now, and it's very eventful [breath], and this is what she needs to do to get through; and it will be what it will be.

Emma reflected on her friendship, stating simply, “Because I expect that if she has a problem, or she needs somebody that, you know, she’ll call me, you know. I mean, you know, she’s there for me; she knows I’m there for her.”

Bonnie–Maureen

Bonnie, storyteller. Bonnie and I talked on the phone about what it was like to share this traumatic event with her sister Maureen. She was traveling, so I was unable to meet with her in person. Over the phone, Bonnie is soft spoken. Her voice sounds warm, not unlike her sister Maureen’s. She paused at times reflecting on her experience. Bonnie imagined what it was like for her sister.

> I know it was a hard time for her when I wasn’t home yet. But for her to not see me and not until I talked to her and not know that I was okay, that must have been so hard for her. So it was [breath] in recounting the story when—when I recounted it to her, I needed to give her lots of details about how it felt to do this, what was I most afraid of, she couldn’t ask me though because she didn’t want me to be in pain talking about it.

Bonnie talked about how recalling the event conjured up two feelings at once.

> She[Maureen] is one of the people who are the most grateful and positive about this though. She’ll sometimes introduce me as “this is my miracle sister.” I know that it’s so emotional for her, so it’s really—usually if we mention it or we’ll mention something that takes us back or I’ll just think I would have missed that. I would have missed this happening. [breath] And she’ll get this little sad smile, and she’ll say yes, and we’ll usually just hug each other and say I didn’t have to

> miss it, you know, we will always—she will always do that, and say but look at you, you got to be here.

Maureen, listener. I met Bonnie's sister Maureen at a restaurant. We sat at the outdoor café area so we would have privacy. Maureen's voice is soft like her sister Bonnie's. As she talked about Bonnie, her eyes brightened, and she smiled. Maureen wondered what she would do if she were to have the same experience as Bonnie.

> For me, I—would try and see how would I respond in that way, you know—how—would I be able to fly again? You know, and so—[breath]—I'm not sure if I would have said to myself, I can say no [laughter] that I'm not going to do that.

Maureen says that she tries to get as many details about the experience so she can imagine being there herself. She asked a great many questions of her sister in order to get a picture of the surroundings, even playfully saying that she imagined that she was in the seat next to Bonnie.

> I got to know—who sat where, and, you know, and I think that's why I started bringing up, you know, I think I was in seat X, you know—I don't know who was in seat X, but, and I, you know, they tease me about that in the family, you know, you tell Maureen a story long enough, and she's going to say, well when *we* were … so that's why. [laughter] And they're like, honey, you weren't there.

Maureen spoke of what it must have been like for people who did not survive plane crashes like the people who died in the 9-11 terrorist attacks. She talked about the fact that her sister had a similar experience in that she thought she was going to die.

> You know, what people went through. And we get a chance to. You know, in 9-11 we don't get a chance to. You know, when you think about—they all had that

> same trauma, of now I'm going to die this way, or—you know, and we don't get to hear that. So I think that it is an important part, when you think of a survival, that we hear—what that was. And—you know, hopefully the people that didn't survive in 9-11 that you get to have that piece.

Data Analysis

The research process according to van Manen includes six research activities. In the first research activity, *turning to the nature of the lived experience,* I looked to the nature of the lived experience of the listener and the storyteller when a traumatic event was shared within the dyad. In the second research activity, *investigating experience as we live it,* I listened to experiential descriptions of the participants, which were gained through in-depth interviews I did with both the storyteller and the listener. As van Manen (1997) recommended, the study was conducted by "standing in the world of living relations and shared situations, exploring the experience in all its modalities and aspects." The interviews were audiotaped, and each interview was transcribed and a text was created.

In the third research activity, *reflecting on essential themes*, transcripts were read and reread, and emerging themes were identified. The process of reflecting on essential themes began with my asking each participant to review the transcript of their interview. I asked all participants to expand or modify what they had said so that the transcript would reflect their true experience. For example, Nina added an additional reflection. She said that "as she listened, she did not feel as though she was part of her sister Donna's story." This reflection was added to her transcript. Most participants felt that

the narrative was an accurate portrayal of their experience of telling or listening to the story and did not make any changes.

Beginning with a holistic reading, I immersed myself in the individual story of the storytellers and then the listeners. Then I read the transcripts of the dyads of storyteller and listener. My goal was to understand the experiences, first, from the perspective of the storytellers and, second, from the perspective of the listeners, as well as from the perspective of the dyads. This gave me a sense of what it meant to be in a specific role, and then what it meant to be a part of the individual dyad. As part of this process, I was looking to capture phrases that would lead to an overall understanding of the story of the participant, in the role of storyteller or listener and then the experience within the dyad. This gave me an overall sense that there was a need for the participants who had experienced the traumatic event to tell their story and that the listeners were often aware of this need.

The next step was a selective reading of each transcript, which I did several times, asking myself what statements or phrases seemed to most represent the experience of the individual. During these readings, I made notes in margins. I also used different color highlighters for what appeared to be different categories of statements. For example, there were statements that related to the need to tell or listen to the story and statements that had to do with an awareness that the story changed over time. I listed each of the statements or phrases according to the categories that seemed to be related to them.

Reviewing the statements and phrases that were assigned to each category, I began to see that there were emerging themes that seemed to have commonalities. The following is a list of the 27 themes that I identified as a result of the initial analysis of the

transcripts. In this initial analysis, the themes could be assigned to one of three categories, common to both listener and storyteller, specific to listener, or specific to storyteller. The following list reflects the 27 themes that emerged from each category of participant.

Themes Identified From Initial Analysis of Data

Themes Common to Both Listener and Storyteller

- The story is special; it and the people in it deserve respect.
- The story is remembered, told, and heard in bits and pieces.
- The story evolves as information is gathered.
- The story has parts, and there is a worst part.
- The story should not be abbreviated.
- The way the story is told and heard depends on the listener and the context.
- When I tell or listen I feel emotions.
- When I tell or listen I feel physical reactions.
- When I tell or listen I picture things.
- When I tell or listen I feel like I am reliving it.
- When I tell or listen, I notice the body, face and eyes, and emotions of the other.
- When I tell or listen I respond to the other.
- When I tell or listen I put myself in the shoes of the other.
- Sometimes when I tell or listen I feel like it is impossible to put myself in the shoes of the other.

- When I tell or listen I think of what could have happened, I think of the "what if."
- When I tell or listen I learn.
- I find that it gets easier to tell or listen to the story.

Themes Specific to Storyteller

- I do not mind telling the story.
- When I tell the story it helps me.
- I have a purpose in my telling.
- I most like telling the story to people who have shared my experience.
- When I tell, being dismissed by the listener is the worst.

Themes Specific to Listener

- I have listened over and over so much, I know the story by heart, and I could recite it.
- When I listen I imagine what I would have done if that had been me.
- When I listen I sometimes try not to listen.
- Sometimes I feel like I have had enough of listening, and I feel like "let's move on."
- I do not ask the storyteller about the story because it is upsetting to them.

Participants were again engaged in the research process when they were sent the above list of themes and asked to indicate whether they felt these themes reflected their experiences. This process was further establishing the reliability and validity of the data. In accordance with the process outlined by van Manen (1997), I invited participants to weigh the appropriateness of each theme by asking, "is this what the experience was

really like?" I asked participants to let me know if these themes resonated with them and invited them to make comments and/or changes as they wished.

Participants responded with feedback on themes. It was noted that participants did not endorse the particular section of the first theme that said *people in it* [the story] *deserve respect,* so it was left out of the theme. Participants also did not endorse the theme *I most like telling the story to people who have shared my experience*. On the basis of this additional feedback from participants and in consultation with expert researchers, dwelling with the data, and reading and rereading the narratives, I changed this theme. It emerged that instead of *most like*, there seemed to be a sense of *being understood* by other people who had shared the experience. This theme was reworded as a result. During this analytic process, it was also noted that fear expressed by *I do not ask the storyteller about the story because it is upsetting to them* was only part of the experience of not asking the storyteller to share, so that portion of the sentence was omitted from the theme. For example, Joseph felt there was no need to ask Gerard about his experiences because he believed Gerard had no need to tell the story or share it with him. Some themes were collapsed into others to avoid redundancy. For example, the theme *when I tell or listen I respond to the other* contained mostly descriptions of physical and emotional responses, so it was collapsed into the themes about physical and emotional responses. *The story should not be abbreviated* was found to be part of the theme about *the story being special,* so it was integrated into it. *When I tell, being dismissed by the listener is the worst* was collapsed into *the way the story is told and heard depends on the listener and the context,* as it was noted that it had to do with the how the listener colored the experience of sharing the traumatic event within the dyad.

In an effort to best describe the phenomenon in a way that resonated with participants' descriptions and stayed true to the narratives, "themes were examined, articulated, re-interpreted, omitted, added or reformulated" (van Manen,1997, p. 100). I did this in collaboration with two expert, doctorally prepared qualitative researchers with over 20 years of experience working with qualitative data. Collaborating with expert researchers was another approach to assuring content validity as well as establishing rigor and reducing my biases. The experts and I reviewed the texts and confirmed and or revised themes.

Based on the reviews with expert researchers and incorporation of feedback from participants, I made changes to the initial 27 themes, and 24 themes remained. These 24 themes served as the basis for formulating the essential themes. With the revised themes, the essential themes could now be determined. According to van Manen (1997), the process of reflecting on themes in order to make a distinction between appearance and essence is done by bringing into nearness that which tends to seem obscure. It is important to differentiate between essential themes and themes more incidentally related to the phenomenon; essence is what makes a thing, what it is (van Manen, 1997). In the fourth research activity, *write and rewrite in order to describe the phenomenon*, I attempted to capture the essence of the experience of the listener and the storyteller when a traumatic event was shared within the dyad by performing "the operations of intuiting, analyzing and describing" (Munhall & Boyd, 1999). According to Merleau Ponty, 1962, when considering a concrete experience, change it in your thought, imagining it as effectively modified in all respects, and then what remains invariable is the essence of the phenomenon in question (Merleau-Ponty, 1962).

It is safe to say that there was an iterative process between the writing and rewriting and the identification and structuring of the essential themes. After the themes had been identified and then the essential themes derived, I started writing about the themes. As I wrote and rewrote, I found that some of the wording of the essential themes was confusing or too complex and really did not reflect the essential themes. As a result, I moved back and forth between revising and refining the essential themes, and I continued to write.

As I refined essential themes, I continued to collaborate with expert researchers, reflect on participant feedback, and further immerse myself in the data. When I did this, deeper more complex patterns emerged, and I noted that the themes were not limited by the role of storyteller or listener. Themes appeared to cut across these boundaries. For example, *I have a purpose in my telling* was initially categorized as a storyteller-specific theme. *Sometimes I feel like I have had enough of listening* was initially categorized as a listener-specific theme. Upon further analysis, it was noted that these themes actually cut across the experiences of both the listener and storyteller. The listener and storyteller both shared an awareness of these themes and felt that it was part of each of their experiences. The theme was not defined or limited by the role within the dyad. Even though it may have initially appeared that only one member of the dyad had a particular experience, the experience was shared within the dyad. This finding reflected the collaborative nature of the experience. It was this finding that was the basis for formulating essential themes that were not bound by role within the dyad but reflected the experiences within the dyad. It became clear that the experiences within the dyad were shared. For example, in Essential Theme I *The story has a purpose for the listener and*

the storyteller, the themes contained within it (*the storyteller does not mind telling their story, there is a purpose in the telling, telling the story is helpful, the story and the experience are considered special, it gets easier to tell and listen to the story as time goes on,* and *things are learned through telling and listening*) all concern the story having a purpose for both the listener and the storyteller.

In determining essential themes, I tried to bring thought to speech. In evaluating whether or not the theme was an essential theme, I asked myself whether the phenomenon would lose its meaning without the inclusion of the theme. Five essential themes emerged. Essential themes were expressed in a textual description in order to reflect the essence of the phenomenon. The five essential themes and the themes contained within them are listed below.

Essential Theme I: The Story Has a Purpose for the Listener and the Storyteller

- The storyteller does not mind telling their story.
- There is a purpose in the telling.
- Telling the story is helpful.
- The story and the experience are considered special.
- It gets easier to tell and listen to the story as time goes on.
- Things are learned through telling and listening.

Essential Theme II: The Story That Is Known as a Whole May Continue to Change as Different Parts of It Are Revealed

- The story is remembered, told, and listened to in bits and pieces.
- The story has parts to it and there is a worst part.
- The story evolves as information is gathered.

Essential Theme III: The Story Is Often Experienced Physically, Mentally, Emotionally, and Spiritually

- There is an awareness of the emotions, the body, the face, and the eyes of the other as the story is told or listened to.
- While telling or listening, emotions are experienced.
- Physical reactions are felt while listening and telling.
- While listening or telling, images and pictures come to mind.
- Sometimes, while listening or telling, it feels as though the experience is being relived.

Essential Theme IV: Imagining the "What" as Well as the "What If" Is Done by Both the Listener and the Storyteller

- Imagining what could have happened, the "what if", is done by both the storyteller and the listener.
- The listener imagines what they would have done if they had been the one having the experience.
- The listener and the storyteller imagine what it may have been like by putting themselves in the shoes of the other.
- Sometimes the listener cannot imagine ever being able to put themselves in the shoes of the other.

Essential Theme V: The Nature of the Relationship Colors the Experience of the Listener and the Storyteller When a Traumatic Event Is Shared Within the Dyad

- Imagining what could have happened, the "what if", is done by both the storyteller and the listener.

- The listener imagines what they would have done if they had been the one having the experience.
- The listener and the storyteller imagine what it may have been like by putting themselves in the shoes of the other.
- Sometimes the listener cannot imagine ever being able to put themselves in the shoes of the other.
- As a result of listening over and over, and so often, the listener knows the story by heart and can recite it.
- Sometimes while listening, the listener tries not to listen.
- The listener sometimes feels as though they have had enough of listening and they feel like "let's move on."
- The listener does not always ask the storyteller about the experience or the story.
- The listener and the context color the way the story is shared by the storyteller.

Essential Themes and Support

As the essential themes sounded more reflective of the stories, I added the descriptors for each theme under the essential themes, returning to the transcripts for specific quotes, excerpts and passages that supported the specific theme. Although there seems to be extensive passages, since I was dealing with dyads, it was important to provide "evidence" from more than one source. Of note is that I had to practice periods of silence to allow my thoughts to reflect on the stories from the transcripts, the themes

and the essential themes. Silence is not just the absence of speech or language; there may be knowledge that is not available to our linguistic competency (van Manen, 1997).

Excerpts from participant narratives provide a window into their experiences and enabled their voices to be heard. They provide support for the five essential themes and are another approach to establishing rigor. The narrative descriptors, quotes and passages are presented as they apply to each essential theme.

Essential Theme I: The Story Has a Purpose for the Listener and the Storyteller

The themes contained in Essential Theme I are the following: *The storyteller does not mind telling their story, there is a purpose in the telling, telling the story is helpful, the story and the experience are considered special, it gets easier to tell and listen to the story as time goes on,* and *things are learned through telling and listening.*

The storyteller does not mind telling their story. Gerard shared his feelings about telling the story.

> Actually I—you know, I don't mind telling the story, and people will go—oh, if you really don't want to talk about it—it's like no, it's like I don't have any problem. I kind of believe that it was therapeutic for me. I mean it was just a matter of getting it out and not holding it in. I believe it was helpful for me to recount the story.

Bonnie talked about how she wanted to talk about the event and recalled her sister Maureen's hesitancy to ask.

> She would always say you don't have to if you don't want to, [breath] and other family members were so cautious about asking questions, but then I would tell them I need to talk about it. I need to be talking about the whole thing.

Other storytellers confirmed that they did not mind sharing. Ava said "I could probably go on a ramble about it as long as anybody would listen." Monty said "I'll talk to anybody about it as long as they'll give me the time and let me talk freely about it." Inga said "talking about it is an instinctive behavior, you just need to talk . . . just someone to say I understand what you went through, you know I understand." Devan said "I enjoy telling the story." Some listeners noticed that the storyteller did not mind telling the story, that they told it over and over. Melinda, a listener, said "I could see a group of people surrounding him, and he's telling the story. He's become—you know, really good at explaining, you know, what happened."

There is a purpose in the telling. Storytellers believed they had a purpose in sharing the story with others. They often set an intention before sharing. Bob shared his thoughts:

> Yeah I love telling it from the parts that make me happy about it, how I come out, what I've learned from it and stuff and like I said I don't ever want to forget the gratitude . So I definitely try to tell the story from a more positive perspective. The way I really wanted to tell it or kind of the impact I wanted it to have on a listener because I mean I've seen—I've never really seen any bad impact. But I've seen really, really strong inspirational impact it had on certain people. That's the kind of impact I want to have when I tell it because that's the most rewarding for me.

Polly talks about telling the story in order for people to understand what really happened that day. She feels that the public perspective of what happened and the actual personal experience of what happened are often quite different.

> I think there's also—in relaying the story there's something we all carry with us is—I think there's a perception among the general public, not those of us near us, that it wasn't—it wasn't that bad. That we landed in the water and walked on the wings. I guess there's almost this compulsion to set the record straight and say—it's still a wonderful story, and we are so fortunate, and it could have been so much worse, but let me tell you, it wasn't as easy as you think.

