

## Once Upon a Time: Using Stories with Hard-to-Reach Audiences

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### Recommended Citation

Laurent, M. F. and Moody, Linda E. (1983) "Once Upon a Time: Using Stories with Hard-to-Reach Audiences," *Journal of Applied Communications*: Vol. 66: Iss. 3. <https://doi.org/10.4148/1051-0834.1721>

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## Once Upon a Time: Using Stories with Hard-to-Reach Audiences

### Abstract

When was the last time you listened to a good story? Remember the wonderful tales you heard while perched upon Grandmother's knee?

## Once Upon a Time: Using Stories with Hard-to-Reach Audiences

**M. F. Laurent and Linda E. Moody**

When was the last time you listened to a good story? Remember the wonderful tales you heard while perched upon Grandmother's knee?

Before the technological revolution in mass communications, stories were a popular form of entertainment and a means of transmitting the beliefs and values of a culture. They still are in several cultures, especially those with little access to the mass media. A 1976 study of Alaskan Indian folktales, concluded that stories had three functions: religious indoctrination, enculturization and survival instruction (3).

Current split-brain research suggests that some people process information in visual form while others prefer the written work. However, we may be overlooking a large group of people who are best motivated *not* by what they see or read but rather are historically oriented toward oral communication. For example, David Hilton, a Peace Corps physician who used stories to overcome the language barrier in Nigeria, contends that "nonliterate people learn aurally and are often confused by pictures" (1).

### Why Do Stories Work?

Which information would be more likely to persuade you—a friend's reminder to "buckle your seat belt or you might get

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hurt in an accident," or a dramatic firsthand account of a gruesome wreck in which seat belts were credited with saving lives? There is a testimonial quality to a good story that lends credibility to its message. Stories have other attributes as well that render them potential tools for transmitting information to hard-to-reach audiences. The greatest selling point of a good tale, well-told, is that it captures interest and compels attention. Furthermore, listeners are expected to interact with the story to seek out the cause and effect relationship and discover its meaning. Hilton writes, "by compelling persons to draw their own conclusions and do their own thinking, (a story) at once makes truth real and fixes it in their memory." Perhaps this is why Jesus and other great teachers always used parables when they needed to illustrate a point or explain an abstract concept.

Many media efforts are particularly ineffective in the area of health communications, where the message is often one that produces fear, making the listeners defensive and unreceptive. However, stories are traditionally told in a relaxing, non-threatening atmosphere. The catharsis produced by a story told in such setting puts the listener in an emotional state that lowers defenses and creates a receptivity to learning.

### **The Study**

In 1979, the U.S. Department of Agriculture awarded funding to the Florida Cooperative Extension Service to conduct a comprehensive health education program for two Seminole Indian reservations in Florida. The Florida Seminoles have a high incidence of diabetes, more than five times the rate of the U.S. population as a whole. The primary contributing factor is thought to be genetic, but the prevalence of type II diabetes is precipitated by a diet high in calories, a sedentary lifestyle and subsequent obesity (4). The objective of our educational effort was to improve overall health status of the Seminoles through lifestyle modification, primarily eating and exercise patterns. In particular, we searched for strategies to motivate the Seminoles to readopt some of the more healthful practices that were traditionally part of their lifestyle and culture.

### **The Stories**

As part of this educational effort we developed several "health tales" for the Seminoles, each addressing an impor-

tant health concept specifying preventive behavior. Our aim in developing these stories was to make them as similar to authentic Seminole folktales as possible. There is no magic formula for writing a successful story, as thousands of authors will attest. In this case it was a combination of mimicry and creativity. Useful reference material included written accounts of Seminole history, rituals, customs and beliefs. An advisory council of tribal health officials offered valuable insights into the Seminole personality as well as folklore style and preferences. Next, fifteen or so authentic Seminole stories were carefully screened for style and content. Structurally, we noted that each story could be classified as a folktale, according to Fisher's definition, in that each was "dramatic in the sense that it states some sort of conflict which is eventually resolved" (2). We found that Seminole folktales could be classified into one of three genres: (a) myths—mystical, magical stories of the supernatural; (b) legends—serious accounts explaining the roots of an important historical event, custom, ritual or clan; and (c) tales—humorous, often violent stories involving animal characters, the truth value which is of no consequence.

The five stories we developed and the health concepts they addressed were as follows:

"The Legend of the Juniper Family" . . . lead story; relationship between lifestyle and health

"Alligator Tricks Rabbit" . . . the causes, prevention and treatment of diabetes

"Rock Boy, Bird Boy" . . . the balance of mind and body necessary for total physical, mental and supernatural health

"The Sugariess Summer" . . . the self-help group as a supportive method of weight control and other behavioral changes

"The Secret of the Super Seminoles" . . . personal control over health status.

These stories were committed to memory by a Seminole storyteller and then retold in the storyteller's own words. To

ensure that the health message of each story was not misinterpreted, we included an introduction with each story, which in a straightforward manner, identified the health concept and explained the intent of the story.

Likewise, we included discussion questions after each story to increase the chances of the listener understanding the cause and effect relationship between health and the behaviors espoused in the story. A discussion period often follows recital of traditional Seminole stories, so our questions fit very nicely into the storytelling event and elicited lively discussion.

### **Evaluation**

The stories were first piloted at a four-day health camp that was sponsored by the extension service as part of the overall health education program for Seminole adults with type II diabetes. Afterwards, participants in the camp were asked about their reactions to the stories. They rated them highly. Several participants cited them as the most memorable activity of the camp. Many commented that the stories reminded them of their own folktales and one participant swore she had heard them before. The Seminoles seemed flattered that we would adopt one of their revered traditions as a means to assist them in addressing serious health problems of their tribe. Ninety percent of the participants said the stories were an "excellent" or "good" way to learn about health. All respondents said they would use the stories with their own families.

Storybooks of our health tales have been disseminated to day-care centers on the Seminole reservations. An interesting sidenote is that the tribal newspaper elected to publish some of the stories, an indication that they were viewed much the same as news or features items, as legitimate sources of trustworthy information, and more than simple children's fairytales. We hope that in this manner the health concepts in the stories will become a salient part of the Seminole belief system and will help them in their search for solutions to a serious tribal health problem.

### **References**

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