BRINGING BACK THE STORYTELLER:

AN ASSESSMENT OF MYTH AND STORY AS A THERAPEUTIC TOOL

By

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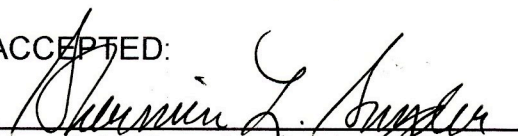
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ABSTRACT

The purpose of the study was to evaluate the effectiveness of a workshop which utilized myth as a therapeutic tool. A workshop entitled "Bringing Back the Storyteller in Your Life: Stories from Within and Without" was designed and implemented to illustrate and assess the use of myth and story in a therapeutic setting.

The methodology employed for this study included a pre-test, post-test, and seven day follow-up administration of the Brief Symptom Inventory (BSI) and a questionnaire. The BSI measured symptoms of psychological distress and the questionnaire assessed the participants perception of the effectiveness of the workshop.

The main findings were that, the participants reported lower levels of psychological distress post-test on all nine primary symptom dimensions and the GSI. The levels of distress rose slightly from the post-test to the seven day follow-up but remained below pre-test levels. The workshop also seemed to have an impact on the participants feelings of hopefulness in resolving the presenting issue, making choices, and taking ownership of the issue. The participants came into the workshop with a presenting issue, however, upon completion of the workshop the issue seemed to have been better defined. This clearer definition enabled the participants to view recovery with optimism and insight.

DEDICATION

To Mark, Daniel, and Andy who have been brave enough to take the hero's journey themselves. Thank you for being the allies that were not afraid when I embraced the gift to slay the dragon.

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CHAPTER 1
THE PROBLEM

<u>Introduction</u>

Through symbolic language the myth speaks to everyone. Myths are beliefs and or ideals of a person's history or present experiences that govern that person's life. In a strict sense, myth refers to "an intricate set of interlocking stories, rituals, rites, and customs that inform and give the pivotal sense of meaning and direction to a person, family, community, or culture" (Keen & Valley-Fox, 1989, p. xi). "It would not be too much to say that myth is the secret opening through which the inexhaustible energies of the cosmos pour into human cultural manifestation" (Campbell, 1973, p. 3).

"I find contemporary therapy is almost entirely concerned, when all is surveyed, with the problems of the individual's search for myths" (May, 1991, p. 9) If one is raised on the ideal that wisdom and mystery is the father, they are going to have a different set of signals from what one would have if the metaphor for the wisdom and mystery of the world were the mother (Flowers, 1988). Both are equally good metaphors, both create equally powerful myths. Individuals do not have to be conscious of which myth they were raised on to have it effect their beliefs and lifestyle, as myths govern their lives whether they are aware of it or not. Myths govern the search for the meaning of one's existence; as in the examination of how one fits into the larger picture, how one fits into the unwritten scheme of things, and how one fits with others. This is illustrated in the myths in which an individual believes.

In today's modern culture, individuals are taught to live from day to day in a state of individuation. American culture teaches each person to stand alone, following the powerful myth of the "lone cabin on the prairie" (May, 1991, p.108). Each individual must learn to take care of himself or herself and thus, be beholden to no one else. However, each individual is waiting for enlightenment, and with society's lack of knowledge of traditional mythologies, it is a long wait. With this lack of knowledge individuals have forgotten that myth is created all the time. Society's myths have not vanished; society has just forgotten where they put them. Greek, Latin, and biblical literature used to be part of America's culture; however, with the loss of myth in culture, one lost the myth of self (Campbell, 1973). Lost cultural myth severed the tie between the physical world and the inner world. Internal processes are no longer able to be externalized and become comprehensible as represented by the figures of myth and its events.

A therapist has an opportunity, while listening to clients share their stories, of opening up a client's world of myth. The symbols of myth can be powerful tools for interpretation and healing. The actual experiences of a client's life is unavailable to anyone but the client having the experience. However, through myth and story the client is able to share their world and how they see it. How that client makes sense of their experience is what is represented in myth (Gordon, 1978). Tapping into this rich world of beliefs and ideals uncovers what was once hidden from the client as well as the counselor. Myth enables a client to transform outdated beliefs and provides a channel to the unconscious through the use of myth as a therapeutic tool.