Gerard said that when he shares the story he hopes that the listener comes away with a feeling that life goes on. He tries to be a role model for people, a living example of how to push through fear and go on with your life.

> I think my message is—but that is the message. It's like you go on. I'll tell you, what I want you to get as a listener [breath] is not that—wow, that was horrible, I think—what I wanted almost the listener to come away with was to say it was like—God, that guy was on a plane crash and nothing seems that different. To a certain extent, hopefully giving them some hope. It was like, hey listen, that can—your life doesn't fall apart.

Telling the story is helpful. Participants said that telling the story had helped them. Donna said "most of the time it's wonderful telling because I think its part of the healing process." Powell said "so by telling it, it helped me process it to a certain extent." Bob mentioned how telling helps to put the pieces together and adds to the evolution of the story.

> It's almost therapeutic to talk about it to start with. Even though in a way it was probably more difficult to do it but just to get it out there, you know it lets you think about it. It makes you think about it, so in a way you can look at that as

> something good, I guess, initially because you needed to—you know, we needed to get our grips—we couldn't stop thinking about it. So to tell the story a lot of times, sometimes we'd tie our own pieces together. Personally, I would think about how I told it, think about why I said this, why I said that, you know, like I said, it kind of evolved over time to this is how I want to tell it to get my feelings about it out.

Gerard talked about how telling had value. He said he could not imagine keeping the story inside; sharing was a way to get the story and the feelings from the inside to the outside.

> I think it would be bothering, it would bother me if I didn't because then it would be inside. Talking about it was actually a way for me to release, not to keep it in, because I think I know myself enough. I keep it in, and it will just burn a hole. You know, it's like whether it is—you know my stomach, or you know its like—and I just—it's like get it out. I will tell you that I—that I to this day I have not really had any horrible nightmares about the situation, I haven't had any kind of real breakdown, [breath] and I figured, well, maybe that was because it was a release of telling this story, it was like—or telling what had happened.

Powell talked about what it is like to tell his wife, how it has been helpful for him to do so.

> For me, I was kind of processing what had happened. I was in semi-state of shock still probably, so a lot of it didn't make sense to me. You know, like how did this happen? So by telling it, it helped me process it to a certain extent.

Bonnie said that she felt there was healing as a result of going over the story repeatedly.

> It's just that [breath] one of the things that I found was going through it over and over and over again [breath] it got easier and easier. It was—it was—I don't think I could have healed without—and I really feel that I healed from it.

The story and the experience are considered special. In their narratives, participants spoke about how they felt about the story. Participants, storytellers, and listeners felt that what they had to say had value and meaning. Maureen described what it felt like when her sister told the story. She said "so I love the story. I love, you know, the detail that she gives the story. It's just fascinating; you continue to be fascinated by it." Monty felt there is beauty in the story; he said "the beauty of the story is what everybody collectively did." When it comes to telling the story, Monty said "I want to give it the respect and honor it deserves." Inga talked about how she feels about the story.

> So, I mean, I'm not…it's kind of along those lines, if you—it's sort of like something, part of you, which is in a way, kind of personal, and some would maybe even have some [breath] it's a little bit maybe too big of a word—sacred—but just, special, very special. I wouldn't say sacred, but special.

Inga went on to say that it felt devaluing when people did not find value in or understand the meaning of the story that she was sharing.

> When I'm telling this to someone who doesn't [breath] really get involved, or understand, or for them it has no value, to them, like I'm not doing them any—well good or bad, but I mean, it's not really having any impact on them, [breath] it's sort of like I'm diluting this experience. You know, it's just becomes—less, meaningful . . . For me, maybe, like [sigh] like devaluing, it devalues, not so much in my eyes, but it sort of [breath], you know, just like [sigh] when

> somebody does something, [sigh] bad to say, there is a beautiful work of art, that gets defaced, I mean of course it loses value, but say you can restore it right, you restore it back, but still that person did something that was disrespectful.

The participants spoke about the feeling that the story should not be rushed. Monty said "It's very difficult for me to dump the Cliff Notes version out there because it's disrespectful to everyone else who was on the flight." Inga shared how she feels when she begins to tell the story and then gets the feeling that she may not get to complete it. "Once you started telling it, you can't, you see it, and you can't stop halfway." She seems to feel that an incomplete version is devaluing and disrespectful to the story.

Maureen talked about how she does not want her sister to skip any part of it. She does not want the story shortened or abbreviated; she wants the complete story to be shared.

> When she forgets a piece [laugh], I tell her. But tell them about—[laugh] I say, but wait a minute, wait a minute—how did you do that? And so then she'll—oh, I—you know, so she'll give a more detailed story of it because she sees that I have to fit it—I have to have the whole idea—I can't just take the little synopsis of it. I don't want it shortened, you know, because there are so many important parts of it.

It gets easier to tell and listen to the story as time goes on. Powell talked about how his feelings have changed somewhat over time in the telling of the story. He wondered about the part that telling it to family members has played in this change.

> As far as feelings, I guess over time, and I don't know if this is tied to, or just irrelevant, but over time I feel less bad about it. The trauma of the actual event has subsided some. I don't know if that's due to telling the story, to a certain extent telling it to family members, it probably does. Or just in time—time heals all wounds it think. I'm not sure. It doesn't spark the same negative emotions as strongly anymore.

Bob said it has gotten easier to talk about; he learns things about himself and about how to help himself feel better as he tells the story.

> It's always going to be there, the story, right? And I'm always going to have it whether or not I talk about it or just think about it. I need to be able to think about it without being as anxious. Now it's easier. Even the traumatic part's a lot easier to talk about now because it is so far in the distance, and I find like I don't think that necessarily I'm going to be so anxious talking about it 20 years from now as I am even today.

Melinda found that her emotional responses were not as strong as they were in the beginning, but that they still remain: "You know, I still get the chills on occasion, you know, you just start—but [breath] yeah, it's not as emotional as it was you know, for the first few months." Maureen said "yeah, you know how fun it is to hear her—not fun in a way of—I don't want to hear of a trauma, but how fun it is—the joy of it. There's just joy."

Things are learned through telling and listening. Rebecca talked about the process of trying to learn what her husband had experienced and what he was going

through. "I'd really try to understand it and kind of break it apart … I understood it was traumatic, I understood there was a lot that went around and over it."

Bonnie said that Maureen needed to learn what it was like for her on the plane, so she understood that she had to give her many details. "When I recounted it to her, I needed to give her lots of details about how it felt to do this, what was I most afraid of."

Lila talked about how even when the story is shared things are uncovered or revealed and things are learned.

> I would say it was therapeutic because each time we'd share we'd learn a little something, either about each other, or about the accident, or the miracle, or God's provision, or who God was touching at the same time. I mean, just how much bigger than yourself life is.

Tom talked about the fact that talking to his wife Melinda helped him remember things that he had forgotten. He found this interesting.

> It probably took me an hour to get through the whole five minutes, or you know, it was really like 15 minutes worth of what happened. And there was a lot that was there. So it—yeah, I—it just took a long time to go through it. In my mind—the first time I called her was from the raft. She's like, no, you called me from the plane because you were like—and then as she was telling me this I like remembered it, right, and I really did not remember the fact that I had called her from inside. It was very interesting to see that kind of thing.

Essential Theme II: The Story That Is Known as a Whole May Continue to Change as Different Parts of It Are Revealed

The following themes were used to create Essential Theme II: *The story is remembered, told, and listened to in bits and pieces; it has parts and there is a worst part;* and *the story evolves as information is gathered.*

The story is remembered, told, and listened to in bits and pieces. The listener as well as the storyteller put together the bits and pieces of the story by remembering, telling, and listening to the story. Lila recalled the brief phone calls she got from her husband immediately after the plane crashed. Lila shared how the story was shared with her in bits and pieces.

> Yeah, it was in bits and pieces. Initially it was in bits and pieces in that I got the first phone call at 3:33, got his first phone call at 3:35, the first obviously 45 minutes they were bits and pieces to say, still alive, and this is my progress. I'm still alive, I'm still in the raft, I'm still alive, I'm on the ferry, I'm still alive, I'm on dry ground. So it was incredible from that perspective, but like how he went up, when he saw the goose hit the engine, you know, some facts remain the same, boom, boom, boom, boom, and then I had my facts, which were documented with telephone calls and that kind of thing, and then we could piece together stuff.

She talked about how in the beginning, there was an unfolding of the story as new things would come through. "Yeah, the first ten, twelve times, there would always be something new, always, always, always, always." Lila spoke of how parts of the story would get filled in after her husband met with other people from the crash. He would come home and share these with her. "Anyways, so listening in those respects over the next four or five months when bits and pieces would come in, it would be more of an unveiling of something like that."

Polly talked about how bits and pieces of information were gathered and added to the story as it became more cohesive.

> So in the beginning, it was probably a lot of—I was probably—definitely more scattered. So I maybe couldn't have told it in a linear fashion. It might have been, oh yeah, I forgot about that, and then someone will say [breath] do you remember going over the George Washington Bridge? Oh yeah, so I think that it's probably told in a more cohesive fashion versus all over the place [breath].

She also talked about remembering bits and pieces of what she was thinking during the crash. Polly talked about triggers, things that made her remember parts of the experience. She recalled that she thought about profound things as well as the most ordinary ones. She shared these thoughts with her mother.

> I was telling her just recently, we were in the car, we were talk—it sounds silly, we were talking about underwear, and I said my underwear drawer is very neat and organized now, and I said and that's a result of the crash, and she said I don't understand, and I said, [breath] I literally thought who's going to have to clean out my underwear drawer?

The story has parts to it and there is a worst part. Participants identified what they felt was the most difficult or the worst part of the story. Tom shared what he considered to be the most difficult part of the story for him.

> We're going down, he's already told us to brace for impact, and I start thinking about what I was thinking then. Right? And that's—that would get me choked up every time I'd think about that, and how lucky I'm going to do some of those

> things, I just get choked up, right. And it's very difficult to talk about that portion of the story.

Loretta recalled the worst part of the story for her was thinking of Devan's experience.

> He thought he was going to die. But the most painful was the next day when I got to process it more. And then it went in—yeah. When he told me then just—definitely the part of the story where his anguish, you know going down. He saw that I tried to call him, and there's no time to call me when the plane was going down, so that part of it out of this whole time was the worst. That was the most upsetting.

Gerard talked about the worst part was for him. He stated that he avoids telling this part because it is so frightening, and he does not want to scare the listener or upset himself.

> The one I think that almost had my—was really more of a heart in the throat type of thing, was when we landed, thinking that we would be stuck in the plane, underwater. So it was like, you know, I'm—generally—I mean not claustrophobic, cause—but [sigh] you know that would be more of a [breath] and not really being a great swimmer—[breath] that's probably the scar—that was probably the scariest moment. But that particular piece of the story I really don't talk about. You know, because I think that—it was like—it was like getting that out would be more of the traumatic piece, because everybody was like—the whole thing was scary, I was like well, no, there were certain parts that were.

The story evolves as information is gathered. The storyteller and listener alike gathered pieces of information by telling and or listening and then piecing together the

parts. Polly said she began to remember things as she told her story. She felt that the parts that she remembered or that she was enlightened to by others were in essence gathered up and eventually formed what she now calls her story. Because of this, Polly felt the story is evolving.

> I think the story with my mom is not a one-time story, it's an ongoing story. So—it was a progression to where my story is today, and I—it may change, I don't know that it's complete, I suspect there will be [breath] continued learning's, there will be the evolution. I may still fill in little things here and there, so—and there's—it's just funny how things come back too and then become a part of your story. It literally, it was like, oh, that was you—okay, I remember—and suddenly you realize what value there is in filling in those holes, that suddenly you go okay, and sometimes it's a—I just have to take someone's word on it, because that part of my brain has—there's just no recollection [breath] and other parts it was fuzzy and you weren't sure, and then someone says something [breath] and it brings it back. And there's—it's just funny how things come back too and then become a part of your story.

Bob believed that his feelings have also evolved as the story has evolved. This evolution has changed the way he looked at the story.

> Like how I feel when I tell it, that's kind of evolved as the story's evolved. The story went from more of the traumatic to gaining this whole new life, and I had more and more to add to it afterward as evolved in my process of handling the incident.

Rebecca said that storytelling seems to be continual, a process, and that it shows itself in many ways.

> I think the amount of patience and understanding and constantly going over the same thing over and over and over again really, the fact that when something like that happens, it's continual, and it goes—it's almost like kind of a process of just keeps going and going and going, and it comes up in different areas in life.

Essential Theme III: The Story Is Often Experienced Physically, Mentally, Emotionally, and Spiritually

The following themes were used as the basis for Essential Theme III: *there is an awareness of the emotions, the body, the face, and the eyes of the other as the story is told or listened to; while telling or listening, emotions are experienced; physical reactions are felt while listening or telling; images and pictures come to mind while listening or telling;* and *it feels as though the experience is being relived.*

There is an awareness of the emotions, the body, the face, and the eyes of the other as the story is told or listened to. Storytellers and listeners alike spoke of how they were aware of the facial expressions and body movements of the other member of the dyad. This nonverbal communication was part of the collaboration that took place within the dyad.

Ava said that the reactions of the listener help her understand more about what she went through. "Just to see the reaction on other people faces makes you realize exactly how traumatic the experience was." She talked about how she used their facial expressions as a way for her to know whether they are listening. "I don't always make eye contact with somebody when I'm talking to them, but I do notice if I feel like they're

actually interested in listening to what I'm saying or not. I notice it in people's faces when they're just like, most of the time." Ava talked about how she responds to the listener's body language. She talked about how she may alter her storytelling as a result of what she may be sensing.

> I'm very big on mannerisms and stuff like that. I do notice their reactions and how actively they listen to me, and you know the look in their face and stuff. If I felt like they were losing interest, then yeah, I probably would just quit talking about it.

Bryce said he can tell how Bob feels when he tells the story by "the length of the story and again the face that he puts on."

Gerard talked about sharing the story while being cognizant of how it may affect the listener. He does this by imagining how he might feel if he were the listener.

> The way I tell the story is just more like the news, but trying to give them a—not a sense of that, but I find humor in a lot of things, and I just, you know, I was like, I wouldn't want to scare you. I wasn't a great flyer. I hate to hear stories about planes, it's like I'd rather not know, and I don't want to hear the bad things, please. There is—probably more—I'm probably thinking more about them, then me. You pick up on their facial cues.

Rebecca spoke of how she was aware of her husband's feelings by looking at him. She said "when he first told me the story I could see the emotion in him and that it was like really traumatic." Monty said he noticed people's "facial approach, their eye contact, their body language, that kind of thing."

Inga spoke about noticing things about her husband as he listened. She felt as though his occasional inquiries validated her experience.

> You know, it's not just him just sitting there and nodding his head, and just, I mean obviously to an extent, it's good to let me talk, but then [breath] you know asking well, what happened here, or just kind of like trying to clarify, or asking me how it, how it felt, you know not just about the factual what happened, but how did you feel, you know, like what was going through your head. [breath] I mean I'm sure it's like for anyone but a sense of validation like that—that's something that the acknowledgement of the seriousness and of course.

Bob said "when I am telling the story the main thing I notice are anxiety and just reliving it and other people's reactions to it." He talked about noticing the listener and the feelings he experiences when he does. "You really feel the connection with somebody when you are telling it, and you're looking right at them and their eyes are just welling up and getting tissue out and stuff."

Bonnie said that she is very aware of her sister's facial expressions; she feels these portray the feelings that her sister has.

> In sharing the story with Maureen—I think the one thing that always strikes me is that anytime I—tell Maureen about it in detail or anything, I'll see this little look on her face, her face will almost become … and she'll say "I could have lost you that day."

While telling or listening, emotions are experienced. Listeners and storytellers spoke about the many feelings they experienced, how emotional it was for them to share the story, and how it affected them. Melinda said that for the first few months after the

event it remained highly emotional. "I was like traumatized by this, you know, by listening to it." Each time Melinda talked about it she became emotional, and often had a physical reaction as well.

> I would start crying, he would start crying, very—yes, I think for the first few months it was very emotional talking about it, telling the story, you know, you get the chills, it sounds cheesy, but it's true. Just—crying.

She also reported feelings of anger.

> So I—I became angry. And that's—I did, I became angry like, God, [breath] like [breath] I don't want to say—but people almost, it was almost like sensationalized, right? And [breath] I found it—I was getting angry like, God, this—you know, this is our lives; like this is serious. I actually would get mad at him for telling it sometimes.

She could not imagine making light of what had happened or using humor as her husband Tom often did.

> I still get almost a little upset, you know, I get it, I haven't—I wasn't on that flight, [breath] but in my opinion, from a spouse that nearly lost her husband [breath], it's like [breath] oh, you know—I don't know—I can't explain why I got angry, but I would get angry at him.

Melinda called her experience an "emotional roller coaster." She went on to say that she not only got emotional feelings but experienced physical reactions as well. "For me it was traumatic, you know. [breath] Even though he went through that, I went through the phone call of him calling me of [breath] you know, that nonstop crying and the throwing up."

Inga talked about how Shane shared his emotions, saying that he had feelings of pride for her.

> He has this sense of like pride that he is married to someone who is able to deal with this, so that it's sort of like, you know in a way, kind of, yeah it was very traumatic, but yet, you know, like I know that this is not like, you know some—I mean, I'm proud to be with someone who was able to get through this.

Shane confirmed Inga's beliefs. "I've even felt a sense of pride. I'm proud to hear her be able to describe it in the way she has, to be able to talk about it."

