

One Day @ a Time

Workshops for Family Caregivers

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Finding the Smile

“*Finding The Smile*” workshops employ storytelling as a strategy to teach caregivers how to enjoy getting a positive response – a smile, a laugh, a nod of recognition – to their stories about their lives as caregivers **by practicing**.

Goals

- (1) Identify communication situations which present the greatest challenges,
 - Speaking with **medical professionals**
 - Speaking with **family**
 - Speaking with **friends** who want to help
 - Speaking with the **debilitated person**
- (2) Develop strategies for coping / improving caregivers' confidence
- (3) Play! Learn how to tell stories about your own family caregiving, by telling them!

Storytelling *Key Elements*

- Teller
- Audience
- Tale
- Setting (time, place, circumstances)

Why Storytelling? *Some Thoughts*

Stories are NOT the truth. They are a projection of our interpretation of an event, an experience, a person *at any given point in time*. Storytelling escapes the need to tell the absolute truth. It is a truth evoked in **a listener** with **a tale** shared by **a teller** in **a particular setting**. Change any *one* of those elements and you change the story, but not the truth.

For example, my brother's book – "more". In my book, I say, "..."

"I promise you it's true, but I don't know what actually happened. Here's what I know for sure ..."

Finding a story to tell about our lives as caregivers creates connections with a larger community. Telling our own caregiving stories well – that is, in an entertaining way -- helps us gain perspective *and* give perspective on a situation which can be overwhelming, at least from time to time.

... a great story (comes from finding) the power to retell it, rethink it, deconstruct it, joke about it, and change it as times change—

Salman Rushdie, novelist

How to Find a Good Story

Some Leads

Listen to caregivers' stories

What made you laugh? Smile in recognition?
Nod or shake your head in sympathy?

How did it *also* happen to you? Do you have
someone like that in your life?

How is the person to whom you give care the
same as the one in the story? Different?
What's your connection?

What elements in that situation do you find in
your own? Create a context for your story
that locates your listeners in a larger
experience.

Look for the universal theme – a core value
or aspiration. The bigger the story, the more
room under the tent.

The best stories don't teach anything new.

You are the hero or she-ro.

It's *your* story.

It is the richness and meaning you find in
your situation that provides the basis for your
story.

Your listeners want to be reminded of what's
bigger. They want to be given something
remarkable to remember.

The hero's journey is one of our oldest
stories, an archetypal myth which crosses
time and place and culture.

KISS

The more complicated the situation, the
simpler the story

The great story is the one that's never completely told.

*"For Sale. Baby Shoes. Never Worn."
(Ernest Hemingway)*

Pay attention to the mundane

Tap into shared experiences. Nothing gets a bigger laugh than something that makes people say, "Gosh! That's so true!"

Be specific. Use colorful adjectives and unpredictable adverbs to capture your emotional frame of mind. ... "nine beady-eyed squirrels scampering along the edge of my deck in formation..." sets a mood.

Consider your strengths.

Different people have different ways of being funny. Some people rely on words (puns, witticisms), some are good with jokes, some make people laugh with their ditzy behavior.

See what works for you, and build on it.

Don't be boring.

Your audience will give you 2 minutes to talk about your life as a caregiver, and that's if they really, really love you.

Let go of any part of your story which no longer serves.

Create a story *worth* believing. Where can you reframe what is or isn't possible? Where's the bigger story?

Meet 'em where they are.

Start with your audience where they currently stand, and expand the possibilities. That's when the magic happens.

Speak to your listener's heart, interests, and worldview. Find something everyone can agree on and build your story around that message.

Find a punchline.

It's a symbolic container for the meaning of your story.

It's a personal expression of what you value.

It speaks to the dreamer in your listener.

Write it, invent it, then try it out. Does it get the laugh you want? the smile, the nod?

How to Tell a Good Story

Some Working Principles

- Know your audience

Frame a story that reflects the reality of the life you share with your listener.

Use things you've always done to reinforce your authenticity. Be believable.

Think about how your story is *their* story. Look for ways to orient the listeners into *your* story.

- Start with a hook

Drag the listener in and don't let 'em go. Use colorful adjectives, senses, and comparisons to entice them, engage them in the problem, make them see it as important.

Use a formula, if you need to, set a tone. Create the mood of a fairy tale to frame a reality:

"Once upon a time, in a world far away, there lived a girl who yearned for a boring life ..."

That's ironic, if everyone knows you've been living down the street looking after your mother for the past years.