Providing a channel to the conscious, the unconscious, and depending on one's school of thought the preconscious or collective unconscious (May, 1991) is done through myth's symbolic language. Using myth in therapy provides the

therapist with an untapped treatment source. Any myth is open to interpretation and healing by the client. This study assessed the use of myth in a therapeutic setting.

Development of the Problem

All communication is symbolic as it comes from one's experience. Using myth in therapy is essential to gaining knowledge of a client's experience, and thus their view on the world. Keen and Valley-Fox (1989, p. xi) wrote about myth as a way to see into the "...intricate set of interlocking stories, rituals, rites, and customs that inform and give the pivotal sense of meaning and direction to a person, family, community, or culture." Whatever people know about themselves, past or present, is a product of their fragments of perceptions and events that they have experienced. These fragments become elements that do not correspond to any other reality but one's own subjective reality (Potamianou, 1985). It is the meaningfulness of a person's experiences (their perception) rather than the factual truthfulness that gives credibility to a person and their story. The hearers and the teller of one's experiences, stories, or myths believe that it is true because the experience was meaningful, rather than it was meaningful because it was true (Parry & Doan, 1994).

If counselors are looking for the truth more so than the meaning behind the client's statements, they will find truth and meaning are complementary but exclusive. When a therapist tries to legitimize psychotherapy as truly scientific, and hence truthful, the therapist will try to reduce a client's spoken word to a single meaning. Finding that one truth that can then be fixed and measured is highly valued in today's managed care society. This type of outcome analysis was developed to prove the client was corrected, the treatment was successful,

and the therapist reimbursed. The unrealistic aim of some therapy is the establishment of truth over meaning. The narrative mode seeks to convince on the more realistic basis of plausibility, probability, and/or being authentic to the self. Humans "...dream, day-dream, remember, anticipate, hope, despair, believe, doubt, plan, revise, criticize, construct, gossip, learn, hate and love by narrative" (MacIntyre, 1981. p. 211).

Narratives, myths, and stories are conversations about the dramatic ironies to which intentions are susceptible -- the many ways in which they surprise and confound people. "As such, the subject matter of therapeutic conversation is, invariably, intentions gone awry" (Parry & Doan, 1994, p. 3). If clients are to plot a course for their own life according to their own choices, rather than in reaction to the initiatives (truth) of others, then they must be able to become aware of their own intentions. The client's ability to check in with their own intentions, and find their own meanings behind the truths, allows them to enact their own narratives, myths, or stories. The alternative is serving only as characters in other people's stories or myths. It is a universal therapeutic goal to enable or empower the client to be in action versus reaction, this is the goal of mythmaking as well.

A therapist as well as the client are using a form of metaphor in all communication. Writers are turning out self-help book after book written through the author's metaphors (intentions). Family and friends listen and believe through their own metaphors as well. If all people see the world through subjective eyes, how can the therapeutic connection take place? Where does a client go to be heard? The client is heard and a therapeutic connection takes place when the therapist is aware of the function and use of metaphor and is then able to hear a client's symbolism and myth. This enables the therapist to go past the family and

societal truths into the client's meaning. May (1991) stated that myth making is essential to mental health, and a compassionate therapist will not discourage it. Siegelman (1990) stated that myth is essentially a bridging operation because of its use of concrete and visual aspects, (the first language anyone knows) it is a bridge between the conscious and the unconscious. The hallmark of a living myth is the intense feelings that surround it, thus making it a bridge between affect, insight and cognition.

Myth is a therapeutic tool that is not only useful to clients while telling their story, but also as clients listen to others' stories. When a myth is related to a client, or a client hears another's myth in a group situation, the transderivational process will initiate the order to make sense out of what has been said. Since this myth is told in a therapeutic setting, the client is likely to correlate as much as possible what is being said with his/her own problem/situation. The use of myth in a therapeutic situation provides a symbolic internal device for clients to use to find their own solutions. They must contemplate the myth's symbols and what it implies about them and their inner conflicts. The myth's meaning may not be clear, however, subconsciously the metaphor is taken in and processed. As the client's world model changes, the myth's symbolic meanings will change as their needs change (Bettelheim, 1975). This process can continue throughout a client's lifetime.