Storytellers and listeners described the experience as emotional. Emma was surprised and stunned. Donna said telling the story "makes me feel much more calm." Loretta sometimes felt exhausted, upset, overwhelmed, and vulnerable. She felt what had happened "was just so amazing." Devan said that when he tells the story he feels "happy to be alive." In thinking about her sister, Nina felt "in awe that she went through such an event and came out of it." Polly said that "the story brings up anxiety, it's still really scary." Tom felt it was surreal, like he was dreaming. Shane also said it felt "surreal, like could this really be happening?" Lila felt it "boggled the mind that it was powerful to hear and share." Melinda felt devastated and panicky. Bonnie felt as though she was overwhelmed and yet grateful as she shared the story. Cathy felt in shock as she listened.

Monty talked about the way he feels when he tells his wife Lila.

> Just total relaxation when I tell my wife. There's very little stress. After the first couple of times, there was very little stress. I'm sure that in your discussions with many other people they probably told you about sleeping from midnight to three or midnight to four or not sleeping at all, but I went six months, seven months,

> and woke up at four o'clock every day. Yeah, and probably for a long time the first week, she'd wake up with me and get up so she's a pretty good woman.

Powell said it is nicer when you tell the story to someone who cares about you, like his wife. He explained that when he tells someone who does not care about him it is "a little more difficult to tell it, and I remember feeling like I was there again. Like the event was happening again as I was telling it." He contrasted this experience with the times that he has told his wife and felt more relaxed, without stress. "She can't make the pain go away, but just having her know and understand and have some empathy was very helpful."

Bonnie talked about how telling her sister was more emotional than telling other people. She talked about the emotional connection she has with Maureen.

> Maureen is one of the ones in my family who is so emotional, and so vested in her emotional ties, and she's vested in her emotional ties to me I—I think that in discussing it with Maureen is one of the hardest things because we're both so emotionally invested in it. In telling it to my family I get a lot more emotional, because these are people that I'm close to, you know. I don't want them to feel that pain. I don't want my sisters and my brothers to feel that pain. I don't want them to go through that, and I think that's what it is. I know the emotional connection between us.

Tom talked about how he feels more emotional when he shares with his wife Melinda than when he shares with other people. He talked about how he becomes emotional in response to his wife becoming emotional.

> I do know that when I talk about it and remind her how much she means and all that, it definitely gets her emotional. I know it does. I in turn get emotional because it leads down to the fact that how much I love her and appreciate her kind of deal, so it's—I think if I'm talking to her about it, I'm holding her hand, or I'm you know, physically touching her, right. I—you know what, definitely when I talk to her about it, it is more emotional than if I talk to anyone else.

In contrast, Inga talked about how terrible she would feel if her husband was not emotionally supportive of her.

> I think the worst thing that can happen when you are telling somebody about something like this, it's either dismissiveness, or indifference, or just like, this kind of like, uhhuhuhhuhuhhuh get to the . . . I honestly would be completely just, almost like borderline devastated if my husband told me, I mean because it's not just like okay, you cut your finger, it healed, okay get over it [breath-laugh], you know? I mean, so, so that's probably [breath] something that you know is very important to me that he wasn't dismissive.

Participants also spoke of spiritual experiences that created emotional responses. Loretta shared an unusual experience she had when she was alone at home just prior to getting the initial phone call from her husband Devan.

> I had this feeling wash over me, and it felt like someone was there, and I normally do not want to believe in ghosts or whatever, but I felt like maybe it was the holy ghost, you know I bring back my religion that someone, someone was with me trying to comfort me. But then I felt like this relief maybe that no one was in the room, but I felt this relief that everything was going to be ok and then that's when

> he called. So I do remember that after. So and then he called me and said "I was in a plane crash," but before the phone rang I just remember feeling, and I had to reflect on this after the whole incident, you know everything's going to be ok.

Lila spoke about her concern for her husband Monty and the experience of a sense of peace that came over her. She felt that God was with her giving her strength to carry on.

> I had a peace and it was very clear to me that I had a peace that of course as I mentioned earlier. It's the peace that passes all understanding and to live in that moment to live in that peace, God was providing for me a moment by moment peace, not a moment by moment—You will see your husband.

Physical reactions are felt while listening and telling. Participants described physical sensations that happened when the traumatic event was shared. Nina said that when her sister Donna first called her she had an extreme physical sensation. "When she called me I physically died inside, I just kind of lost all the air in my body."

Melinda shared how she had a physical reaction when her husband Monty called her and told her what had happened.

> I literally got physically, just [breath] devastated, I can't even explain—yeah, it was just—devastated, yeah. So I got—yeah. I remember like gagging, and throwing up, and just—[breath] because I didn't know what was going to happen, yeah—it was—pretty scary.

Lila spoke also about the physical feelings she had, the feeling that her knees buckled. She spoke about "the realization, gravity, the weight of it really kind of, that's probably, like my knees buckled then." She talked about a palpable feeling of weight.

> When I got the call it was very clear that this was a traumatic moment, there's no doubt. And I felt it. And yet at the same moment I was feeling the weight of my husband's plane is in the water and I don't know if he's alive, if he's inside the plane or is he swimming to shore or what that means.

Powell shared some of the physical reactions he got as he told the story. "I can get to varying degrees of physical response, tightening, tensing up, or I found myself fidgeting and stuff like that, the heart rate starts to go up a little bit." His wife Rebecca talked about getting a physical reaction herself. "I would get goose bumps at a certain point when he would talk about it, yes, goose bumps." Powell talked about how his physical reactions were different when he talked with someone who cared about him.

> When I'm having a conversation with someone who's either a loved one or someone who understands, it's a lot less stressful. It's just like having a conversation, and I don't get that physical response when I do it that way.

While listening or telling, images and pictures come to mind. In addition to trying to mentally formulate a coherent story about the event, participants experienced the story mentally by spontaneously or intentionally creating images and/ or mental pictures when the traumatic event was shared. This occurred spontaneously at times, and at other times, the participant actively tried to picture things as a way to understand.

Bonnie spoke about picturing things. "So—when I started telling about it was—it was the pictures playing over and over in my head, and thinking [breath] is that what really happened—do I—am I remembering it correctly." Maureen also spoke about trying to picture her sister in the plane. As time went on she continued to have images and feelings related to this, she pictured her sister Bonnie .

> Well, you know, it's almost like I can tell you what she looked like. I can feel like—I can picture her doing her crossword puzzle while the plane is taking off, because she loves to try and get so far into the crossword puzzle before they take off, and so I could picture her. I could picture her cape, I could picture [breath] you know, what she had on, and you know those types of things.

Cathy shared what she thought about as Ava shared her story. "I would think every time she told it that's what I was thinking; I wasn't listening as much as I was picturing myself in it." Cathy also spoke about how when she listens to Ava tell the story she often visualizes herself in the place of Ava.

> Every time she was telling it, I would think—I would picture myself in her situation. I see me doing it, yeah. Yeah, and that happening to me, and that happening with me, and not you know,her being there.

Shane spoke about how when he listens to his wife Inga, he pictures her moving about on the plane after the crash. He pictures her doing the things she describes in the story she tells him.

> I'll picture her going back there, and you know, whether my images in my mind are really accurate or not, you know it just—it again, I think it kind of [breath], I don't want to say—maybe, I think it sort of solidifies the emotions that I have, that it's, you know, that this is [breath] you know, of how difficult, and—it likely was, you know, for her.

Shane talked about "seeing" what it must have been like when Inga got out of the plane onto the wing. "You know getting out on that wing, I almost—it's almost like [breath] you know, I can almost—I can see the light." He has imagined himself with her:

> I'll be thinking about it, and maybe listening to her, and at the same time maybe [breath] trying to imagine what it's like being right alongside of her. Yeah, I kind of go there and I imagine, I imagine what it must be like to be there as one of the—you know, the passengers.

Sometimes while listening or telling it feels as though the experience is being relived. Participants spoke about having a sense of reliving, of feeling emotions and, physical reactions. Powell talked about the sense of reliving emotions, feeling them, re-experiencing them in the present moment. He noticed how the feelings can be different based on the nature of what he is sharing at the time.

> When I'm talking about the emotional stuff I went through I could almost detach the emotion from me. Like I'm telling you, yeah, this is what I experienced. Like this is the kind of emotions that you go through when you're doing that and I don't feel it, but when I'm going through the narrative, it's like, in a less degree as time has gone on, but it's kind of happening again and instead of just talking about the emotional part, it's more like you're feeling the emotional part.

Bob talked about the reliving aspect to the storytelling experience and how he does not want to forget some parts of it:

> It was—at first I think and even now probably somewhat when I retold it, it was—it brought back a lot of anxiety as far as like just reliving it almost in my thoughts and remembering all the traumatic part of it, but it also kind of reinforced, you know, that gratitude. I don't ever want to forget about it. When I am telling the story the main thing I notice are anxiety and just reliving it and other people's reactions to it.

Because of their close relationship, Inga believed that her husband relived the experience himself as he listened to her share the story.

> I think when somebody listens to you, they also [breath] kind of do it through the prism—like prism of sort of like how this, especially somebody close to you, how it affects them in some ways, so it's kind of like, kind of a two-way kind of thing, so they [breath] also take this experience, and they also like relive it themselves.

Lila talked about how things came alive through the act of listening, how she relived it as her husband tells the story. "And so as he speaks and I'm listening then I am if you will reprocess. I'm reliving, I'm recounting. I'm—it's real."

Melinda talked about reliving on her part as well as her husband's part. "Yes, you're reliving it. And so from his point, reliving you know, what happened, for me [breath] reliving that phone call that I received from him [breath]."

Essential Theme IV: Imagining the "What" as Well as the "What If" Is Done by Both the Listener and the Storyteller

The themes contained in Essential Theme IV are *imagining what could have happened; the what if, is done by both the storyteller and the listener; the listener imagines what they would have done if they had been the one having the experience; the listener and the storyteller imagine what it may have been like by putting themselves in the shoes of the other;* and *sometimes the listener cannot imagine ever being able to put themselves in the shoes of the other.*

Imagining what could have happened, the "what if," is done by both the listener and the storyteller. Participants imagined the various scenarios that could have

happened if circumstances had not been what they were that day. Melinda wondered about the "what ifs."

> I mean you're so happy because he's okay, but then I was just devastated for the what if. I don't know if *surreal* is the word, but it was very much like, oh my God, you know my husband [breath] and what if, I think, was the biggest thing. Like, what if something really did happen to him? [breath]

Lila spoke about what it was like for her to hear from Monty moment by moment. As she spoke with him she found herself wondering if it would be the last time they spoke. She wondered "what if" this was their last conversation.

> He said, I'm ok, I'm in the Hudson. He said that kind of rote-like. It was my indication that this was a very delicate, very traumatic situation. It wasn't over yet. And that was kind of like his home base. Something he knew. He knew he was ok, he knew he was in the Hudson River and God had given me the opportunity to hear his voice, and in the midst of that conversation the ferry boat backs into the raft and chaos breaks out, and he goes, I've got to go, I love you, and as far as I knew, that could've been the last conversation.

Monty said that he had told his wife about the times he thought of what could have happened; the "what ifs."

> I'll tell her parts. Something will trigger a memory. I had one of those vertigo moments when I was walking through my den, and all of a sudden it hit me, man how close I was to not being here. I got dizzy and had to put my hand out onto the doorframe. I was able to share that with her. No issue.

Tom related that there are parts of the story that are more difficult to tell in that they are more emotional for him. He talked about the "what if" parts. He recalled thinking about what he would have missed if he had not lived, and this made him emotional as he told the story.

> You know all of these things I was going to miss out on, I wouldn't—it was like—all over and over, all those missed out on things that haven't happened yet. And every time I'd think about that, and how lucky I am to do some of those things, I just get choked up, right, and it's very difficult to talk about that portion of the story.

When Tom thought about the "what if" things in the story, he found that it led him to think about the people who died on the planes in the 9-11 terrorist attacks and other plane crashes. He felt a connection to them; he felt empathy for them.

> There was a point in—right after the crash for maybe the first month, and I thought a lot about the 9-11 crashes, because I was like—those people must have been going through the same thoughts that I was going through, right, and how tough it was for me it had to be so tough for them.

Devan talked about how his relationship with his wife affected how he felt and how it lead him to the "what if."

> So it is a lot different when I tell it to her. Right, because we just have so much more at stake with each other and you know if I didn't survive. Those were the emotions I felt as the plane was crashing, so you know how I cannot think about that when I'm now with her and just so happy to be here, as I'm sure she is too, you know. What could've happened, but it didn't.

The listener imagines what they would have done if they had been the one having the experience. Listeners imagined what they would have done if they had been in the place of the storyteller. Cathy thought about what she would have been feeling if she had been there in the place of her friend Ava.

> I would, if I was in her situation I kept thinking I would probably be crazy, from being so nervous . . . I mean for me, I think I was just always trying to put myself in her position. I was always trying to think what it would be like to be in that situation. I guess because I've heard her tell the story so vividly, I picture myself in that—you know crashing. And—understand how terrifying it probably was. I guess it's just—I'm trying to understand what she went through maybe.

Lila imagined what she would have done if she had been there. She described stepping into a role, putting herself in her husband's shoes, but then walking around in them herself.

> Once I get a feel for things I step into a role, but I'm going to—so as he tells the story, then I try and put myself in his shoes, and how would I have reacted? Where would the fear have been? So I don't know what my conversation with God really would've been like, but just using what I know about myself, I would've been listening and looking and praying and following directions.

Maureen imagined what she would do if she were in the place of her sister. She thought about what her sister did and then wondered if she could do it.

> Would I be able to—be strong enough to fly again? Then when she did fly again it was [breath] wow, [laugh] would I be able to do that? That it was, could I still do

> what she's talking about doing, and could I be that strong? And I thought, well honey, if you can do it, I guess I gotta buckle up and do it [laughter].

The listener and the storyteller imagine what it may be like by putting themselves in the shoes of the other. Participants spoke of attempting to put themselves in the shoes of the other in an attempt to understand what it was like. Loretta spoke about emotionally putting herself in her husband Devan's shoes. She talked about how painful it was when she fully immersed herself in her husband's experiences. "Part of me can't help it because I love him so much, part of me can't help it. It was automatic. It's not rational. And another part is I wanted—I guess to understand what he's going through." She had a desire to understand what had happened.

> I had no control over it. I wanted to internalize it because it was so overwhelming. I wanted to. Some people don't. I wanted to internalize it, meaning put myself in his shoes. To really know what it was like for him. For myself first because I, out of love, the great love I have for him, to really understand what he was going through, and then when I did that that was extremely painful.

Devan talked about how he noticed Loretta's emotions. He talked about putting himself in the shoes of his wife, at the same time adding that he could not imagine being her. He imagined how awful it would be if he lost her and how awful it is for her still now.

> I always try to reflect in other people's shoes, and if I lost my wife it would be devastating. It would have been very painful for her. Still painful for her, I'm sure, but it didn't work out that way. I couldn't even imagine being her. We're

> all happy about that. Also, don't get me wrong, it's tears of joy obviously and happiness, but you know there was that moment where you know [breath]. It was painful for me.

Lila talked about trying to put herself in her husband's shoes as a way to relate to his experiences, to understand what he was going through, and to try to comprehend what he was thinking and experiencing.

> It was amazing to listen and then try to put myself in his shoes to really try and comprehend the thought processes that he was describing. And being his wife, and I know him really well, so I could really identify with some of the conversations that he said he had with himself and with God.

Bonnie, a storyteller, shared how she often thought about what it was like for the listener when she shared the traumatic event. She put herself in their shoes and talked about experiencing the sense of pain she imagined her family might have felt if she had not lived.

> I found it difficult to tell about my feelings without crying, about them because I had been terrified, and I had this feeling like my family will get over it, but it will be so hard for them, [breath] and so I think that what I was feeling was the pain that I knew they would be feeling. That part of—part of my pain was actually a feeling of the pain that I knew they would feel.

Ava, a storyteller, had empathy and understanding for the listeners, the people who were interested in hearing her story. She put herself in their shoes. "I mean because I know if I were someone that knew somebody that was in a plane crash, then I would want to know what it felt like."

Shane, in an attempt to try to understand his wife Inga's experience, puts himself in her shoes, imagining what she felt as she tells the story.

> I can almost—you know, even though it was—I can imagine it was you know, I know it was a very cold day and everything, you almost [breath] there's a certain, I think metaphoric warmth in a sense, a sort of warmth that I feel of like [breath] you know, this knowledge of, you know going from, from a period—point of near death to, in a sense to a sort of redemption, you know, maybe not redemption, but you know you're feeling that [breath] you know you may pull through this [breath] and survive after all [breath].

Sometimes, the listener cannot imagine ever being able to put themselves in the shoes of the other. At times participants spoke about how difficult it was to actually try to put themselves in the shoes of the storyteller and found that they could not do so. Emma said that it is impossible to imagine what Deidre went through, that she cannot possibly put herself in her friend's shoes.

> There is no way you can understand, there's no way even if you'd had a similar experience that you can put yourself in their shoes. And that, that, if it's a good friend or somebody you care about, [breath] you just let them go with the flow and just say [breath] that you're going to be there when they need you.

Nina shared how difficult it was to understand what her sister and others had gone through. She said "It's hard to know how somebody else felt going through an experience like that." She said, for her, it is difficult to put herself in someone else's shoes in regard to this event.

