

# A Voyage Homeward: Fiction and Family Stories – Resilience and Rehabilitation

By Marshall P. Duke, PhD

## Storytelling and Human Health

Let me tell you a story.

Now that I have your attention—and I hope and believe I do—consider with me why an invitation to listen to a story—most any sort of story—is easily the most powerful way of engaging human beings. Everyone, it seems, wants to hear stories. People tell and listen to stories in every culture that anthropologists have ever studied; stories are told about real people, imaginary people, real or imagined families, towns, countries and worlds. Stories abound about times past, times present and even times yet to be. Stories mix real people and places with imaginary people and places. There was never anyone called Sherlock Holmes, but the town he lived in—London—is real, and the street he lived on—Baker Street—is real, but there is no 221B (along with millions of others, I have checked!). There can be no doubt about the universality of stories, the narratives of our lives. This universality places stories into a unique category of things that seem so fundamental that interest in them and need for them rises above time, place, culture, and individual differences. They are like the air we breathe or the food that nourishes our bodies. Were we to say to a hungry person, “Let

me give you some food,” we would surely have his or her attention. To a person suffering from thirst, “Let me give you some water,” would override all other “invitations.” Similarly, human beings will always respond to “Let me tell you a story,” because hearing these narratives seems to fulfill some fundamental survival need.

Suggesting that stories are adaptive and that they contribute to survival is not as far-fetched as it initially may seem. In recent years, there have been a number of scholars both inside and outside of the literary world who have, in fact, proposed an evolutionary answer to the question: Why do we create and seek out stories?<sup>1-3</sup> Their perspective is that hearing stories is adaptive – from stories we learn a number of things critical to our individual and collective survival. To be sure, from stories about hunting, farming, finding homes, overcoming obstacles, finding work, learning trades and such, we learn how to navigate and survive our life’s journey and care for ourselves, our children, and our families. In addition, when we hear stories or read fiction we are given the opportunity to see how other people think; this sort of inside-other-people’s-minds information is rarely available to us in real life, yet the ability to read minds accurately is crucial to social and

reproductive success.

## The Family Narratives Project at Emory

My own interest in the power of stories includes the study of formal fiction, but to my purpose here, it also includes the study of some very special informal narratives—family stories. For more than a decade, along with my colleague Robyn Fivush, I have been part of The Family Narratives Project at the Emory University Center for the Study of Myth and Ritual in American Life (MARIAL). This interdisciplinary group was gathered together with support of the Sloan Foundation, its charge being to examine ways to counter the centrifugal forces in modern American families, forces that seem to be pulling them further away from their basic family experiences, away from the security and nurturance that families provide for their members. At MARIAL, we focused on centripetal forces, things that draw families back together on both short term and long term bases. It should thus come as no surprise that we studied family dinners, family reunions, annual extended family vacations, weddings, funerals, health emergencies, holidays like Thanksgiving, Christmas, Passover, Eid, Kwanzaa, and any other special times when families come together and set aside the quotidian.

In the Family Narratives Project, we focused on almost 100 families and studied the effects of various family processes, such as family narrative construction and the telling of family stories on family functioning in general, and the adjustment of children in specific. Due to tragic happenstance, our study of a large number of families occurred just prior to and after 9/11; without planning to do so, we were therefore

able to examine the ability of different families and their members to demonstrate resilience in the face of great stress. The story is a long and complicated one and beyond my scope here, but among our most powerful findings was that the more children knew about the history of their families (both the good and the bad things in their history) the stronger they were, the more resilient, the higher their self-esteem, the better their families functioned, the less likely they were to have difficulties in adjustment.<sup>4</sup> Knowledge of family history, it turned out, was crucially important to well-being. Through the stories that they hear at dinner tables, on vacations, on holidays, etc., children learn about their family histories. Thus, our broad conclusion was and still is that family stories are health-giving and immunizing. And so, without intending to, we seem to have started a small but broad-ranging “movement” towards the sharing of family stories. This “movement” was spurred most clearly and powerfully by a New York Times article about our work written by Bruce Feiler<sup>5</sup> and by the extensive coverage that he gave us in his book, *The Secrets of Happy Families*.<sup>6</sup>

## Family Narratives and Rehabilitation: The importance of family health stories in the development of resilience.

While crucial to my purpose, all of the above is in the way of prologue, because I am writing here about a special subcategory of family stories: stories that deal with illness and recovery. In order to place this in a humanistic perspective, however, I must digress slightly once more and I ask your indulgence. I promise it will be worth it. A literary scholar, with the most appropriate name of Christopher Booker, has

proposed and provided massive evidence for the notion that there are in fact only seven basic plots to be found in all formal fictional stories.<sup>7</sup> Interestingly, in my recent research on the “plots” of more informal family stories, I have also seen the same basic seven patterns (this may be one of the reasons why people connect with them so easily). As I mentioned a bit ago, stories that seem to build resilience in families are not only ones about good times; the stories of bad times in many ways are even more important. While it cannot be assumed that economic reversals, home fires, car accidents, natural disasters and such will occur in all families, it is safe to assume that in the family history of every single family will be stories of illness, injury and death. It is therefore also safe to assume that the nature of these health-related stories will be important in any examination of family function and adjustment. Finally, it also follows that family health stories will fit into one or several of the seven basic plots identified by Christopher Booker. It is to this intersection of health science, rehabilitation science and the humanities that I now turn through identification and exemplification of Booker’s basic plots.