Using rich symbolism in the form of myth, fairy tale, and story created by a client is taking this concept one step further into personal myth making. When one is not able to externalize internal phantoms they will visit him just the same. The unconscious can be a powerful determinant of behavior. When it is repressed and its contents denied, it will seep into the conscious becoming the internal phantom. One may be forced to become rigid, compulsive, and

controlling over these messages coming from the unconscious. Thus, one will become overwhelmed by the derivatives of the repressed unconscious. When unconscious material is to some degree permitted to come to awareness and worked through in the imagination, its potential for causing harm, to oneself or others, is much reduced (Bettelheim, 1975). Myth has an ability to conquer concrete terrors through its use of symbolism which unites the unconscious and the conscious (Tatar, 1987). By meditating on symbolic adventures and characters in a client created myth, solutions to specific problems (phantoms) can be found and powerful therapeutic benefits can be gained from these mythical stories. It is through underlying myths that people relate to each other and address their fears. It is through myth that people recreate their world, find their metaphors for living, and address their belief systems (Larsen, 1996).

Need for the Study

The use of personal mythology and storytelling as a therapeutic tool is not a new practice. The use of myth as a guide dates back to the time myths, stories, tales and the like were invented. Joseph Campbell's work, dating back to the 1940's, seems to touch the concepts of many of the authors cited in this thesis. Stephen Larsen, Jean Houston, Bruno Bettelheim, and others all recognize the wisdom and the importance of using myth and story to gain a better understanding of oneself. It is through myth that people define themselves.

In this time of making psychology a measurable scientific and biomedical model for easier reimbursement, therapists have lost the ability to look to the mind and soul of the client and look only for symptoms and diagnosis (Olsen, 1995). The use of personal mythology and storytelling builds a workable model to enable clients to problem solve above the clients unhealthy level. Clients gain

the ability to move past only what is conscious to a their unconscious or global consciousness, and uniting the two aspects on a deeper level. The use of personal mythology and storytelling can be a potentially helpful resource a client can build on long after therapy has ended. Using myth enables therapists, counselors, and other professionals to bring back the psychological, educational, and spiritual part of the mental health profession (Pipal, 1995). This study's goal was to enable clients to become aware of beliefs and ideals that have governed their lives. With this awareness, a client has the opportunity and power to create or make conscious their own myths thus revising their belief system to fit their life today.

Purpose of the Study

The purpose of the study was to evaluate the effectiveness of a workshop which utilized myth as a therapeutic tool.

Research Question

What was the level of effectiveness of a workshop which utilized myth as a therapeutic tool? In this study effectiveness was defined as a reduction in symptoms of psychological distress and the participant's perceptions of their ability to resolve a therapeutic issue.

LITERATURE REVIEW

Introduction

Myth has been defined in the Oxford Paperback Dictionary as a traditional story containing ideas or beliefs about ancient times or about natural events, also as an idea that forms part of the beliefs of a group or class (Ehrlich, Flexner, Carruth, & Hawkins, 1986).

Long ago, a storyteller began to weave a mythical story, the audience taken on a wondrous journey without ever leaving the room. The storyteller tells of adventures where men and women show bravery, cowardice, brotherhood and treachery. At times, the journey seems more than the adventurer can endure, but using his senses and sensibilities, he is victorious. With each new victory the adventurer's courage, resourcefulness, and integrity grow.

The question may be asked, what does myth and storytelling have to do with therapy?

> Ahhh! The storyteller looks down, strokes his chin whiskers, and smiles...[he] explains to you that in the course of his own wanderings he has discovered that when he tells his tales, those who listen actually live those adventures inside of themselves. In fact, he continues...people are living amazing adventures all the time. (Gordon, 1978, p.6)

It has always been the prime function of myth to supply the symbols that carry the human spirit forward. It may well be the neuroticism among western Americans that follows the decline of myth and its spiritual aid (Campbell, 1973). Today's society has taught people to be fiercely independent, forgoing community for self-indulgence. "Americans cling to the myth of individualism as though it were the only normal way to live, unaware that it was unknown in the Middle ages

(except for hermits) and would have been considered psychotic in classical Greece" (May, 1991, p. 108). Depression is on the rise, individualism, gambling, drugs, and money have all taken the place of myth in today's society. In actuality, although unaware, individuals are creating new myths (Flowers, 1988), myths that are constructed and experienced by the rising number of depressed clients.