> You know, I felt so outside the story. When I listen, I know that I will never really know how the survivors felt or what they thought as they waited for the plane to "land." This makes me sad. I am in awe of their fortitude during the event and in reliving the event as they tell their story.

Melinda said when she hears her husband and some of the other survivors joke about what happened to them, she does not get it. She feels that she is unable to put herself in their shoes.

> Yeah, I can't put myself in his shoes or the other survivors, you know they are survivors, and so you know, I don't know, I just, I just don't get it. I don't get the, you know—because to me it was more traumatic [breath]. I'm the wife. You know it should be more traumatic. I don't know, I guess when you survive something like that it's different

Essential Theme V: The Nature of the Relationship Colors the Experience of the Listener and the Storyteller When a Traumatic Event Is Shared Within the Dyad

The themes contained in Essential Theme V are as *a result of listening over and over, and so often, the listener knows the story by heart and can recite it; sometimes while listening, the listener tries not to listen; the listener sometimes feels as though they have had enough of listening and they feel like, "let's move on"; the listener does not always ask the storyteller about the experience or the story; The listener and the context color the way the story is shared by the storyteller;* and *the storyteller feels understood when talking with people who have shared their experience.*

As a result of listening over and over and so often, the listener knows the story by heart and can recite it. The listener had listened to the storyteller tell the story

of the traumatic event so often that they knew the story by heart; they felt they could recite it. Shane never tired of gathering details from his wife Inga. "I think to hear her tell the story, you know almost to the point where it's become very familiar, and I could almost, you know, recite at least parts of it."

Rebecca talked about how her husband Powell would get triggered by something that would remind him of the event and then need to talk about it or go over it again. As a result of her being open and available to listen to her husband, Rebecca had the feeling that she could "recite it"; she believed that she knew the story by heart. Maureen said about her sister Bonnie "when she forgets a piece, [laughs] I tell her."

Sometimes while listening, the listener tries not to listen. The listeners spoke about listening while simultaneously trying not to listen so they would not hear the story again. Cathy talked about making an attempt to avoid listening to the story again if someone asked Ava to share it while she was there.

> I just think I knew I'd heard it, and I didn't want to have to get it in my mind again. I mean in the beginning it was strong, and I guess I just—I didn't listen every time after that because I—well I had heard it, but also I didn't want to have to think about all of that again too. I mean just like she probably didn't when she had to tell it every time.

Tom talked about what it was like when he first told the story of his experience to his wife Melinda. He believed that since that time, she does not want to hear the story anymore.

> When I first saw her, then it became real, and I was okay, and you know it wasn't just dreamed up. So—so telling her about that, and then it's really when I got to

> really give her the full details, we're watching TV and that's all that's on TV, and you know, you got to live it and it was very emotional. Like it was just—a truly emotional amazing kind of moment that we'll both never forget, right, it was just—finally release of all of the tension and everything to get it all out, and to—and you know, since really then, and I've told this story to friends, and neighbors, and—she doesn't really want to hear it.

Melinda confirmed Tom's belief that she does not want to hear it anymore. She talked about trying to avoid being around if she knew he was telling the story to someone so she would not have to hear it again.

> And I'm like, oh, [sigh] and not all the time, but sometimes it's just—I could see a group of people surrounding him, and he's telling the story. He's become—you know, really good at [breath] explaining, you know, what happened. I just am like, ugh, like the eye roll.

The listener sometimes feels as though they have had enough of listening, and they feel like "let's move on." The listener described a feeling of meeting their capacity for listening. They had a desire to move beyond the experience. Rebecca talked about how she was continually available to her husband, which may have contributed to the feeling that she had had enough of listening.

> I'm definitely one for dealing with and talking about it when you need to, and you know; let's get through this one way or the other. I was available to him in whatever ways that he needed me emotionally or physically or whatever. Like just being around.

She stated that she was available to him to help him move through the effects of this traumatic experience but that she eventually felt exhausted.

> I just felt badly for him, and I wanted to help him, and I wanted him to move on from there, you know? I felt bad for him because, I was like, this is really a long time, and it feels like everything would bring it up—and from time to time, mostly I was very patient, but there would be times when just like, I'm exhausted … definitely exhausted. Well, for awhile, I'm the type of person who, I'm here to help, I'm going to do everything I can to help you, I'm going to listen, I'm going to do this. It's just after awhile it got exhausting. And a long while I'm talking about. I mean I was there to support, as I still am, and that's just what you do.

Because of the feelings of exhaustion she thought about what it would be like to move on. "Like 60% I'm kidding around, but 40% percent I'm like, we got to move on. We have got to move on." She goes on to say how she wishes they could move on together. Rebecca said that the main reason she wants to move on is because she cares for her husband. "He was so stressed out, and I didn't like to see him like that." Despite the difficulties, Rebecca reflected back and summed up her experiences of being there for her husband by saying "I wouldn't have done anything differently."

Loretta talked about feeling overwhelmed by the feelings she gets when her husband Devan tells the story. She said "it's too upsetting actually for me, so at first I wanted to internalize it, and now it's not so therapeutic for me to keep reliving that, I guess." She said she "got sick of hearing the story." She also added, "but I knew if he was talking, I would always want to listen to him talk; but a selfish part of me was like—

I want to move on, some normalcy." She said "there's always tomorrow because we have tomorrow, so everything seems richer to me."

Melinda said that she felt emotionally drained as a result of hearing the story so often.

> It's almost—yeah. I don't know, I think the whole thing with me too, is [breath] I'm tired—in a way, I got to be, hon—like, I'm tired of hearing the story. Like emotionally tired, drained from it [sigh] oh, you know, and I get it, I just—ugh. Yeah, I just—I think that's—yeah. That's pretty much it.

Storytellers had some sense that the listeners had had enough of the story and wanted to move on. Ava talked about how she never wanted to tire someone with the story and worried about going on and on causing people to lose interest.

> I would not want to bore people. I don't want to tell the story over and over and over again; I don't want to wear somebody out with it. I don't know that everybody wants to hear it over and over again.

Inga wondered whether her husband Shane may have become tired of the story. She talked about how she saw him listening carefully, asking questions, validating. She thought about how difficult it may have been for him.

> You know like, because I understand it, it takes a toll, and every time you listen to this you have to sort of [breath] either be, either sincerely or even maybe you do get tired, and you maybe you kind of have to feign interest, and it gets kind of, you know, wears you out maybe a little bit, so I never really ask him, you know like point blank. I mean are you like sick of me talking about it [laughter]. I

> mean, I think he is not, he, he just, he knows, I mean he is very understanding in that respect.

The listener does not always ask the storyteller about the experience or the story. The listener at times did not ask the storyteller about the story; there may not have been ongoing invitations to share or encouragements to do so if the story was started. Deidre, a storyteller, described the experience of being surprised when her friend Emma did not ask her about her experience. She said that she had heard that Emma was quite upset when she found out Deidre was on the plane, but she wondered about Emma's response and why her friend may have avoided asking her about her experience.

> And I was surprised that she—at least I don't remember her saying that to me—and I don't know if she didn't do that because she didn't want me to relive it [chokes up], um, and, and things got so crazy that we just, you know, we didn't share as much time together as we normally, you know, would. So, um, so I, I honestly don't know.

Emma, Deidre's friend, explained that she made a decision to step away from Deidre because she was trying to make things easier for Deidre. Emma talked about what she was thinking at the time:

> Well, I'm going to back off because I don't want to be guilty of one of those, of being one of those persons that is pulling her in all these directions, because that's not what our friendship is about. [breath] Our friendship should be about me being there when, you know, when she needs me, and not me being, making life more difficult.

Cathy believed that Ava did not want to talk about it all. "I know she didn't want to tell it all the time. I'm sure that always made her feel uncomfortable. If she wanted to talk about it, she would."

Bryce felt that Bob did not want to talk about the event or his feelings all the time. He felt that he understood where his friend was coming from; he said "I've been through some emotional plane crashes, and it's easier for me to understand how people feel after something and maybe don't want to talk about it all the time."

Joseph did not ask because he felt that Gerard had no desire to talk about it. "I guess the other thing was I didn't have a sense that Gerard had a need to share and get support either."

The listener and the context color the way the story is shared by the storyteller. Storytellers spoke about how they made decisions based on different things they noted about the listener. Listeners noticed things about the storytellers as well.

Bob talked about how the listener often directed the way the story would go. "A lot of that storytelling has to do with the listener too and what paths they traveled in their life—that's going to lead them to perceive my words one way versus the other or something." When telling the story, he said that he "usually lets the listener guide it." He said that he "tells the story differently depending on who he is talking to."

Bryce noticed that his friend Bob tells the story differently based on who he is telling it to.

> Just watching the way he felt and his emotions and body language. It's different, you know when he tells a stranger the story, and it's a different version than I'm sure what he's told to me, [name], and whoever else.

Polly talked about how it is more emotional when you tell someone you are close with, “like your mother.”

> Now, telling it to someone who—a little more close, then it can go down an emotional path, then it can bring back some of that anxiety that came along with it, so I think it really depends on the audience to whom you’re telling the story what it creates internally.

Tom talked about how he changed his approach in sharing the story with his wife when he realized how upset she got. Tom talked about calling his wife from his cell phone immediately after the plane crash-landed in the Hudson River. “But so—you know, for her it was kind of real-time telling what’s going on, and then after I realized how upset she was, I—it was about trying to calm her down.” Melinda, Tom’s wife, said “I still get a little emotional, depending on who I’m telling the story with, and the type of questions that they ask of him, who he tells, you know [breath] I still get bothered.”

Inga talked about how she felt the experience, the story, and the way it was received by the listener was very important to her. She considered who she will or will not share it with.

> It’s almost like because it’s such a personal [breath] and deep experience, you sort of don’t want to waste it on people. I mean just kind of making an analogy, like I have some precious like, piece of gold or whatever, and I’m like keeping it [breath] but it’s sort of like in terms of my own feelings.

Inga talked about how she responds to the listener and how they may guess or try to understand how she felt as she tells the story.

> I think almost in any situation, like a traumatic, you know, experience, or something really difficult, and somebody acknowledges your feelings, and not just acknowledge, but like again…somebody says, oh, this must have been this and that… it just kind of, opens this sort of, like, path, you know, it just to go—you, you—it makes you more willing to go into discussing your feelings that maybe you were a little more reserved about before.

Inga felt that even if someone guessed about how she may have been feeling and was not exactly accurate, it still felt good to her. It felt as though they were with her, making an attempt to understand her experience, to stay with the story and listen to how she felt.

> Somebody says, oh, you must have been terrified, it means that they are really kind of, they also might be a little bit, experience some discomfort, but yet [breath] it's more like, oh, I'm with you, on this, you know, like I'm listening to you.

The storyteller considered the listener when deciding what to share. Some storytellers reported that they did not tell parts of the story; they withheld things from the listener with the intention of protecting them from uncomfortable emotions.

Devan imagined that it was difficult for Loretta to hear the story because of how much they care for each other. He altered what he shares based on this belief. He felt that her experience is quite different from other people who are more removed from the emotion.

> But as far as getting into the detail of the scary parts, I've pretty much kept that pretty reserved when I discuss that with Loretta because I know she doesn't want

to be there for that when most other people have a different relationship with me, they want to be there.

Devan talked about making decisions about how to share with his wife the parts that he refers to as "the scary parts."

I just try and tone it down for the scary parts, and certainly I had to reflect a little bit about it and because at times—let's put it this way, I don't believe I went into as much detail with Loretta as far as the blow by blow of thoughts. With Loretta I try—you know, that's a tough nut, I try not to put too much emotion into it because it's still painful for her. Maybe not so much as it was, but I think I tell her the story much differently than I tell it to other people because of the connection to what could've happened.

Donna said that when she decided whether or not to share her story, she made certain decisions. She said she had the ability to "read people well enough to know whether or not they want to hear." She talked about the decisions she made about with whom and what she shared.

I'm very selective in what I share. I'm not going to tell a complete stranger my personal innermost feelings or how it affected me or how it has affected me or how it may affect me long-term. I only share that with my close inner circle, um, or my medical doctors, my sister, and you know, my friends.

Donna talked about how she made a decision to avoid telling Nina about parts of her experiences as a way to protect her sister.

Well, I don't share everything with Nina. I mean, she knows a lot. But I don't want to tell her a lot because I don't want her to be drained emotionally. I mean,

> my sister's very giving, very caring, and very supportive. Waits on me hand and foot, and that's just Nina. It's just who she is, that's her makeup. And she holds things in, so I didn't want to share everything because I didn't know if she would go on overload.

Nina talked about what it was like for her to listen to parts of the story and not hear the whole story from Donna from start to finish. She speculated on why this may have been.

> I think part of the reason she doesn't tell me is that she doesn't want me to be sad or sadder or [breath] I mean even thinking about it brings tears to my eyes, and I think that's one reason why she hasn't told me the story. She doesn't want me to really know how it really was. And I think it was very powerful for her. And she was worried about me.

Bonnie talked about how she decided when and if she would talk about the event by judging the way Maureen was feeling.

> It'll come back to her, and it strikes me all the time, so when she's in a fragile state, you know, stressed at work, really tired, feeling sick or something, I never talk to her about it, [breath] because it's so—it brings it back to her what she felt that day, and how she was so frightened that she might have lost me.

Monty contrasted the way he shared with his wife with the way he shared with a stranger. He said that the emotional experience and the content were different.

> When I speak to somebody who's a stranger about it, I give the facts, fairly curt, I always end with "it was a miracle; the good Lord wasn't ready to take me home yet. But you just never know when you're going to die, and we're all mortal."

> And that's about as in-depth as I get. With my wife, I really connect with my inner feelings and share those with her. I won't do that with anybody else.

The storyteller feels understood when talking with people who have shared their experience. Storytellers spoke about how comfortable they felt with other people who had shared their experience. They had a sense that they were understood when they were with them. Monty spoke about the level of comfort he has with the other people who have shared his particular experience. He felt the sense of understanding they shared did not need to be spoken in words.

> In my world there were people that were there and people that weren't. Well the people that were on the flight and people that weren't. Well, I can walk into a room with [Name], or [Name], or half a dozen other ones, and I don't ever have to say a word to them. I just know I'm in the room with them, and I'm comfortable being there with them because they're my buds.

Powell talked about the fact that he found it easier to talk to people who shared his experience. "That's the best-case scenario because they really understand what's going on. Yeah, mm hmm, because they understand what I went through."

As a contrast to how comfortable participants felt with people who shared their experiences, Donna noticed that people who did not experience the crash sometimes did not seem to understand what it has been like for her and the other people that were involved. "Unless you've lived it, there's no comparison. I mean, ok, when's the last time you fell out of the sky? It was a very traumatic experience."

Nina shared a contrasting thought, she felt outside the experience:

> She's never just sat down and looked me straight in the face and told me the story from beginning to end because I think it's very emotional for her, and I think the only people she can do that with are the group of people(*from the plane*) that she gets together with.

Emma felt that her friend Deidre had many people from the plane who she was in contact with, and they were all giving each other support. She believed this group shared an understanding in regard to the traumatic experience.

> If as, if as a listener, that's one of the things that I would say, if you had to go through an experience like that [breath], I think it was very lucky that she had a lot of other people that went through the same experience, because she could talk to those people and they would always understand, you know? Her family would always understand, and her really good friends would always understand, and, um, but maybe other people might not.

Integrated Essential Essence

Maintaining a strong and oriented relation is the focus of the fifth research activity. I did this by striving to maintain a commitment to the integrity of the study. I referred back to the original question and aim of the study. I sought to present the lived experiences of the listener and the storyteller when a traumatic event was shared within the dyad in a textual description. A good phenomenological description is gathered by lived experience, recalls lived experience, is validated by lived experience, and also validates lived experience (van Manen, 1997). Phenomenological method is designed to disclose and describe the internal meaning structures of lived experience (Munhall & Boyd, 1999). I strove to create a rich description of the phenomenon that expressed its

essence. I tried to present this in a way that other researchers would be able to recognize the experience as an experience that anyone could have.

> The product of phenomenological inquiry articulates meaning embedded in experience-meaning as it is lived through. Phenomenology directs its attention not only to the sense of what appears, but also to the way in which things appear, establish themselves and take shape in consciousness. (Munhall & Boyd, 1999, p. 126).

Finally, in the last research activity, *balancing the research context by considering the parts as well as the whole,* I maintained a relationship to the phenomenon in its "whatness" by periodically looking back and evaluating whether the study was grounded. Themes had been identified to give structure to the overall meaning and thematic statements were written to give form to the essences. Essential themes were identified and supported in the form of narrative excerpts from participants. I related these parts to the whole.

The meaning of phenomenological description lies in its interpretation, its aim to transform lived experience by breathing meaning into a textual expression of its essence (van Manen, 1997). A textual interpretive statement was formulated from essential themes as a summary of the experience. A linguistic transformation was done in a creative attempt to capture the integrated essential essence of the experience of the listener and the storyteller when a traumatic event was shared within the dyad. The integrated essential essence conveys the essential nature of the experience of the listener and the storyteller when a traumatic event is shared within the dyad.

Integrated Essential Essence

The traumatic event is lived by an individual who, in an attempt to understand their own experience and to eventually have it understood by another, forms a story about the event and their experience, and shares it with a listener, forming a unique dyad. Seeking physical, psychic, and spiritual integrity, the listener and the storyteller collaborate, sharing the story of the traumatic event and the experience in a complex, nonlinear multifaceted way, continuously adapting while attempting to create a sense of meaning through the experience.