- **Rags to Riches**—Here we find the classic Horatio Alger stories and fables such as Cinderella, but also family stories about immigrant or poor rural families rising to financial or professional success. There is also a reverse of this plot in the Riches to Rags stories wherein someone who is very successful sinks down into failure. In families, this plot may be incorporated into stories of the Great Depression of the 1930s or the Great Recession that began in 2008. Any family health story which describes the conquering of social and physical barriers of an inborn or early onset disability or disorder could be considered a rags to riches story.
- **Overcoming the Monster**—Here we find stories involving a frightening “presence” which threatens individuals, towns, nations or even the entire world. In family health stories, the “monster” might be a catastrophic illness like cancer or an injury sustained in an accident. The basic message of this plot is that with tenacity and resolve, “monsters” of all sorts can be faced and overcome.
- **The Quest**—Quest stories are also very common in fiction and films. The basic idea of the quest is that someone sets out in search of something that is not easy to find but is highly desirable. In a nation comprising so many immigrants, American family quest stories most frequently take the form of a grandparent or even more distant ancestor, usually setting out to seek a better life. Upon reaching the goal of the quest, the hero and his or her descendants are then able to achieve things not possible before. The central theme is that obstacles exist and must be overcome. Health related quest stories can focus on the seeking of a cure or a place where the effects of an illness can be softened. In my own family, for example, my maternal uncle lost use of a lung as a young man and set out from the Northeast to live in the dryer climate of Arizona where he spent a very long and symptom-free lifetime.
- **Tragedy**—One need not go further than Shakespeare to find multiple examples of tragedy plots. *Macbeth*, *King Lear*, and *Hamlet* all are filled with dashed hopes and misguided souls. However, even within a tragedy, there are good people and lessons to be learned. In addition to the clearly uncontrollable negative components in all tragedies, there are typically parts that teach resilience and acceptance in the face of insurmountable situations. As mentioned above,

we found in our research that the most resilient families told their tragic stories as well as their inspirational ones. Across the world, there are family stories of lost businesses, of failed marriages and, in millions of families, narratives of tragic losses in wars, the Holocaust and other man-made and natural disasters. Health related tragedy plots can center on situations such as untreatable illnesses, sudden death, or severe disability in a young child. Despite their tragic plots, the telling of these stories seems to teach about the triumph of the family spirit and helps us to put into proper context those mundane annoyances like lost objects or missed appointments that sometimes can expand inappropriately in meaning and attention.

- **Comedy**—People love comedies and we love to hear funny stories, see funny movies and read funny books. To be sure, there are many, many family stories that are comedic. The interesting thing about comedic family stories, however, is that quite often the events described were clearly not very funny when they happened. To this point, when asked about the nature of his comedy, the very talented Jerry Seinfeld once said that we should look at things that really bother and upset us and then wait for a while. After sufficient time has passed, the annoying or upsetting thing will usually become funny. Many of the family stories we heard in our MARIAL research fulfilled Jerry Seinfeld’s “formula” of annoyance + time = comedy. There was the story of the bride’s mother’s broken ankle which resulted in a “thud” being heard every time she took a step down the aisle; the dropping of the wedding cake on the bride’s dress; the musicians not showing up on time for the bar mitzvah. Even things that happen during illnesses and, yes, funerals, over time can take on comedic qualities.

Children who hear their elders telling stories that describe some pretty serious things but are laughing and appear joyful seem to learn resilience. They see strong people telling about other strong people being strong in the most difficult of circumstances. They learn that everything is temporary. As one of the grandparents we spoke to was fond of saying to her grandchildren, “This, too, shall pass.”

- **Rebirth**—Rebirth refers to stories in which a character has sunken to the lowest point possible, where everything seems hopeless and then, either through divine or human intervention or personal resolve, the character is reborn into a better self. Included here are stories of personal redemption, many Biblical stories and many “down and out” plots. Some family rebirth stories are religious in nature as in Christians who are literally “born again” or in Jews who become what are known as Baal Tshuva and return to a high level of observance. However, there are other family rebirth stories that deal with someone who has faced a health related or other uncontrollable threat and who seemed to have been nearly beyond reclamation. The stories we heard described people essentially “bottoming out” through drugs, gambling, alcohol, or high-risk living, but who, because of some major (or quite often, minor) event, turned their lives around and re-shaped themselves. Family health stories often described people who experienced “close calls” or “brushes with death” and realizing how short life is, decided to maximize their “time on this earth.” Rebirth stories teach that people can not only change, but that they can change dramatically and drastically. There is always hope.
- **Voyage and Return**—The final plotline is the voyage and return story. Sometimes a quest is undertaken with the specific intent of leaving