Unfortunately, the belief is held that modern culture has outgrown myth. Leaving myth behind, modern man has embraced the age of the machine, viewing technology as having the power to change not only society but the individual as well. Information from artificial intelligence will make known everything one needs to understand (Keen & Valley-Fox, 1989). From this belief modern culture lives from day to day, ignoring the meanings of life's experiences and no longer asking why (May, 1991).

If an individual hopes to not just live from day to day waiting for enlightenment, then he/she must choose to be aware. Being aware is achieved by having cognizance of one's history, one's future, but being grounded in the present (May, 1991). Individuals are truly aware when they can be here in the now, as they have learned from the myths of the past. They understand that others have gone before them. Becoming aware of and finding purpose and meaning in life is not an effortless task, it is one developed over time. To find this deeper meaning one must be able to transcend the tight confines of a self-centered reality and learn how to enrich one's life by stimulating one's imagination. One way this can be achieved is through the use of myth. Broadly speaking individuals communicate in two ways. One is rationalistic language, strict and logical, it is not concerned with truth or lie just with what is said. The second way is myth, which unites conscious and unconscious, historical and present, individual and social (Houston, 1996). "...myth refers to the

quintessence of human experience, the meaning and significance of human life. The whole person speaks to us, not just the brain" (May, 1991, p. 26).

"Myth is a way of making sense out of the world" (May, 1991, p. 15). Personal myth may be thought of as the system of complementary as well as contradictory myths that organizes your sense of reality. The theme at the core of a personal myth is a composite, usually built from many sources (Feinstein & Krippner, 1988). Through myth one is able to get a sense of personal identity, a sense of community and loyalty to nation, teams or family. Myth gives insights into moral values, and myth gives people a way of dealing with the mysteries of life, such as creation and beauty, feelings and ideals (May, 1991). The symbols of a myth can be powerful tools for interpretation and healing. Rich in symbolic content, myths provide multifaceted opportunities for self-knowledge and creative change. Myth provides the channel to the unconscious, providing a therapist with an untapped treatment source.

Global Myth

> Myth was built on information from ancient times, which have to do with the themes that supported human life, built civilizations, and informed religions over the millennia, have to do with deep inner problems, inner mysteries, inner thresholds of passage, and if you don't know what the guidesigns are along the way, you have to work it out yourself. (Flowers, ed., 1988, p. 4)

Greek, Latin, and biblical literature used to be part of America's education. When these subjects were dropped from educational institutions, a whole part of western mythological information was lost. These stories and myths used to be in people's minds: and when it was in their minds, they were able to see the relevance of the myth to their own lives. The myth provided perspectives on what was happening. Once lost they were not replaced. With the loss of myth's clues,

one also lost the spiritual potentialities of human life, and the connection to the experience of life. "Myth's clues help one find within oneself how to connect what is experienced in the physical world with one's innermost world" (Flowers, 1988, p. 4).

The link between myth and the symbols produced by the unconscious, as in dreams, is of immense practical importance to the therapist. The similarities between the myths and the stories that appear in dreams of patients are neither trivial nor accidental. It is the connection of the collective unconscious with the symbolic beliefs and modern man. This connection plays a vital role in a patient's life, as one is still dependent on the messages that are carried by such symbols, and both attitudes and behaviors are profoundly influenced by them (Jung, von Franz, Henerson, Jacobi, & Jaffe, 1964). As in dreams, myth's interpretation is left to the client. It is through this interpretation that the client truly gains the messages and meanings of what they have heard, felt, or visualized.