Summary of Chapter

This chapter contained a description of the study, a description of the setting, the sample, the study participants, and the research findings. Initially identified were listener–storyteller common themes, storyteller-specific themes, and listener-specific themes. Five essential themes that cut across the boundaries of listeners and storytellers emerged and were listed with the corresponding themes. Support for the essential themes was provided through examples and excerpts from the narratives of participants. Data analysis was done using the method outlined by van Manen.

An integrated essential essence was formulated as a way to convey the nature of the experience of the listener and the storyteller when a traumatic event is shared within the dyad. The participants of this study were co researchers in the formulation of the data in this chapter. Their courage, generosity and willingness to share their experiences made this study possible.

CHAPTER VI

Reflection on the Findings

This qualitative study was done to illuminate the experience of the listener and the storyteller when a traumatic event is shared within the dyad. Nurses often work in dyads with their patients. Individuals who have experienced traumatic events may attempt to share their experience in the form of a story with nurses. Repeatedly listening to stories of traumatic experiences may have consequences for nurses. Understanding the experience of both members of the listener–storyteller dyad has value for nurses, as they are often the listener for their patient storytellers.

The research participants consisted of dyads, each with a storyteller and a listener. The storyteller participants were from a group of individuals who were involved in the crash-landing of a commercial jetliner that came to be known as the "Miracle on the Hudson." Each storyteller chose a listener who had listened to them share the story of this traumatic event. In-depth interviews were conducted with each individual storyteller and listener. Interviewing both members of the dyad was a way to shed light on their experiences in a way that could not be done by interviewing only one individual.

The experience of the listener and the storyteller when a traumatic event is shared within the dyad was explored using an interpretive phenomenological approach as outlined by van Manen. The Roy Adaptation Model of Nursing (RAM) was found to be applicable to this study in that it describes the person as an adaptive system functioning toward a purpose. The goal of nursing within the RAM is to promote and maintain patient adaptation within the current difficulty (Roy, 2009).

Five essential themes and one integrated essential essence emerged from the data. The integrated essential essence that reflects the essential nature of the experience of the listener and the storyteller when a traumatic event is shared within the dyad is as follows: *The traumatic event is lived by an individual who in an attempt to understand their own experience and to eventually have it understood by another, forms a story about the event and their experience, and shares it with a listener forming a unique dyad. Seeking physical, psychic, and spiritual integrity, the listener and the storyteller collaborate, sharing the story of the traumatic event and the experience in a complex, nonlinear multifaceted way, continuously adapting while attempting to create a sense of meaning through the experience.*

Synthesis of Data and Literature

The synthesis of the data and literature as it relates to each essential theme is presented in the next section.

Essential Theme I: The Story Has a Purpose for the Listener and the Storyteller

The themes contained in Essential Theme I are *the storyteller does not mind telling their story, there is a purpose in the telling, telling the story is helpful, the story and the experience are considered special, it gets easier to tell and listen to the story as time goes on,* and *things are learned through telling and listening.*

Stories provide us with possible human experiences; they enable us to experience things that we would not normally experience, and they expand our landscape by creating possible worlds (van Manen, 1997). Individuals who have experienced a traumatic event may attempt to create a story as a way to share their experience of the event with another person. Creating the story can help transform a disordered memory into an ordered one.

The story serves as a vehicle through which the experience can be shared; it can be a bridge between the two. It may create an opportunity for the listener and the storyteller to "cross over" and see the experience through the eyes of another. At the same time, it creates an opportunity for the listener and the storyteller to look upon the story together, collaboratively.

> We make up and live our stories; we need to tell stories. As we grow up all of us learn how to sift, distil, and communicate tales of knowledge, experience, or bewilderment. We all learn to share these stories with others. Scents, fragments of music, or the way the light plays with a chestnut tree can create images, ideas, or recollections. They become memories that reflect the near-truth of previous experience. (Gersie, 1997, p.1)

Stories often have a purpose. Some are considered more special than others. They are sometimes created as a way to see ourselves, to describe who we are, and to share what has happened to us. Sometimes these stories become fixed; sometimes they change as life goes on. Telling stories is a way to share experience, knowledge, and new insights. The findings of the current study revealed that storytellers did not mind telling their story. They often found that telling their special story was therapeutic. In the current study, the story was brought forth, spoken, and shared within the dyad. This made it possible for both listener and storyteller to listen to the story as it was shared between them. They both found that it got easier to share as time went on. The story was often accompanied by recollections, images, emotions, and, sensations that added to the experience of the listener and the storyteller when a traumatic event was shared within the dyad.

Storytellers felt that telling the story was helpful for them. "The action of telling the story can produce a change in the abnormal processing of the traumatic memory so reconstructing the traumatic event in a verbal way is one of the goals for the trauma survivor" (Herman, 1992, p. 177). The participants in the current study lived through a traumatic event. They formulated a story about their experience and then shared the story with another person. A study by Draucker and Martsolf (2008) using grounded theory sought to explain how survivors of childhood abuse tell others about their experiences. Their findings revealed that participants used a core psychosocial process that the researchers called "storying childhood sexual abuse." It consisted of five processes that were each associated with a story. The processes and associated stories were (a) starting the story: the story not yet told, (b) coming out with the story: the story first told, (c) shielding the story: the story as secret, (d) revising the story: the story as account, and (e) sharing the story: the story as message.

There were similarities among the participants in the current study and those in Draucker and Martsolf's (2008). Both groups had experienced a traumatic event and were attempting to share the story of it with a listener. The participants in the current study were in dyadic relationships. This made it possible to research the experience of "storying" from the perspective of both the listener and the storyteller. Storytelling participants all used some form of the psychosocial processes within the dyad. They started the story that had not yet been told, and they came out with the experience when the story was first told. Participants at times shielded the story from others and sometimes kept certain parts secret. They revised the story as new information was gathered, thereby creating a longer story.

Herman (1992) further stated "a trauma can be transcended; some survivors transform the meaning of a trauma, and it becomes the source of a survivor mission" (p. 207). At times, the participants in the current study had a purpose in telling the story. For example, Monty, a storyteller, said that "the only bad thing that happened that day was that birds flew into an engine." He felt that everything after that was good and redeeming. He made sure that he shared this sentiment with others. When participants shared their story with others, they often chose to impart a message of some sort. Some of them chose to share only the positive aspects of the story; some wished to inspire others or share a religious experience. Each person made their own decisions about sharing the story. As Costello-Nickitas (1994) wrote, personal decision making emerges from an individual's self schemas.

Participants in the current study talked about how it often took a long time for them to share something that had happened in such a short time. A quantitative study was done by Beaudreau (2007) with 104 individuals ages 20–99 years. Three audiotaped narratives were obtained from participants. Participants were first asked to tell a story about their driver's test, then to tell the story of the most exciting or fun event in their lives, and last, their most traumatic event. After each narrative they rated their psychological distress. Longer trauma narratives were associated with lower ratings of psychological distress. Beaudreau's study provided evidence that longer trauma narratives may be related to better psychological adjustment and that the ability to elaborate about a traumatic event is associated with better mental health.

According to the participants, as the story was told, information was gathered, and new or remembered parts of the story were added to the story as it was known. This

resulted in a longer story. The findings of the current study may add to Beaudreau's (2007) findings in that they point to the possibility that the length of the narrative may have contributed to the feeling that telling the story was helpful. The focus on the dyad provided insights into both the listener's and the storyteller's perspectives. They both agreed that it was helpful to share the story.

As time went on, participants in the current study noticed that the more they talked about the story, the easier it got for them. They felt less emotionally and physically reactive during the experience of sharing the traumatic event. In a study on written disclosure, D. Sloan, Marx, and Epstein (2005) examined what happened when the writing instructions were varied for written emotional disclosure. Three groups were created from 79 participants. Each group was asked to write for 20 min 3 days in a row. The first group wrote about ordinary experiences every day. The second group wrote about different traumatic experiences every day. The last group wrote about the same traumatic experience every day. All participants completed self report scales to assess emotions and physiological reactivity. Salivary cortical samples were collected before and after writing sessions.

In D. Sloan et al.'s (2005) study, the groups that wrote about traumatic experiences had higher emotional and physiological reactivity as compared with the group that did not write about trauma. However, the participants that wrote about the same traumatic experience each day had fewer psychological and physical symptoms at follow-up. The results of this study indicate that written disclosure was most effective when the same traumatic event is written about at each writing session (D. Sloan et al., 2005). Although D. Sloan et al.'s study involved writing rather than talking, the findings

from the current study are supported in that sharing the story of the same experience repeatedly over time was seen as helpful. Participants felt that it got easier to share the story as time went on. Sloan et al.'s study did not include the perspective of both the storyteller and the listener. In the current study, both listener and storyteller agreed that sharing the story over and over became easier as time went on. They found it therapeutic.

The listeners in the current study talked about being in awe of the storytellers, amazed that they had gone through such an experience. The listeners often described a sense of resilience as a result of listening to storytellers share their experience. Because the participants in the current study were in dyads, it was possible to speak to the listener as well as the storyteller; therefore, common and separate perceptions emerged. Listeners shared how they were inspired by the experiences of the storytellers. This inspiration translated to overcoming challenges in their own life. Likewise, storytellers spoke about being aware that their story of the traumatic experience was often inspirational to others.

Resilience was explored in a qualitative phenomenological study involving 12 psychotherapists who work with victims of kidnapping and political violence (Hernandez, Gangsei, & Engstron, 2007). These psychotherapists had seen their clients exhibit resilience in that they overcame adversity by coping with the traumatic event in a constructive way. Witnessing and reflecting on a human being's ability to heal while reevaluating one's own problems was found to be a common theme in their study. On the basis of their findings, the study authors proposed the introduction of a new concept called vicarious resilience: "This is characterized by therapists experiencing a transformative, unique, and positive effect in response to a trauma survivor's resiliency" (Hernandez et al., 2007, p. 237). Their study was limited to the therapist alone and did

not address the perspective of the storytelling client. Because the current study was a dyadic one, there was some insight available that not only were the listeners inspired at times but the storyteller's intention at times was to inspire the listener.

Essential Theme II: The Story That Is Known as a Whole May Continue to Change as Different Parts of It Are Revealed

The following themes were used to create Essential Theme II: *the story is remembered, told, and listened to in bits and pieces; it has parts and there is a worst part;* and *the story evolves as information is gathered.*

Participants talked about how the story is remembered, told, and listened to in bits and pieces. The story seemed to emerge and evolve as information was gathered. As the story was shared, they were drawn to fill in the holes of the story, add missing pieces, and perhaps elaborate on specific parts. As the storytellers and listeners shared the story, new, different, and/or remembered parts were added to it. As Frank(1995) said, our stories are already in bits and pieces that we have gathered from others' stories, and we exist in the bits and pieces of the stories of others as well.

As story moments come together in the telling, a comprehensible whole emerges, creating a sense of ease (Liehr & Smith, 2007). The storytellers were aware that there may be parts of the story that they may not be aware of or recall at the time. They accepted what they knew to be the story in the present moment. Herman (1992) stated that the story may change as missing pieces are recovered; in the reconstruction of a story, there is ambiguity during exploration and uncertainty in the course of reconstruction, in part due to the traumatic nature of the memory. Many participants identified a part of the story that they felt was the worst part. For instance, some

storytellers felt that the worst part was when they thought they might die. The worst part differed according to each participant. There is no way to know what the worst part was for each participant unless they described it. The listener cannot imagine or guess what the worst part may be for the storyteller.

> When working with individuals who have been exposed to a traumatic event, it is important to avoid personal judgments and/or opinions about the event. What seems like a minor detail to the therapist may be the most important aspect of the story to the patient and what seems intolerable to the therapist may be of lesser significance to the patient; clarification enhances understanding. (Herman, 1992, p. 179)

Storytellers and listeners in the current study often consciously shielded themselves and others from the worst part of the story. Participants voiced awareness that as a result of not sharing, they may have avoided some of their own physical and/or emotional reactions as well as those of the other member of the dyad. The storyteller often avoided sharing these parts in order to shield the listener from what they considered upsetting information. Listeners confirmed that they did not want to hear those parts because they were so upsetting.

Essential Theme III: The Story Is Often Experienced Physically, Mentally, Emotionally, and Spiritually

The following themes were used as the basis for Essential Theme III: *there is an awareness of the emotions, the body, the face, and the eyes of the other as the story is told or listened to; while telling or listening, emotions are experienced; physical*

reactions are felt while listening or telling; images and pictures come to mind while listening or telling; and *it feels as though the experience is being relived.*

In the current study, the attempt to share the story began with the storyteller's assessment of the listener's readiness or desire to listen to the story. Participants spoke about noticing the other person as the story was shared. They noticed the body, the face, the eyes, and emotions of the other. Likewise, in Draucker and Martsolf's (2008) study, childhood sexual abuse survivors described the reactions of others as either being aversive or encouraging. In both cases, the storyteller's interpretations of these reactions were critical in determining whether to continue to attempt to tell the story.

It was clear that the listener and the storyteller responded to each other's face, eyes, and body language and that those responses affect the way the traumatic event was shared within the dyad. Being able to interview both members of the dyad shed light on how each member perceived the other. These perceptions affected the creation, cessation, or modification of dialogue within the dyad. In the current study each member of the dyad verbally reflected on and shared their interpretation of the message they received from the other.

Bavelas, Coates, and Johnson (2002) studied communication within a dyad as a story was told. They found that speakers need their listener's feedback to be able to tell their stories well. They also found that the listener looks at the speaker longer than the speaker looks at the listener. There is a period of a mutual gaze when the speaker does look at the listener. This gaze creates collaboration and an opportunity for the listener to communicate a visible act of meaning, such as nodding while saying "yeah," or "hmhmm." These responses were interpreted as an indicator for the storyteller to

continue and became part of the collaborative effort of storytelling– listening. The listener's moment-by-moment responses to the speaker have an important role in the creation of the dialogue (Bavelas et al., 2002). This provides support for the current study, which sheds light on how the listener and the storyteller communicated within the dyad. Sometimes a readiness or desire to share the traumatic event was communicated, and at other times a desire to modify or completely avoid sharing the traumatic event was communicated within the dyad. Each member adapted to the verbal and non verbal communication within the dyad.

Many participants spoke about their own emotional and physical reactions as the story was shared. They also imagined what the emotional and physical reactions were like for the other person. Montero's (2006) work on proprioception, which is the sense by which we come to know the positions and movements of our bodies, may shed light on this experience. Proprioception is thought to be experienced only by the perceiver. Montero, however, claimed that it is possible to proprioceive someone else's movement. One argument in favor of this stance is based on mirror neurons. Located in the brain, many mirror neurons have acoustic as well as visual properties; they are activated when an action is performed and observed and when sound is heard (Kohler et al., 2002). In a study done by Tettamanti et al. (2005) that used brain imaging, it was found that listening to action-related sentences activated the premotor cortex of the brain, where described actions are motorically coded.

Although the current study did not focus specifically on the physiological responses of telling and listening to a story about a traumatic event, the listeners did talk about imagining their physical and/or emotional feelings related to the physical and/or

emotional responses that the storyteller shared. The listeners often heard action-related sentences as the story was shared. In addition, they also experienced images, some of them action related. Listener participants described specific examples of almost feeling the cold air or seeing the sun shine in through a window of the plane as they crash-landed. Shane imagined that he could feel the same sense of hope that his wife felt as she walked onto the wing. Interviewing the dyad provided the opportunity to understand the potential for proprioceiving another's movements and feelings. It is possible that mirror neurons in the listener may have been activated as they shared the story.

Carson et al. (2000) studied Vietnam nurse veterans with and without PTSD who had witnessed death or injury. They found that nurses with PTSD showed significantly larger physiologic responses than non-PTSD nurses during imagery of military related nursing events only. Both groups however reported equally strong emotional responses during recollection of their Vietnam events. Carson et al.'s study provides support for the current study in that imagery is associated with emotions. The participants in the current study not only experienced images as the story was shared but also had emotions and physical reactions that were associated with them.

Both listeners and storytellers reported feeling as though they were reliving the experience as the traumatic event was shared; the past was being experienced in the present.

> Traumatized people relive the event long after the danger has passed. It is as if the event is happening in the present. Traumatic memories are not encoded like ordinary memories of adults in a verbal linear pattern, traumatic memories may be frozen and lack words, they may be accompanied by imagery and bodily

> sensation. Reliving a traumatic experience can carry the emotional intensity of the original event. (Herman, 1992, p. 34 &35)

Participants also mentioned spiritual experiences, such as feeling the presence of a higher power before, during, and after the experience. They sometimes shared these with others. These experiences became part of their story and one of their reasons for sharing it. As a result of the experience, participants shared that they were more appreciative of simpler things in life as well as their relationships with others.