- Take them someplace

Set a scene, describe a character, unfold a series of actions for your main character.

Make the conflict -- or the need for change -- clear.

Use rich, descriptive words. Picture the space where the story takes place, and take your audience there.

- Leave out the details

The audience needs to feel everything is connected. If you put a gun on the wall, so to speak, you must make it go off in the story.

Your audience needs to have it all add up.

- Keep moving forward

Keep the audience yearning to know what's coming next. "And then ... and then ... when *finally*, ... Use repetition (rule of three)

- Show don't just tell

Use posture and gesture and facial expression to emphasize, dramatize, engage. Make eye contact. Swivel your gaze from one face to another. Turn to one side then the other for dialog.

- The ending is your payoff

Know where you're going, and finish!

Practice different punchlines to see whether you're getting the effect you want. Try something formulaic, such as:

"And that's the way it is ... every day on Hallwood Drive these days."
(borrowed from Walter Cronkite)

Or

"And so it goes..." (Linda Ellerbee)

Or

"And that's the truth ..." (Lily Tomlin's character, Edith Ann)

Or invent it, such as:

"Forever and ever. Amen"

- Practice your timing

Don't smile or laugh for a couple of seconds after you deliver the punchline. Pause and count to 3. Let your listeners get it.

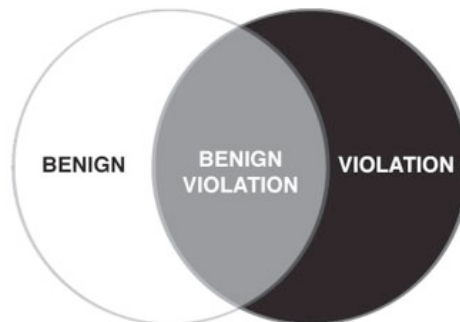
- Don't hang around.

Once you deliver the punch line – that's it!
"Be sincere. Be brief. Be seated."
(Franklin D. Roosevelt)



What makes something funny?

It was with the goal of developing a new, more satisfactory comedic axiom that (University of Colorado professor Peter) McGraw launched “HuRL”. Working with his collaborator Caleb Warren and building from a **1998 HUMOR article** published by a linguist named Thomas Veatch, he hit upon the **benign violation theory**, the idea that *humor arises when something seems wrong or threatening, but is simultaneously OK or safe.*



McGraw’s theory has another benefit going for it. Unlike other major humor theories, it does a good job delineating why some things aren’t funny. A joke can fail in one of two ways: It can be too benign, and therefore boring, or it can be too much of a violation, and therefore offensive. To be funny, a joke has to land in that sweet spot between the two extremes.

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Find the Smile in These STORIES:

- Grandma Winnie
- Dad's Raincoat
- Mary's Groceries

STORIES to set up communication dilemmas ... and generate stories

- **PHYSICAL ENVIRONMENT: where to sit?**
Jan's moved into an air-bed in the main living space in their home, and my brother Terry's wish to make everything seem "normal." But the only way to sit while keeping Jan company is to turn the arm chair so that a visitor must perch on the arm – something no one can sustain for more than 5 minutes.
- **PHYSICAL APPEARANCE: dramatically-changed appearance**
Skip's increasing frailty scares people – family and friends who come to visit -- and they hesitate to help me take care of him.
- **SHARING THE RESPONSIBILITIES: who's in charge?**
One of Ruthanne's grown children starts telling the others what they can do and not do, and everybody's feelings are hurt. One of the "directed" siblings begs you to tell Moira to get off her high horse.
- **RUNNING THE BUREAUCRATIC ROADBLOCKS: getting the Rx**
On a Sunday night, Skip has a setback and the doctor prescribes injectible insulin. A neighbor offers to run to the pharmacy to pick up the prescription which the doctor called in. You forget to give her your insurance card. The pharmacist tells you Jan must pay \$110 or get the insurance card.
- **THE PHYSICIAN WANTS TO HOSPITALIZE: who gets to decide?**
The physician says he can't understand what's going on, and he wants you to take Skip to the emergency room to get him admitted for tests and observation. Skip isn't capable of making the decision.
- **THE ONES WHO AREN'T THERE NEED TO KNOW: what do you say?**
Dad's increasingly debilitated, and Mom's energy is limited; she needs more help, but won't or can't ask for it. You call your siblings as usual after your regular visit, and each of them in their own peculiar way says: "What could I be doing to help?"