The process of understanding dreams births a creative energy that supplies one with wisdom from within. This type of creative energy is also used to produce and understand the myths of history and of our own time. Clients should look at their myths the same way they would a dream. These symbolic lessons are so powerful that even the smallest myth has the capacity to "touch and inspire deep creative centers....as the flavor of the ocean is contained in a droplet or the whole mystery of life within the egg of a flea" (Campbell, 1949, p. 4). One myth can hold the symbolic meaning that a client has been searching for in their dreams or in their reality. That same tale can provide a meaning that the client can hold onto to aid in their struggle to gain freedom.

There are a great number of rituals, myths, and images corresponding to those that appear automatically in dreams. Dreams like myth possess symbols

and messages that have the capacity to unlock doors to a transpersonal mythical world outside of the dreamer. Once the dreamer finds that world, that connection, he can make it his own. Campbell (1973) stated that dreams are a personalized myth, while myth is a depersonalized dream. Both are symbolic in the same general way as the dynamics of the psyche. Jung felt that dreams were connected to archetypal images or the "collective unconscious" -- that part of the psyche which retains the common psychological inheritance of all people (Jung, et al., 1964). This unconscious reflects the thoughts and feelings that people share with their fellow human beings as a result of their common evolutionary past. The collective unconscious contains the whole spiritual heritage of mankind's evolution, "born anew in the brain structure of every individual" (Jung et al., 1964. p. 6). These archetypes are not only brought about through thought-pattern, but also through an emotional experience of the dreamer. This demonstrates that the dream must be understood in both its irrational and its rational meanings (Jung, et al., 1964). The ability to be puzzled is the beginning of wisdom, and one of the most puzzling phenomena in a person's life are their dreams. There are vast similarities between the creative products during dreaming and the oldest creations of man -- the myth (Fromm, 1951).

Personal Myth

For individuals to stay sane, they must find order, understanding and connection with the stream of sensations, emotions, and ideas entering their consciousness from outside as well as inside themselves (May, 1991). Without the myths of history, family, custom, church and state they are left to form myths on their own to create meaning or sense of their own experiences

Myth is transpersonal, in that it is a process that goes beyond the individual (Wilber, 1979). The term, personal mythology, is thus a paradox, as is the concept that when one enters a role -- an identity larger than the self, one's personal uniqueness perishes (Larsen, 1996). It is by entering this eternal role, following the hero's path taken before, that one truly finds their individuality (Larsen, 1996). Through myth, individuals do not have to risk an adventure alone, as the heroes of all time have adventured before them. They have only to follow the thread of the hero's path, and where they thought they would find evil, they shall find a God. Where they thought they would slay another, they shall slay themselves. Where they thought they would travel outward, they shall come to the center of their own existence. Most importantly, where they thought they would be alone, through myth they will be with all the world (Campbell, 1973)

By connecting outside of the self, one is able to find who the self is. The more individuals know about their own mythology, the more they gain the ability to compare their myths with the cultural myths. This gives an advantage of bringing the personal to the collective. Short-lived as we humans are, myths seem to be our window to eternity (May, 1991).

Although as a culture, there is a lack of knowledge of traditional mythologies, one's psyche is still responsive to the elements of myth's symbolism and metaphor, the building blocks of myth. Larsen (1996) suggests that although individuals may be unconscious of their mythologizing their modern world, it happens all the time. Larsen's example of one's mythmaking would be daydreams as well as night dreaming, feelings that are not explainable -- that just happen, one's belief system of religion or from past generations, relationships and how one's partner is viewed, acting out behaviors, and lastly, a conscious mythmaking where one encounters one's own nemesis.

The question can then be asked of a client "What myth are you living?" The myths by which one lives, whether from history or from the self, are empowering structures that affect one's health, vitality, and psychological well-being. Myths, whether positive or negative, can be brought to consciousness by viewing the mythic script one is living. The therapist and the client can either build on the positive or work to eliminate and learn from the negative by demythologizing or creating a new myth (Larsen, 1996).

By the same measure, that myth gives one identity, it can also create selective blindness and rigidity (Keen & Valley-Fox, 1989). Myths that are created and not brought into the light can be like viewing the future through glasses on the back of one's head. Families, like any miniculture, create specific myths associated with each member of the family, past and present. As soon as a family member wishes to reach autonomy they must sift through and bring to light the myths of the past and present.