one's home and then coming back in some way changed for the better or bringing back something that one's family or community needs. "Voyage and return" occurs in stories involving a desperate need; as an example, starving people might send out emissaries to find food and bring it back. In the family narratives that we've studied there are many voyage and return stories. Any story involving military service is a voyage and return tale, often fraught with danger, sometimes sadly becoming a story of tragedy (see below). As I will discuss further, in family health stories, an illness or an injury sends people on a "voyage" away from their "normal" life. The story then might describe the obstacles they face, the help they receive from caregivers and the tenacity they demonstrate in their return to health. Voyage and return stories are among the most inspirational of all stories and say a great deal about the "nature" of a family itself.

## **"Voyage and Return" Narratives and Rehabilitation**

It is my hope and goal that as people read about the seven basic plots I have touched upon above, they will bring to mind stories from their own family histories that fit into one or more commonly, several, of the categories. While each form of narrative is in its own right potentially a source of strength for those families who share them, there is one narrative plot that I would like to discuss a bit further because it is especially important from the perspective of the interface of the humanities and rehabilitation medicine. This is the voyage and return narrative.

I would venture to say that voyage and return narratives exist or potentially exist in every family in

which there has been an illness or injury from which a person has recovered (perhaps this narrative reaches all families in some way). It is not difficult to see the experiences of severe illnesses or injuries as "journeys", noting that Lakoff and Johnson<sup>8</sup>, in their groundbreaking work on metaphors established the centrality of the image of all lived experiences as journeys. The voyage and return story of many families typically involves one member being unexpectedly "sent off" on a journey to a strange and scary place (the illness or injury), there to deal with his or her very survival and, once having "overcome" the "monster" of the illness or the acute phase of the experience, to begin the "voyage homeward." I propose that this "voyage homeward" is the narrative metaphor for rehabilitation.

The voyage homeward can be brief or protracted. It may be travelled alone or with immediate family (as in recovery at home) or with fellow travelers with special abilities to help with the journey (as in a hospital or rehabilitation center). It may be smooth sailing requiring basically time and patience or it may be marked by obstacles and detours requiring tenacity, resilience and resourcefulness. In some instance the "return" is not total since the person is in some way different. I think here of wounded veterans returning with indelible psychological or physical damage that cannot be reversed. In many instances, however, recovery (return) is essentially complete and the traveler is "back to his or her old self." No matter what the nature of the journey however, like all stories, voyage and return stories possess a natural chronology and can be transmitted either verbally or in written form (e.g., a journal). In any case, these stories become part of a family's history and are handed down. As such, as we have shown in our research, the story joins with others in providing

lessons regarding strength, stability and resilience for all in the family who receive it.

Transforming experiences of illness and recovery into narratives of voyage and return brings with it all of the benefits of stories in general. “Let me tell you a story about the time your great grandfather was injured in the war.” “Did I ever tell you about the time your Mom had the most terrible case of chicken pox?” These are invitations that are hard for children and grandchildren to pass up, especially if they haven’t heard them before and especially when they, themselves, are suffering from an illness or injury.

When lessons of illness and rehabilitation are transmitted via family stories, when they describe strength and success in a “journey” to a faraway place followed by a brave voyage homeward, the listener and the teller are bound closer to one another and to the family that possesses the story. In this way, the strength of the actual traveler, the person whose strength brought him or her through the voyage and return, is transmitted, along with the narrative, to the

child who hears it. Thinking of it in this way, not only are voyage and return narratives stories about healing, they, like stories with the other basic plots I have described, also immunize listeners and assure that their own future “voyages homeward” will be successful. Such is the power of the family story.

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## *About the Author*



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*Marshall P. Duke, Ph.D. received his BA in psychology from Rutgers University in 1964 and his PhD in clinical psychology from Indiana University in 1968. From 1968 to 1970, he served as a clinical psychologist in the US Army Medical Service Corps. Since 1970 he has been a member of the psychology faculty at Emory University where he is the Charles Howard Candler Professor of Personality Theory. For the past decade he has been a member of the core faculty of Emory's Center for the Study of Myth and Ritual in American Life (MARIAL). Editor in Chief of the Journal of Family Life and author of more than 100 research articles and 9 books, his research and writings have focused on social relationship deficits in children and adults (dyssemia), locus of control, and the importance of family stories and rituals in the nurturing of resilience in children. Over the years, he has appeared on Good Morning America, the Today Show and the Oprah Winfrey Show. His work has been written about in the New York Times, Boston Globe, Wall Street Journal, Parents Magazine and Time Magazine among others. Professor Duke is the father of three and grandfather of nine, so he has been blessed with lots of people to tell family stories to. He has been married to Sara Bookman Duke for a very, very long time.*