> A close brush with death may create psychological growth without changing a person's life in any visible way. People who survive a close brush with death tend to live more in accord with their personal values as opposed to values adopted from their external environment. In other words, individuals drop values, standards, and goals that were contributing negatively to their well being. This enables them to open up to greater acceptance of themselves and the world around them. (Martin & Kleiber, 2005, p. 221)

Essential Theme IV: Imagining the "What" as Well as the "What If" Is Done by Both the Listener and the Storyteller

Essential Theme IV comprises the following themes: *imagining what could have happened, the what if, is done by both the storyteller and the listener; the listener imagines what they would have done if they had been the one having the experience; the listener and the storyteller imagine what it may have been like by putting themselves in the shoes of the other;* and *sometimes the listener cannot imagine ever being able to put themselves in the shoes of the other.*

In the current study, participants not only experienced images and pictures of the other person related to what was being shared, but in some dyads, they changed the image to imagine the "what" or "what if." In these cases, the listeners would insert themselves into the story, getting mental picture of themselves having the experience instead of the storyteller. They would actually see themselves doing what the storyteller was describing. This was done intentionally as a way to imagine what it would have been like if they had been there. This is different than trying to put themselves in the shoes of the other. This is an attempt to wear their own shoes while imagining and/or picturing their own experience.

Many participants spoke about imagining what it might have been like if the events of the day had been different. All participants spoke about imagining the "what if." For example, they imagined the possibility of losing the other person and how that would feel. Participants in the current study strove to understand their own, as well as the other person's experience. In an attempt to understand, they spoke about trying to put themselves in the shoes of the other or transposing themselves.

> We must always already have a horizon in order to be able to transpose ourselves into a situation. For what do we mean by transposing ourselves? Certainly not just disregarding ourselves. This is necessary, of course, insofar as we must imagine the other situation. But into this other situation, we must bring precisely ourselves. Only this is the full meaning of transposing ourselves. If we put ourselves in someone else's shoes, for example, then we will understand him—i.e. become aware of the otherness, the indissoluble individuality of the other person, by putting ourselves in his position. (Gadamer, 1975, p. 304)

To the contrary, participants also felt that the experience was so foreign to them that they could not imagine ever understanding what it must have been like. These participants may have had a sense of knowing the facts or the details of the circumstances but also felt that they did not have the understanding that comes from putting yourself in someone else's shoes. For some people the story is a way to reach greater understanding; it can be a bridge between worlds but not necessarily the journey across it (Gersie, 1997).

Essential Theme V: The Nature of the Relationship Colors the Experience of the Listener and the Storyteller When a Traumatic Event Is Shared Within the Dyad

Essential Theme V contains the following themes*: as a result of listening over and over, and so often, the listener knows the story by heart and can recite it; sometimes while listening, the listener tries not to listen; the listener sometimes feels as though they have had enough of listening and they feel like, "let's move on"; the listener does not always ask the storyteller about the experience or the story; the listener and the context color the way the story is shared by the storyteller;* and *the storyteller feels understood when talking with people who have shared their experience.*

Many listener participants felt that they had listened so often that they knew the story by heart. The sharing of the story over and over with a listener until it becomes known in such detail that the listener can recite it may create intense feelings. These intense feelings may explain the desire to avoid listening to the story again. It may have been too emotionally intense to listen over and over. A fear of vicarious traumatization was cited as another reason for not asking about abuse (Read et al., 2007). Similar to clinicians who may not ask about experiences in order to avoid being traumatized, some

listeners in the current study reported a desire to avoid listening so they would not experience the intense feelings that were associated with sharing the traumatic event.

Nurses may be therapists to their patients. Therapists play the role of listener when working with people who have experienced traumatic events. As a way of defending themselves from hearing the traumatic material of the survivor, therapists, like listeners in this study, may dissociate to a degree, distance themselves, question the viability of the story, develop somatic responses, and become overwhelmed with grief or feelings of helplessness (Salston & Figley, 2003).

> Listening puts a burden on the listener. Not only do we have to suspend the needs of the self; we also feel the weight of the other person's need to be heard. Attention must be paid. Listening is not always something we extend to each other as a natural part of being human. Empathy is an active form of engagement—but it is engagement with the other. At times we are interested in and curious about what the other is saying, and listening is effortless. But there almost inevitably comes a moment when we cease to be engrossed. (Nichols, 1995, p. 64)

The listeners in the current study who described feeling overwhelmed or exhausted by listening sometimes coped by trying not to listen. Despite their feelings of exhaustion, and an underlying desire not to listen, listeners said that if they were needed by the storyteller, they would be there and listen again and again without question. "Genuine listening means suspending memory, desire and judgment, and for a few moments at least, existing for the other person" (Nichols, 1995, p. 64).

In the current study, there were times when the storyteller was aware that people mistakenly believed that they did not wish to talk about the traumatic event because they would find it too upsetting. Young et al. (2001) had 63 psychologists and 51 psychiatrists complete a questionnaire that included, among other things, the manner in which they assessed abuse histories. One of the most common reasons clinicians gave for not asking about past abuse was that they were concerned that the patient may find the issue too disturbing and therefore deteriorate. The strength of the current dyadic study was that it enabled the perspective of both the listener and the storyteller to be understood. The listener at first believed that it might be uncomfortable for the storyteller to tell the story. The storyteller's perspective was that they very much wanted to share the experience and did not find it too upsetting; in fact, they found it helpful.

In the current study, some of the storytellers spoke about choosing not to share the worst parts of the story. This did not mean that they had changed the story; the story remained as it was known to them, but some parts were not spoken about with certain people. The storyteller may have had the desire to tell but chose not to do so as a way of protecting the other person or themselves from certain parts of the story. Disclosure varies based on the audience for whom it takes place. Some events are told to a spouse or trusted individual only, others are shared with a broader network (Pasupathi, McLean, & Weeks, 2009).

> Over time we emphasize some aspects of the story and minimize others. A few trail by our side tugging at our consciousness, as if to say "what about me." When we notice the multitude of stories that dwell near the surface of articulation,

> we may be struck by how much we could tell if only we had the chance. (Gersie, 1997, p. 30)

The storyteller participants felt that it was disrespectful if people did not listen to them, showed little or no interest, or tried to rush them through the story. Storytelling participants in the current study spoke about how they did not value being dismissed or superficially listened to and how that changed the nature of what was shared as well as the experience of sharing. In a quantitative study with 60 friend dyads, it was found that inattentive listeners did not communicate support for what is the joint project of talking about an event. It was also found that distracted listeners elicited a negative mood in the storyteller (Pasupathi & Rich, 2005). The findings of this study supported the findings of the current study in that the listeners colored the way the story was shared. When a listener was not fully present, they also elicited a negative mood in the storyteller.

The listener's effect on the storyteller was also studied by Bavelas et al. (2000). They conducted a study with 39 dyads who were strangers to each other. The storyteller was instructed to share a close call or near miss accident. The interaction was filmed. Narrators who told close call stories to distracted listeners or to listeners who were only attending to the narrator's words rather than their meaning told the story less well. The endings were choppy, and they retold the ending more than once, justifying the close call theme of the story. The listener had an impact on the quality of what the narrator shared, which indicated that there was a reciprocal effect of listener on narrator (Bavelas et al., 2000). This study supported the findings of the current study in that the storyteller responded to the listener as the listener was responding to the storyteller. There was a

reciprocal effect in the current study as well. Merleau-Ponty (1962) talked about the relationship between the speaker and the listener.

> Thus speech, in the speaker, does not translate readymade thought, but accomplishes it. It must be recognized that the listener receives thought from speech itself. At first sight it might appear that speech heard can bring him nothing; it is he who gives to words and sentences their meaning, and the very combination of words and sentences is not an alien import, since it would not be understood if it did not encounter in the listener the ability to spontaneously affect it. (Merleau-Ponty, 1962, p. 207)

The storytellers based their decision on what and how to share depending on the relationship with the other person as well as the context. For example, it would be different if the listener was superficially known or if it was a social occasion or work setting compared with the context of sharing the story one-to-one in private with a person they had a close relationship with. All participants spoke about how the storyteller felt more comfortable when they talked to other people who had shared their experience. They described a feeling of shared understanding. Being understood by another person promotes a sense of self understanding (S. Myers, 2000). The connection to other people involved in the plane crash created an opportunity to share factual accounts as well as emotional experiences. Groups are invaluable for survivors of extreme situations; isolation is dissolved, and there is a feeling of cohesion and intimacy in simply being present with others who have shared their experience (Herman, 1992).

The findings of the current study did reveal a collaborative, adaptive process between listener and storyteller. The storyteller responded to the listener as the listener

was responding to the storyteller. Participants felt it was a satisfying experience when they felt the other person was fully present for them. When stories are shared with someone who cares about listening, the storyteller is connected to the listener, to the self, and to significant others and events in the story (Liehr &Smith, 2007).

Reflections Using a Nursing Model Perspective

Nursing models offer a context for developing antecedents and interventions that would be specific for nursing (Frederickson, 1993). The Roy Adaptation Model (RAM) was chosen as a way to further illuminate the findings of this study. By reflecting on the essential themes and the integrated essence, I found that the concept of adaptation emerged. Both storytellers and listeners often referred to making changes in the story, modifying their discussions based on elements such as the openness of the other and/or their physiological and emotional responses at the time. This section provided background on the model that is often used in nursing and has theoretical and philosophical relevance for the findings of this study.

Theoretically, the RAM is based on the integration of systems theory and adaptation-level theory. The model describes people in terms of holistic adaptive systems. According to the RAM, the goal of nursing is enhancing life processes to promote adaptation. Roy defined adaptation as "the process and outcome whereby thinking and feeling people, as individuals, or in groups, use conscious awareness and choice to create human and environmental integration" (Roy, 2009, p. 28)

The RAM proposes that as adaptive systems, humans respond to stimuli in an effort to initiate a coping process, which has an effect on behavior that leads to responses. The environment consists of many stimuli, both internal and external to the individual.

To manage these stimuli, the individual uses processes, the cognator and the regulator. The regulator processes all physiological stimuli and the cognator processes thinking and feeling. The effects of the processes are seen in the modes of the physiological, the self concept, role function and interdependence. For the purposes of this study, the stimulus is the traumatic event and the contextual stimuli is the sharing of the traumatic event in the form of a story, the processes are information processing, emotions and the physical.

According to the RAM, human systems are interrelated such that any change in one system will affect the whole system. Experiencing a traumatic event represents a change for the storyteller, affecting their entire being. Here is an external stimuli that represents a traumatic event for the person and likewise, all systems that are related to this person i.e.; especially the listener.

> Adaptive responses promote the goals of adaptation and promote the integrity of the human system which has an effect on broader society. Ineffective responses neither promote integrity nor contribute to the goal of adaptation and the integration of people with the earth. In judging effectiveness, one looks at the effect of the behavior on the general goals of adaptation and a broad understanding of the term as it pertains to human systems. (Roy, 2009, p. 38)

The notion of adaptation implies that people and the environment are continuously interacting with each other. The traumatic event is the focal stimulus or the primary focus for the study. The contextual stimulus is the sharing of the traumatic event within the dyad. The experience of sharing the traumatic event serves as a modifier of the focal stimulus and serves to help the person move toward adaptation with the goal of

being or becoming integrated and whole. "For a trauma survivor, putting the story and its imagery into words is the goal of recovery." (Herman, 1992, p. 177)

The five essential themes that make up the experience serve as the building blocks for integration of the person following a traumatic event. The storytellers and listeners in the current study were responding to the new information around the traumatic event by attempting to formulate and share a story about it: *the story has a purpose for the listener and the storyteller.* Through the repetition of sharing the story of the traumatic event, *the story that is known as a whole may continue to change as different parts of it are revealed.* The storyteller and the listener learned about what had happened to the other person and what the experience was like for them as the story evolved.

Reviewing the essential themes, each one is a part of the contextual stimuli, and as a whole, the integrated essential essence provides the structure for understanding the experience of sharing the traumatic event. Storytelling may be healing in that it creates a communal space that is familiar, safe, and empowering (Haitch & Miller, 2006). Therefore adaptation occurs within the space created by the dyad. Storytelling is a relational phenomenon between the self of the teller and the self of the listener (Schwartz & Melzak, 2005).

According to Roy (2009), adaptation is viewed in four adaptive modes. The four modes are physiologic, self concept, role function, and interdependence. The responses of the participants in the current study can be organized within the self concept mode.

> The basic need underlying the self concept mode is psychic and spiritual integrity; the need to know who one is so that one can exist with a sense of unity and meaning. Self concept is formed from internal perceptions and the perceptions of

> others reactions; it is the composite of beliefs held about oneself at a given time. The self concept mode is viewed as having a physical self which includes body sensation and body image, along with a personal self which is composed of self consistency, self ideal, and a moral–ethical–spiritual self. (Roy, 2009, p. 96)

The participants spoke about how they interpreted input from their environment. "The perceiving self means that persons take in what is happening in the environment and through perception; they define who they are by how they interpret the input" (Roy, 2009, p. 327). For example, participants shared that they were not pleased when someone did not show interest in their experience. Based on the way they interpreted this perception, they might define themselves as someone who did not deserve respect.

The participants interpreted the input through the experience of sharing the traumatic event with another person. *The story is often experienced physically, mentally, emotionally, and spiritually.* It may have been interpreted moment to moment and by responding to, among other things, the eyes and face of the other, as well as images and pictures that may have come to mind. *Imagining the "what" as well as the "what if" is done by the storyteller as well as the listener.* Imagining often moves people to step into the shoes of the other, to see the self and the experience as the other person does. Increasing self awareness can be done by initially listening to oneself and paying attention to one's thinking, feeling, and doing; next it involves listening to others and incorporating their feedback (Roy, 2009). Storytellers said that they could tell how traumatic the event was by noticing how the listeners responded as they shared the story. Listeners often imagined what they would have done if they had the same experience as the storyteller.

Storytelling participants shared that they found value in telling the story over and over again. The listeners found that they listened so much that they knew the story by heart. Storytellers were, in essence, listening to themselves as they shared the traumatic event with another person. As they were doing this, they spoke about having an awareness that the listener may not want to hear the story again. The storytellers incorporated the feedback of the listener and refrained from sharing the story as often as they did in the past or made modifications based on the feedback.

Listeners also incorporated the feedback they may have gotten from storytellers. Listeners reported that despite the desire to avoid hearing the story again, they would listen to the story if they believed that the storyteller had a need to tell it again. *The nature of the relationship colors the experience of the listener and the storyteller when a traumatic event is shared within the dyad.* In the self concept mode, personal self-behaviors are expressed in thoughts and feelings as well as actions. The perception of self results from the individual's interpretation of all the various interactions with others and the environment. The personal self is affected by how accurate the person is in knowing the self (Roy, 2009).

The findings of the current study align with the scientific assumptions of the RAM. Roy viewed human adaptive systems as functioning with interdependent parts acting in unity for some purpose (Roy, 2009). The listener and the storyteller acted as interdependent parts, collaborating, and adapting as they shared the story of the traumatic event within the dyad. Listening is a duet, not two solos (Bavelas et al., 2000).

Limitations of the Study

Limitations of this study are related to the geographic composition of the participants. Most of the 12 dyads were from North Carolina. Cultural differences in expression and experience based on geography may have played a part in participants' responses. Of interest were the close ties established by the group of participants from North Carolina compared to those from New York. Given that the study involved dyads, it is possible to assume that closer social contact may have altered the experiences of either group, New York or North Carolina.

It is important to note that the participants within the dyads in this qualitative study were composed of spousal, friend, sibling, and parent relationships. Because of this, the findings of this study cannot automatically be generalized to the nurse–patient relationship. Future studies involving nurses and their patients will be of value to see whether different themes emerge in that specific dyadic relationship.

An important potential bias is that my brother was a passenger on the plane. However, I made every attempt to bracket and focus on the individual participant's experience, putting aside my preconceived assumptions and focusing on the experiences of the participants as they shared them with me. The fact that I find the topic of this study interesting is a bias in itself. I believe I have been able to conduct the research and analyze and present the data in a way that will shed light on the experience of the listener and the storyteller when a traumatic event is shared within the dyad.

Discussion

Within the health care system, patients often attempt to express themselves in story form. Some of these stories may contain traumatic events. This study was done to illuminate the experience of the listener and the storyteller when a traumatic event is

shared within the dyad. Understanding this experience is of value to nurses, since they communicate with their patients within the nurse–patient dyad. The knowledge gained from this study will enhance nurses understanding of how to be with patients who have experienced a traumatic event. The study also has relevance to patient care in that it deepens the understanding of what it is like for individuals to share the story of a traumatic event. It was revealed that when a traumatic event is shared, the story is composed of more than factual events; it is accompanied by feelings and images. The findings revealed that the listener and the storyteller adapt and respond physically, mentally, emotionally, and, spiritually. When the story is shared within the dyad, there is collaboration, a give and take, at times a reciprocal flow between the two members.

Nurses have the ability to collaborate with the patient, to explore whether or not the patient feels listened to. Within the nurse–patient dyad there is connection as the story is shared in the moment, but it may also extend beyond that moment in time. In this way, the dyad and the experience within it endures. As the unrevealed is revealed through the story and its parts, the dyad and what happens within it extend beyond the physicality of the other and the finite moment in time, the relationship coloring the experience.

For nurses and other healthcare providers, the act of simply being present and listening may be challenging. This listening is not done in a time-limited way that directs, pathologizes, or "fixes" the effects of the traumatic experience. It requires being present and available to individuals as they share their story in a nonlinear manner moving toward healing in a way that feels right for them. It presents a challenge in that preconceived judgments must be abandoned. It requires one to turn away from

exclusively seeking factual accounts and additionally listening for individual emotional expressions and personal meanings. It requires openness to the unknown and the emergence of feelings or imagery that may accompany these facts. As nurses, our place is at the side of the storyteller, listening and sharing the story and the experience.

