

## Stories Connect Science to Souls

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After a frantic but finally successful search for the right university campus building, I coasted my aging car to a stop at the curb of the building where I would be talking with a class about diabetes. I felt powerless. I scribbled a note to clip to my windshield, begging the campus police not to tow away my car. Gathering my Powerpoint presentation and hemoglobin A<sub>1c</sub> "gloop" (a mixture of clear corn syrup, food coloring, and styrofoam shipping

the class see some context for the clinical applications of the terms as well as honor our chapter's goal to promote diabetes awareness.

Instead of the fresh young faces I had expected, however, I faced a room full of middle-aged women of diverse ethnic backgrounds who were intent on obtaining the education that would qualify them as transcriptionists and coders, so that they could work from home.

# tool chest

peanuts), my own energy flagged as I searched for the room with 40 advanced medical terminology students waiting to hear about diabetes. My presentation was scheduled right before they were to have a test on endocrinology terms.

Besides the car problems, perhaps my energy was low because I assumed the classroom would be filled with young college students who were not particularly interested in diabetes except from a study standpoint and not a match with my own work in the field. But trying to be faithful that night as a speaker volunteer for the Greater Atlanta Association of Diabetes Educators, I had spent some time enhancing our AADE chapter's slides to include the multisyllabic words I knew the students had been learning (eg, autonomic neuropathy, macrosomia, microalbuminuria, and gastroparesis). I hoped I could at least help

My hunch was that for many of these women, diabetes had jumped right out of their textbooks and gotten personal.

The instructor's introduction was brief. Twenty years in diabetes education, she said, qualified one as an expert. Sidelineing the presentation for a few minutes, I just had to ask the class, "What do you already know about diabetes in your own homes or communities?" The stories spilled out, almost unstoppable, as one woman after another told of their witness of and support for family members and friends with diabetes; their personal fears of their own susceptibility and that of their children due to the growing threat of type 2 in children that some had heard about<sup>1</sup>; and their confusion and suspicion about the borderline diagnoses that had been issued to their loved ones.

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**THE BOY AND THE RATTLESNAKE**

A rattlesnake called to a young boy who had climbed to the top of a mountain. "Please help me. I am very cold. Please pick me up and carry me down the mountain so I can get warm."

The boy replied, "I can't pick you up. You are dangerous and could kill me."

The rattlesnake said, "Why would I want to hurt someone who helps me?"

The boy replied, "My grandfather is wise. He told me never to touch a rattlesnake."

The two argued for awhile, but finally the boy gave in when the snake said, "Just carry me a little way. I won't hurt you." Halfway down the mountain, the snake begged the boy to put him inside his coat to get warmer. Since it had seemed harmless so far, the boy did so.

At the foot of the mountain, the rattlesnake bit the boy. As he suffered, the boy asked, "Why did you do that?"

"I am what I am," said the snake.

I showed them my goose bumps. It was the recurring mention of the borderline diagnoses, which had adversely affected outcomes in these families and still appears in medical records today, that nudged me to tell stories about the need to take diabetes seriously and the hopeful outcomes of diabetes self-care. Searching my mind for a fable that fit, I recalled the story of the boy and the rattlesnake, which first had been told to me by a fellow educator, Virginia Valentine (oral communication, 1997). Said to have originated with the southwestern Indian tribes, the story is told differently by different tribes,<sup>2</sup> and reflects a universal teaching value about character and consequences. I began telling the story that is shown in the Figure.

Before I got to the last line, I was surprised as I saw several older women anticipating the words and nodding even as I said the final line. There must be variations in many cultures of this story about wisdom. When I added the powerful words of a Cherokee woman from Oklahoma

that had been shared with me by Virginia Valentine, "that snake is diabetes," there was silence.

After the slide presentation, which included as much medical lingo as I could master, I ended with a description of the all-observing, ever-balancing, community-caring eagle from the Native American Diabetes Project: *Strong in Body and Spirit*, and the American Diabetes Association's *Awakening the Spirit* Native American Diabetes Project.<sup>3</sup> My own spirits soared as the hands went up again.

Outside on the curb, I sighed with relief that my ailing car had not been towed and that it even started after a little encouragement. Driving home, knowing the students were now scratching out the definitions of endocrinology terms on their test, I recalled the connections to the meanings of diabetes that we had made during this class; all of us caring about the impact of this disease on people we knew. How important is the stance of the educator?

A class on clinical terms, full of "million dollar words," as a friend of mine calls the lingo, had turned into something more because of the bridges between our hearts and heads, and the stories we shared that spoke to our connections. A quote about caring that I had heard years before in a presentation by Marcia Draheim (1990) and later published<sup>4</sup> came to mind, "they don't care how much you know until they know how much you care."

Since that presentation I've reflected often on those words and on the story of the boy and the rattlesnake. The next time I told that story, diabetes was not to be the slippery victor. After searching through hundreds of documented stories, I found a fable from Mexico called "Judge Coyote."<sup>5</sup> In this fable, the snake, basking in the sun at the foot of the mountain, is suddenly trapped by a falling rock. Kindhearted Señor Rabbit responds to his pleas and rolls the rock off of him. Asking no reward, Señor Rabbit tries to back away as Señor Snake announces that Rabbit's reward is to become his next meal. A wise coyote, knowing the character of both, comes along just in time and agrees to serve as the judge. She listens to both sides of the story, very different in their tellings, and then cleverly tricks Señor Snake into showing his exact, former position under the rock. With that image, the judge says she can make a decision about the truth of the claims. Once Señor Snake is trapped back under the rock, Judge Coyote announces that the snake's reward for trying to eat Señor Rabbit, who had treated him with kindness, was that he would stay under the rock. And for all we know he is there still.

In this second story, our common enemy, diabetes (as represented by the snake), does not win. But whether diabetes is trapped forever or efforts for now are aimed instead at educating Rabbit or supporting Coyote's system for delivering justice, the interpretation and meaning belong to the listener.

Understanding the pathophysiology of diabetes and being able to roll big words off your tongue is important for some audiences, such as the medical terminology students. But among people for

whom diabetes also has personal meaning, storytelling and listening to stories can help unite our souls with science, where diabetes self-care and community action really happen. And has been true through the ages, communication begins with knowing that you care.

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*The purpose of this department is to provide a format for sharing innovative educational strategies or tools for use in patient or professional diabetes education. Authors are invited to submit manuscripts that describe a strategy or tool and its implications for practice. Manuscripts should be limited to three to five double-spaced pages and sent to Tool Chest Editor Ellen D. Davis, 808 Emory Drive, Chapel Hill NC 27154-3010.*

#### REFERENCES

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