Implications for Nursing

The essence of nursing through the ages has been rooted in the relationship between nurse and patient (Roy, 1988). When the nurse serves as listener to the storytelling patient, a unique dyad is formed. Traumatic events and experiences may be shared within this dyad. The storytelling participants in this study had a desire to share their story of the traumatic experience with others. They often found it therapeutic to do so. This is valuable information for nurses who are listeners for their patients. The findings of this study have relevance for nursing in that it is possible that some of the patients that nurses care for may also have a desire to share the story of their traumatic event. Nurses have the opportunity to invite their patients to share the story of their traumatic experiences within the context of the nurse–patient relationship, within the safe space that is created by the nurse–patient dyad.

Listening skillfully requires self-awareness (Truxow, 2003). The findings of this study reveal that storytellers are aware of the reactions of listeners. The way they share the story may be affected by their impressions of listeners. Since nurses are often listeners, they must be self-aware and know that the patient is adapting to them as they are adapting to the patient. Since there is collaboration between the listener and the storyteller, the evolution of the story may be affected by the collaboration between the two.

Inviting an individual to share their experience of a traumatic event is a way for nurses to unconditionally recognize the individual and their experience. To invite individuals to share their traumatic experience is a way to ease their burden. It is a way for nurses to say "I see *you,* I am present, I am here, I am listening, you are not alone, come, share this with me." Not asking for the story to be shared may imply that it is unspeakable or unbearable for the nurse listener. In contrast to the healing effect an invitation to share can create, not asking has an effect as well. The absence of an invitation to share a traumatic experience can create what Symonds (1980) referred to as a second injury. A second injury may be created when people perceive rejection or a lack of support following any experience of unexpected helplessness. Nurses may be able to prevent a second injury. Being invited to share the story of a traumatic event and having the experience of being listened to can be healing. By creating a coherent, organized story, meaning can be given to an event (Pennebaker & Seagal, 1999). Caring has long been a part of the heritage of nursing (Roy, 1988). If nurses convey a sense of caring and a desire to listen, they may not only prevent a second injury but may be able to help heal the first injury, the traumatic experience.

The patient's history is not complete without an assessment of previous traumatic events and or experiences. Not knowing whether a client has experienced potentially traumatic life experiences decreases the chances that there will be an accurate formulation of the client's problems and needs (Lothian & Read, 2002). The assessment should also continue beyond gathering data about the traumatic event. Asking the patient how they feel they were affected by the traumatic experience and what they have done to cope with it is of great importance. This information can help the nurse and patient in

planning treatment. Incorporating ways to invite people to share traumatic experiences as well as teaching nurses how to respond when people do share a traumatic event may have a place in nursing education. When nurses have knowledge in this area, they may feel more comfortable inviting patients to share these experiences. Because of this, patients will have more opportunities to tell their story and share their traumatic experiences, which may facilitate treatment if needed and also enhance healing.

Not everyone exposed to a traumatic event develops PTSD. Some individuals exhibit resilience and experience post traumatic growth as a result of the traumatic experience. There is no way to know or understand what the traumatic experience has been like or its effects without asking the individual who has lived through it to share it. Many participants in this study wanted to share the positive aspects of what they experienced as a way to inspire others. This finding has relevance to nursing in that it presents nurses with the option of remaining curious while inviting people to share their stories of traumatic experiences and their interpretations of them in whatever way they wish. Nurses have always had the opportunity to learn from their patients; this is another opportunity to be enlightened by those we care for.

The participants in this study were curious about what was happening to them as a result of having a traumatic experience. For example, they found it interesting that they would remember things in bits and pieces, and they were curious about how the story evolved as information was gathered. They repeated things they had learned about how a person copes with traumatic events. They found the information comforting. They often educated themselves or sought information from experts in the area of traumatic stress. The information helped them understand that they were very often having normal

reactions to what would be considered an abnormal event. This finding is of value to nurses in that it is a reminder of how important it is to provide patient education. In this case, individuals felt there was value in information. It helped them understand what was happening to them. It presented them with some additional ways to cope with the aftereffects of experiencing a traumatic event.

Implications for Future Research

An interesting finding of this study was that the themes cut across relationships. In this study, there were similarities in experiences and themes despite the fact that relationships varied within dyads. There were spouse, parent, sibling, and friend dyads. Spouse dyads not only shared a romantic love relationship but had lived together for many years. Therefore, the type of physical and emotional access they had to each other was different than the other dyads. Dyads that were not living together did not have the same exposure to repeatedly telling–listening. Future studies exploring the experience of sharing the traumatic event in specific relationship dyads may reveal different patterns and themes. Exploring what types of themes emerge around relationships or physical closeness and availability would be of interest to nurses, many of whom have long-term relationships with their patients.

Because many of the dyads in this study were in familial relationships there may be value in exploring what is like when a traumatic event is shared within a family system or within dyads involving significant others. For example, there are many veterans returning from war. Many of them have experienced a traumatic event and may try to share these war related experiences with family or significant others.

Another area of interest and possibility for future study may involve the exploration of the experiences of health care professionals who have served in war and their experience of sharing their stories with a listener. Participants in the current study spoke about having emotions and experiencing images and/or getting mental pictures as the story was shared. In the process of listening to the stories of traumatic events over and over, nurses may also experience images, feelings, and sensations that are similar to those experienced by people who have experienced a traumatic event. This has the potential to be overwhelming for the nurse listeners. In the current study, it was found that despite the exhaustion that listeners sometimes felt, they said that they would continue to listen if the storyteller needed them to do so.

Many nurses continue to listen no matter how they feel because they are dedicated to their patients; they feel that it is part of their work, their commitment to care. It is common knowledge that athletes and dancers can develop stress injuries due to overuse of specific parts of the body. Nurses who repeatedly listen to people share experiences of traumatic events may experience emotions and images similar to the individuals they are listening to. They may suffer vicarious traumatization, compassion fatigue, or a form of a stress injury from overuse of emotions, so to speak.

If nurses injure themselves while physically lifting a patient, they can no longer lift. If nurses become overwhelmed by listening, they may find they can no longer listen. Nurses are taught how to physically lift their patients in order to avoid injuries. This enables the nurse to be able to care for their patient without hurting themselves. Perhaps it is possible for nurses who listen to the stories of traumatic events to find ways to be able to care for their patients and listen to the stories of traumatic events without

suffering an "injury" themselves. The findings of the current study revealed that the listener sometimes tried not to listen to the story of the traumatic event. Further dyadic studies involving the nurse–patient dyad when a traumatic event is shared may shed light on what the experience is like for nurses as well as patients. Exploring ways in which nurses can fully listen and engage with the patient while staying emotionally healthy is of value to nurses and the patients they care for. Incorporating this topic into nursing education programs may convey a commitment to listening on the part of nursing while providing education on ways to continue to be fully present, listening in a way that does not cause difficulties for the nurse listener. This area of nursing practice is worthy of future study.

Many participants in the current study exhibited resilience in the face of a traumatic experience. Some of the listeners described a form of vicarious resilience. Future dyadic studies exploring what it is like for nurses and other healthcare providers who experience emotional wellbeing despite repeatedly listening to the stories of traumatic events would be interesting. Exploring the experience of those who exhibit resilience, vicarious resilience, and/or posttraumatic growth may be of value in that it may shed light on how to avoid compassion fatigue or being vicariously traumatized by repeatedly listening to the stories of traumatic experiences.

The fact that I was able to speak with both members of the dyad was invaluable and I believe added to the reliability and validity of the findings, as both perspectives emerged. The storytellers wished to share and be listened to. They made decisions about the who, what, how, when, where, and, why of sharing their story. This is an important finding for nurses as listeners to their patients. There is a great deal of focus on the need

for nurses to communicate therapeutically with their patients; however, there are very few studies that explore how the nurse is actually experienced by the patient. This is an area worthy of future study. Because a great deal of health information is shared by patients in story form and listened to by a nurse and/or other health care professional, future dyadic studies exploring the experience of the nurse and or other health care provider as listener and the patient as storyteller would be of value.

The findings of this study have illuminated the experience of the listener and the storyteller when a traumatic event is shared within the dyad. Human science research produces theory of the unique; as in poetry it is inappropriate to ask for a conclusion or summary of the experience (van Manen, 1997). In an attempt to provide an interpretation of experience, to bring life to speech, and to textually express the nature of the experience of the listener and the storyteller when a traumatic event is shared within the dyad, the Integrated Essential Essence is again presented here.

Integrated Essential Essence of the Experience of the Listener and the Storyteller When a Traumatic Event Is Shared Within the Dyad

The traumatic event is lived by an individual who, in an attempt to understand their own experience and to eventually have it understood by another, forms a story about the event and their experience and shares it with a listener, forming a unique dyad. Seeking physical, psychic, and spiritual integrity, the listener and the storyteller collaborate, sharing the story of the traumatic event and the experience in a complex, nonlinear multifaceted way, continuously adapting while attempting to create a sense of meaning through the experience.

Summary of Chapter

This chapter contained a synthesis of the literature pertinent to the study and the data obtained from participants. Reflections using the RAM were also included as a way to view the findings and further illuminate the phenomenon. A discussion that included the limitations of the study as well as the implications for nursing and future research was also included. The importance of carrying out dyadic research when exploring experiences that involve two people was stressed. The nature of the experience of the listener and the storyteller when a traumatic event is shared within the dyad was again expressed in an integrated essential essence.

Appendices

Appendix A

Sources Available if there is any emotional/psychological discomfort related to our discussion

New York

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212-C East Tremont Avenue
Charlotte, North Carolina 28203
Phone -704-342-1812

Hospital for Emergency
Carolina Medical Center, Randolf
Psychiatric Emergency Room
501 Billingsley Rd.
Charlotte, NC 28211
704-444-2400 or 800-418-2065
If you have experience any psychological or emotional discomfort following our

discussion please notify me immediately:

Jeanne Cummings, jcummings225@gmail.com, my direct phone number is: 914-419-

3128

Appendix B

Letter to Participants

THE GRADUATE CENTER
THE CITY UNIVERSITY OF NEW YORK

Health Sciences Doctoral Programs

Audiology (Au.D.) Nursing Science (DNS) Physical Therapy (DPT) Public Health (DPH)

The Graduate School and University Center
The City University of New York
365 Fifth Avenue
New York, NY 10016-4309
TEL 212.817.7980 FAX 212.817.1680

Request for Participants

Hello, I would like to invite you to be a participant in a research study about the experience of the listener and the storyteller when a traumatic event is shared.

My name is Jeanne Cummings and I am a doctoral student in Nursing. I am studying what it is like for people to tell the story of a traumatic event as well exploring what it is like to listen to the story. I would like to speak with you about your experiences in this area.

Please bear in mind that I am not asking you to tell the actual story again or to listen to the actual story again. I am interested in what either of these experiences, telling or listening, was like for you.

Your total time commitment would be about two hours. Your participation would require an initial in person interview which would take approximately one hour. There would be a second, shorter in person interview lasting under an hour that would take place about a week or so after the first one. Your participation is completely voluntary.

I would like to interview people in the next few months and would arrange to meet you wherever it would be most convenient for you. I am enclosing my E- mail and phone number. If you would like to participate, you may contact me in whatever way you prefer.

I would be extremely grateful for your time and the opportunity to hear about your experience. Thank you.

Sincerely,

Jeanne Cummings

Jeanne Cummings

Jcummings225@gmail.com

Phone 914-419-3128

Appendix C

Participant Consent Form

Health Sciences Doctoral Programs
Audiology (Au.D.) Nursing Science (DNS) Physical Therapy (DPT) Public Health (DPH)

The Graduate School and University Center
The City University of New York
365 Fifth Avenue
New York, NY 10016-4309
TEL 212.817.7980 FAX 212.817.1680

Participant Consent Form

Jeanne Cummings is a doctoral student in the Department of Nursing at the Graduate Center, City University of New York. She is conducting a study about the experience of telling and listening to a story about a traumatic event. You are being asked to participate in this study because you have been involved in the experience of telling or listening to a story about a traumatic event. As a storyteller have been identified as a possible participant because you have told the story of an event that is considered traumatic. As a listener you are identified because you have listened to the story of this event. It is anticipated that 20 people will participate in this study. Participation in this study is voluntary, and refusal to participate will involve no penalty to you.

You are being asked to participate in an in person interview. During the interview, you, the storyteller will be asked questions about what it was like to tell the story to a listener. You as listener will be asked questions about what it was like to listen to the story. The interview will be audio taped and transcribed. It will take place at a mutually agreed upon location and last about one hour. A second, follow up in person interview lasting under an hour will also be done to provide you with an opportunity to review the researcher's transcription and check for accuracy.

The risks from participating in this study are minimal in that they are no more than encountered in everyday life. It is however possible that discussing your experience may raise difficult issues for you. In the event that this happens the researcher has a list of resources that

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TEL 212.817.7980 FAX 212.817.1680

you may contact for assistance should you need them. You always have choices and may choose not to answer particular questions. You may stop the interview process at any time you wish. Your participation is voluntary.

There are no direct benefits. However, your participation in this study may increase the knowledge about what it is like for individuals to share as well as listen to stories of traumatic events. The researcher and her dissertation sponsor are the only ones who will listen to the tapes. No personal identifiers will be linked to the data; your name will not appear on the tapes or transcripts. All identifying information about you will be omitted or disguised. Identifying codes will be used instead of names. Tapes will be destroyed after interviews are transcribed. All materials will be kept in a locked file cabinet in the researcher's office, accessed only by the researcher or her dissertation sponsor. As long as the data exists it will be kept secured, it will be stored for a minimum of three years, and will then be destroyed. The information will be used to produce a doctoral dissertation. Only aggregate data will be used in any reports or publications derived from this research. The researcher is mandated to report to the proper authorities if you are in imminent danger of harming yourself or others or if there is suspected child abuse.

You may discontinue participation at any time without penalty or loss of benefits. If you have questions about the study, you can contact the researcher, Jeanne Cummings at 914-419-3128, or her dissertation sponsor Dr. Keville Frederickson at 212-817-7980. If you have questions regarding your rights as a subject or if you feel you have had a research related injury, please contact Kay Powell at the Graduate Center Institutional Review Board at 212-817-7525.

Health Sciences Doctoral Programs

Audiology (Au.D.) Nursing Science (DNS) Physical Therapy (DPT) Public Health (DPH)

The Graduate School and University Center
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365 Fifth Avenue
New York, NY 10016-4309
TEL 212.817.7980 FAX 212.817.1680

I have read the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent to participate in this study. I have received a copy of this form for my records and for future reference.

I agree to have this interview audio-taped please [circle one]:Yes No

Participant's Name _____ Signature _____ Date _____

Researcher's Name _____ Signature _____ Date_____

Graduate School & University Center CUNY
IRB
Approved
10-05-128-0135
Approved: 6/4/10 To 6/3/11 Expired:

Appendix D

Demographic Questions for Participants

Health Sciences Doctoral Programs

Audiology (Au.D.) Nursing Science (DNS) Physical Therapy (DPT) Public Health (DPH)

The Graduate School and University Center
The City University of New York
365 Fifth Avenue
New York, NY 10016-4309
TEL 212.817.7980 FAX 212.817.1680

Name_____ **AGE**_____

Address_____

Phone Number_____

E- Mail _____

Education and type of degree: _____

Occupation and nature of your work: _____

_____

Ethnic/Cultural heritage_____

Religious or Spiritual Practice Y N If yes, please describe.

_____

Do you have children? Y N If yes, list ages_____

Are you married? Y N Single? Y N Divorced Y N

_____

In a relationship? Y N _____

Do you have a pet? Y N If yes, please describe._____

_____

Who do you live with? _____

What you enjoy doing in your spare time?_____

_____

Anything you wish to add: _____

_____

References

Adler, A. (1945). Two different types of post traumatic neuroses. *American Journal of Psychiatry, 102,* 237–240.

Agar, K., & Read, J. (2002). What happens when people disclose sexual or physical abuse to staff at a community mental health center? *International Journal of Mental Health Nursing, 11,* 70–79. doi:10.1046/j.14400979.2002.00230.x

Bacchus, L., Mezey, G., & Bewley, S. (2003). Experiences of seeking help from health professionals in a sample of women who experienced domestic violence. *Health and Social Care in the Community, 11,* 10–18. doi:10.1046/j.1365-2524.2003.00402.x

Baird, K., & Kracen, C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly, 19,* 181–188. doi:10.1080/09515070600811899

Barrett, C., Brothwick, A., Bugeja, S., Parker, Vis, R., & Hurworth, R. (2005). Emotional labour: Listening to the patient's story. *Practice Development in Health Care, 4,* 213–223. doi:10.1002/pdh.17

Bavelas, J., Coates, L., & Johnson, T. (2000). Listeners as conarrators. *Journal of Personality and Social Psychology, 79,* 941–952. Doi: 101037/0022-3514.79.6.941

Bavalas, J., Coates, L., & Johnson, T. (2002, September). Listeners' responses as a collaborative process: The role of gaze. *Journal of Communication,* 566–580. doi:10.1111/j.1460-2466.2002.tb02562.x

Beaudreau, S. (2007). Are trauma narratives unique and do they predict psychological adjustment? *Journal of Traumatic Stress, 20*, 353–357. doi: 10.1002/jts/.20206

Becker, H., & Useem, R. H. (1942). Sociological analysis of the dyad. *American Sociological Review*, *7,* 13–26. doi: 10.2307/2086253

BenEzer, G. (2009). Trauma signals in life stories. In K. L. Rogers, S. Leydesdorff, & G. Dawson (Eds.), *Life stories of survivors of trauma* (pp. 29–44). New Brunswick, NJ: Transaction.

Bradt, K. (1997). *Story as a way of knowing*. Kansas City, MO: Sheed & Ward.

Bunkers, S. (2010). The power and possibility in listening. *Nursing Science Quarterly, 23,* 22–27. doi: 10.1117/0894318409353805

Canfield, B. (2007). The dyadic complexity formula. *Family Journal: Counseling and Therapy for Couples and Families, 15,* 116–118. doi: 10.1177/1066480706297786

Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization: A review of the literature as it relates to therapists who treat trauma. *Smith College Studies in Social Work, 75,* 81–101. doi: 10.1300/j497v75n02_06

Carlier, I., & Gersons, B. (1997). Stress reactions in disaster victims following the Bijlmereer plane crash. *Journal of Traumatic Stress, 10,* 329–335. doi:10.1002/jts.2490100213

Carlson, E. (1997). *Trauma assessments.* New York: Guilford Press.

Carson, M., Paulus, L., Lasko, N., Metzger, L.,Wolfe, J., Orr, S., & Pitman, R. (2000). Psychophysiologic assessment of posttraumatic stress disorder in Vietnam nurses

who witnessed injury or death. *Journal of Consulting and Clinical Psychology, 68,* 890–897. doi: 10.1037//0022-006x.68.5.890

Charon, R. (2006). *Narrative medicine: Honoring the stories of illness.* Oxford, UK: University Press.

Conklin, T. (2007). Method or madness: Phenomenology as knowledge creator. *Journal of Management Inquiry, 16,* 275–287. doi: 10.1177/1056492607306023

Costello-Nickitas, D. (1994). Choosing life goals: A phenomenological study. *Nursing Science Quarterly, 7*, 87–92. doi:10.1177/089431849400700209

Courtois, C. A. (2002). Traumatic stress studies: The need for curricula inclusion. *Journal of Trauma Practice, 1,* 33–57. doi:10.1300/J189v01n01_03

Courtois, C. A., & Gold, S. (2009). The need for inclusion of psychological trauma in the professional curriculum: A call to action. *Psychological Trauma: Theory, Research, Practice, and Policy, 1,* 3–23. doi 10.1037a0015224

Cresswell, J. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. Lincoln, NE: Sage.

DeMarni, L., Freyd, J., Binder, A., DePrince, A., & Becker-Blease, K. (2006). What's the risk in asking? Participant reaction to trauma history questions compared with reaction to other personal questions. *Ethics & Behavior, 16,* 347–362. doi:10.1207/s15327019eb1604_5

DeMarrais, K., & Tisdale, K. (2002). What happens when researchers inquire into difficult emotions? Reflections on studying women's anger through qualitative interviews. *Educational Psychologist, 37,* 115–123. doi:10.1207/S15326985EP3702_6

DiCicco-Bloom, B., & Crabtree, B. (2006). The qualitative research interview. *Medical Education, 40,* 314–321. doi:10.1111/j.1365-2929.2006.02418.x

Dienemann, J., Glass, N., & Hyman, R. (2005). Survivor preferences for response to IPV disclosure. *Clinical Nurse Research, 14,* 215–233. doi: 10.1177-1054773805275287

Dowling, M. (2005). From Husserl to van Manen: A review of different phenomenological approaches. *International Journal of Nursing Studies, 44,* 131–142. doi: 10.1016/j.ijnurstu.2005.11.026

Draucker, C. B., & Martsolf, D. (2008). Storying childhood sexual abuse. *Qualitative Health Research, 18,* 1034–1048. doi: 10.1177/1049732308319925

Ersland, S., Weisaeth, L., & Sund, A. (1989) The stress upon rescuers involved in an oil rig disaster."Alexander L. Kielland" 1980. *Acta Psychiatrica Scandinavica* (Suppl.), *355,* 38–49. doi:10.1111/j.1600-0447.1989.tb05252.x

Esposito, N. (2005). Manifestations of enduring during interviews with sexual assault victims. *Qualitative Health Research, 15,* 912–927. doi: 10.117/1049732305279056

Felman, S. (1995). Education and crisis, or the vicissitudes of teaching. In C.Caruth (Ed.), *Trauma, explorations in memory* (pp,13–60). Baltimore, MD: Johns Hopkins University Press.

Ferrier-Auerbach, A., Erbes, C., & Polusny, M. (2009). Does trauma survey research cause more distress than other types of survey research? *Journal of Traumatic Stress, 22*, 320–323. doi:10.1002/jts.20416

Frank, A. (1995). *The wounded storyteller.* Chicago, IL: University of Chicago Press.

Frank, A. (1998). Just listening: Narrative and deep illness. *Families, Systems & Health, 16,* 198–212.

Frank, A. (2000). The standpoint of the storyteller. *Qualitative Health Research, 10,* 354–365. doi: 10. 1177/104973200129118499

Frank, A. (2006). Health stories as connectors and subjectifiers. *Health, 10,* 421–440. doi: 10.1177/1363459306067312

Frederickson, K. (1993). Using a nursing model to manage symptoms: Anxiety and the Roy Adaptation Model. *Holistic Nursing Practice, 7,* 36–43.

Gadamer, H. (1975). *Truth and method.* London, UK: Continuum.

Gersie, A. (1997). *Reflections on therapeutic storymaking: The use of stories in groups*. London, UK: Jessica Kingsley.

Giorgi, A. (2005). The phenomenological movement and research in the human sciences. *Nursing Science Quarterly, 18,* 75–82. doi: 10.1177/0894318404272112

Goenjian, A. A.,Steinberg, A.,Najarian,L.,Fairbanks,L.,Tashjian,M.,Pynoos,R. (2000). Prospective study of posttraumatic stress, anxiety and depressive reactions after earthquake and political violence. *American Journal of Psychiatry, 157,* 895–911. doi:10.1176/appi.ajp.157.6.911

Griffin, M., Resick, P., Waldrop, A., & Mechanic, M. (2003). Participation in trauma research: Is there evidence of harm? *Journal of Traumatic Stress, 16,* 221–227. doi:10.1023/A:1023735821900

Guay, S. B., & Marchand, A. (2006). Exploring the links between post traumatic stress disorder and social support, processes and potential research avenues. *Journal of Traumatic Stress, 19,* 327–338. doi: 10.1002/jts.20124

Haitch, R., & Miller, D. (2006). Storytelling as a means of peacemaking: A case study of Christian education in Africa. *Religious Education Association, 101,* 390–401. doi: 10.1080/00344080600788597

Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.

Hernandez, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process, 46*, 229–241. 10.1111/j.1545-5300.2007.00206.x

Husserl, E. (1983). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy.* The Hague, Netherlands: Martinus Nijhoff.

Kagan, P. (2008). Listening, selected perspectives in theory and research. *Nursing Science Quarterly, 21*, 105–110. doi:10.1177/0894318408315027

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. (1995). Posttraumatic stress disorder in the national comorbidity study. *Archives of General Psychiatry, 52,* 1048–1060.

Kohler, E., Keysers, C., Umiltà, M. A., Fogassi, L., Gallese, V., & Rizzolatti1, G. (2002). Hearing sounds, understanding actions: Action representation in mirror neurons. *Science, 297*(5582), 846–849. doi: 10.1126/science.1070311

Lasiuk, G. C., & Hegadoren, K. M. (2006). Post traumatic stress disorder. Part 1: Historical development of the concept. *Perspectives in Psychiatric Care, 42,* 13–20. doi:10.1111/j.1744-6163.2006.00045.x

Leibowitz, R., Jeffreys, M., Copeland, L., & Noel, P. (2008). Veterans' disclosure of trauma to healthcare providers. *General Hospital Psychiatry, 30,* 100–103. doi: 10.1016/j.genhosppsych.2007.11.004

Leydesdorff, S., Dawson, G., Burchardt, N., & Ashplant, T. G. (2009). Trauma and life stories. In K. L. Rogers, S. Leydesdorff, & G. Dawson (Eds.), *Life stories of survivors of trauma* (pp. 1–26). New Brunswick, NJ: Transaction.

Liehr, P., & Smith, M. J. (2007). Story inquiry: A method for research. *Archives of Psychiatric Nursing, 21*, 120–121. doi: 10.1016/j.apnu.2006.12.005

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage.

Lothian, J., & Read, J. (2002). Asking about abuse during mental health assessments: Clients views and experiences. *New Zealand Journal of Psychology, 31*, 98–103.

Martin, L., & Kleiber, D. (2005). Letting go of the negative: Psychological growth from a close brush with death. *Traumatology, 11,* 221–232. doi: 10.1177/153476560501100403

McFarlane, A., Bookless, C., & Air, T. (2001). Posttraumatic stress disorder in the general psychiatric population. *Journal of Traumatic Stress, 14*, 633–645. doi:10.1023/A:1013077702520

McNally, R., Bryant, R., & Ehlers, A. (2003). Does early psychological intervention promote recovery from posttraumatic stress ? *Psychological Science in the Public Interest, 4*, 45–79.

Merleau-Ponty, M. (1962). *The phenomenology of perception*. London, UK: Routlege & Paul.

Miller, P. (2009). Stories have histories: Reflections on the personal in personal storytelling. *Taiwan Journal of Anthropology, 7,* 67–84.

Milton, C. (2004). Stories: Implications for nursing ethics and respect for another. *Nursing Science Quarterly, 17,* 208–211. doi: 10. 1177/0894318404266317

Montero, B. (2006). Proprioceptingsomeone else's movement. *Philosophical Explorations, 9,* 149–161. doi: 10.1080/13869790600641848

Munhall, P., & Boyd, C. (1999). *Nursing research: A qualitative perspective.* New York: National League for Nursing Press.

Myers, P. (1990, December). Stories from print. *Language Arts, 67,* 824–831.

Myers, S. (2000). Empathetic listening: Reports on the experience of being heard. *Journal of Humanistic Psychology, 40*, 148–173. doi: 10.1177002167800402004

Nichols, M. (1995). *The lost art of listening.* New York: Guilford Press.

Parrish, E., Peden, A., & Staten, R. (2008). Strategies used by advanced practice psychiatric nurses in treating adults with depression. *Perspectives in Psychiatric Care, 44*, 232–240. doi:10.1111/j.1744-6163.2008.00182.x

Pasupathi, M., McLean, K., & Weeks, T. (2009). To tell or not to tell: Disclosure and the narrative self. *Journal of Personality, 77*, 90–124. doi: 10.1111/j.1467-6494-2008.00539x

Pasupathi, M., & Rich, B. (2005). Inattentive listening undermines self verification in personal storytelling. *Journal of Personality, 73,* 1051–1086. doi: 10.1111/j.1467-6494.2005.00338.x

Pennebaker, J. W., & Seagal, J. (1999). Forming a story: The health benefits of narrative. *Journal of Clinical Psychology, 55,* 1243–1254. doi:10.1002/(SICI)1097-4679

Peplau, H. (1992). Interpersonal relations: A theoretical framework for application in nursing practice. *Nursing Science Quarterly, 5*(13), 13–18. doi:10.1177/089431849200500106

Peplau, H. (1997). Peplau's theory of interpersonal relations. *Nursing Science Quarterly, 10*(4), 162–167. doi: 10.1177/089431849701000407

Perrett, S. (2007). Review of Roy Adaption Model-based qualitative research. *Nursing Science Quarterly, 20,* 349–356. doi: 10.1177/0894318407306538

Priest, H. (2002). An approach to the phenomenological analysis of data. *Nurse Researcher, 10,* 50–63.

Raingruber, B., & Kent, M. (2003). Attending to embodied responses: A way to identify practice-based and human meanings associated with secondary trauma. *Qualitative Health Research, 13,* 449–468. doi: 10.1177/1049732302250722

Read, J., & Fraser, A. (1998). Abuse histories of psychiatric inpatients: To ask or not to ask? *Psychiatric Services, 49,* 355–359.

Read, J., Hammersley, P., & Rudegeair, T. (2007). Why, when and how to ask about childhood abuse. *Advances in Psychiatric Treatment, 13,* 101–110. doi: 10.1192/apt.bp.106.002840

Restrepo, E., & Davis, L. (2003). Storytelling: Both art and therapeutic practice. *International Journal of Human Caring, 7,* 43–48.

Rosenthal, G. (2003). The healing effects of storytelling on the conditions of curative storytelling in the context of research and counseling. *Qualitative Inquiry, 9,* 915–933. doi: 10.1177/1077800403254888

Roy, C., Sr. (1988). An explication of the philosophical assumptions of the Roy Adaptation Model. *Nursing Science Quarterly*, *1*, 26–34. doi:10.1177/089431848800100108

Roy, C., Sr. (2009). *The Roy Adaptation Model* (3rd ed.). Upper Saddle River, NJ: Pearson.

Ruggiero, K., Smith, D., Hanson, R., Resnick, H. S., Saunders, B. E., Kilpatrick, D. G., & Best, C. (2004). Is disclosure of rape associated with mental health outcome? Results from the National Women's Study. *Child Maltreatment, 9,* 62–77. doi: 10.1177/1077559503260309

Salston, M., & Figley, C. (2003). Secondary traumatic stress effects of working with survivors of criminal victimization. *Journal of Traumatic Stress, 16,* 167–174. doi:10.1023/A:1022899207206

Sawyer, R. (1942). *The way of the storyteller*. New York: Penguin Books.

Schwartz, S., & Melzak, S. (2005). Using storytelling in psychotherapeutic group work with young refugees. *Group Analysis, 38,* 293–306. doi: 10.11770533316405052385

Shortt, J., & Pennebaker, J. (1992). Talking versus hearing about holocaust experiences. *Basic and Applied Psychology, 13,* 165–179. doi:10.1207/s15324834basp1302_2

Seidman, I. (2006). *Interviewing as qualitative research.* New York: Teachers College Press.

Sloan, D., Marx, B., & Epstein, E. (2005). Further examination of the exposure model underlying the efficacy of written emotional disclosure. *Journal of Consulting and Clinical Psychology, 73,* 549–554. doi: 10.1037/0022-006x.73.3.549

Sloan, P. (1998). Post traumatic stress in survivors of an airplane crash landing: A clinical and exploratory research intervention. *Journal of Traumatic Stress, 1,* 211–229.

Starks, H., & Brown-Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research, 17,* 1372–1380. doi: 10.117/1049732307307031

Symonds, M. (1980). The second injury to victims. *Evaluation and Change, 4,* 36-38.

Teachman, J., Carver, K., & Day, R. (1995). A model for the analysis of paired data. *Journal of Marriage and the Family, 57,* 1011–1024. doi:10.2307/353419

Tettamanti, M., Buccino, G., Saccuman, M. C., Gallese, V., Danna, M., Scifo, P., . . . Perani, D. (2005). Listening to action-related sentences activates fronto-parietal motor circuits. *Journal of Cognitive Neuroscience, 17,* 273–281. doi:10.1162/0898929053124965

Thomas, S. (2005). Through the lens of Merleau-Ponty: Advancing the phenomenological approach to nursing research. *Nursing Philosophy, 6,* 63–76. doi:10.1111/j.1466-769X.2004.00185.x

Thompson, L., & Walker, A. (1982). The dyad as the unit of analysis: Conceptual and methodological issues. *Journal of Marriage and the Family, 44,* 889–900. doi: 10.2307/351453

Truxow, M. (2003). The healing power of being deeply heard. In M. Brady (Ed.), *The wisdom of listening* (p. 49). Boston, MA: Wisdom.

Tucker, P., & Trautman, R. (2000). Understanding and treating PTSD: Past, present and future. *Bulletin of the Menninger Clinic, 64*(3), A37–A51.

Tucker, W. M. (2002). How to include the trauma history in the diagnosis and treatment of psychiatric inpatients. *Psychiatric Quarterly, 73,* 134–144. doi:10.1023/A:1015007828262

Ullman, S. (2003). Social reactions to child sexual abuse disclosures: A critical review. *Journal of Child Sexual Abuse, 12,* 89–121. doi: 10.1300/j070v12n01-05

Ullman, S. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse, 16,* 19–36. doi:10.1300/j070v16n01-02

Vajda, J. (2007). Two survivor cases: Therapeutic effect as side product of the biographical narrative interview. *Journal of Social Work Practice, 21,* 89–102. doi: 10.10800265053060117366 4

Van Manen, M. (1990). *Researching lived experience*. London, UK: Althouse Press.

Van Manen, M. (1997). *Researching lived experience* (2nd ed.). Winnipeg, Manitoba, Canada: Althouse Press.

Vrana, S., & Lauterbach, D. (1994). Prevalence of traumatic events and post-traumatic psychological symptoms in a nonclinical sample of college students. *Journal of Traumatic Stress, 7*, 289–302.

Wallerstein, H. (1954). An electromyographic study of attentive listening. *Canadian Journal of Psychiatry, 8*, 229–238. Webster, N. (2001). *Webster's dictionary* (4th ed.). New York: Ballentine Books.

Wojnar, D., & Swanson, K. (2007). Phenomenology: An exploration. *Journal of Holistic Nursing, 25,* 172–180. doi: 10.1177/0898010 106295172

Young, M., Read, J., Barker-Collo, S., & Harrison, R. (2001). Evaluating and overcoming barriers to taking abuse histories. *Professional Psychology: Research and Practice, 32,* 407–414. doi: 10.1037//0735-7028.32.4.407hh8yub