What myths really have to deal with is transformations of consciousness of one kind or another. One has been thinking one way and now has to think a different way. Mythic structures must evolve if they are to be useful to an individual. Myths which were appropriate during one phase of life have grown outmoded, and fail to support "your psychological, social, and spiritual needs, and ...[thus] begin to restrict your emotional development" (Feinstein & Krippner, 1988, p. 208). However, by examining the myth and looking for identity through community one can then regain what is needed and thus add to one's own emotional development.

Myth and Storytelling as a Therapeutic Tool

Many of the clients seen today are experiencing a hard world that is in no way responsive to their spiritual needs. The story of Don Quixote (Cervantes Saavedra, trans., 1957) illustrates this point. This story takes place in the time when the world was just becoming mechanized, and Don Quixote was the last hero of the Middle Ages to ride out to battle giants. Instead of finding giants to conquer, his modern environment produced windmills. Quixote found himself having to conquer something much worse than giants -- the loss of myth. Quixote saved the adventure for himself by inventing a magician who had just transformed the giants he had gone forth to encounter into windmills (Flowers, 1988). Quixote's world of windmills is the world of today: a mechanized world where one is understood by physical sciences and interpreted by behaviorists' psychology. Following the path of the behaviorist would have therapists believing that their clients are nothing but a predictable pattern of responses answering to stimuli (Campbell, 1988). Science and the new mental health field is squeezing the freedom of the human will out of modern life. Through the use of myth, like the myth of Don Quixote, the battle is not lost as a new awareness has begun.

In the modern world one is asked to do deliberately for himself, what in previous ages had been done for him by family, custom, church, and state -- find the self. Therapists in American society have been given these roles of supporter and guide to enable a client to find the self. In this role therapists use myths as a way for the client to reach out, to try new structures of life, or as a desperate venture at rebuilding his or her broken way of life (May, 1991). When therapists are asked to fill the role that was once filled by many -- myths, myth making, and storytelling can bridge the gap left by the family, customs, church, and state. Green put it, myths are the "...sharers of our loneliness" (1964, p. 23).

The therapists who have used myth in their practice have found great success with it. A fairytale of Sleeping Beauty re-written by Jane Adams (1990) illustrates the modern version of a classic fairytale for the 1990s. The story portrays the feelings of despair of modern day clients trying to discover themselves without the sense of being connected. Family, friends, and lovers are all portrayed as unnecessary and foolish. Metaphorical terms such as fairy godmother and prince are interpreted by the author and the listener for their own agenda.

Using story, tales, and myths that are previously written or interpreted lend themselves to giving the client and therapist a starting place. Books by Bly (1990) and Estes (1992) have gained great popularity while interpreting classic tales to fit the male or female agenda. Myth transcends all interpretation, as no matter what interpretation the authors have come upon, the tale will always be reinterpreted by the reader. That is why stories, myths, and tales have their use in therapy. What is interpreted at this time will change as the client changes, symbolism is fluid not stagnate.

Myths and tales are also written for specific age groups such as elder tales, mid-life tales, and tales written specifically for men or women. Chinen's (1987) book on elder tales for example, gives stories to illustrate poverty, self-confrontation and self-reformation, transcendence of self, worldly wisdom, emancipated innocence, and mediation with the supernatural. Elder tales not only speak to the grandparents but to anyone who reads them, giving everyone valuable lessons into one another's world.

Therapists have had documented success using myth and story with suicidal patients (Characushansky & Giampeitro, 1987), eating disorder clients

(Franks & Fraenkel, 1991), group therapy clients (Hill, 1992), and with infertility counseling (Lerner, 1995) to name a few.

Hannah Green (1964) wrote an autobiographical novel, <u>I Never Promised You a Rose Garden</u>, describing the experience of a young schizophrenic woman and her use of myth. This young woman named Deborah lived with mythic figures in a constant interplay. Deborah's psychiatrist worked her myths into treatment, and respected her need for these mythic figures, while helping her to see she had a part in creating them. When her psychiatrist went on vacation for the summer a younger psychiatrist indoctrinated with new rationalism worked to destroy the "delusions" of Deborah. The outcome was dramatic, she regressed into a completely withdrawn world. She set fire to the sanitarium, burned and maimed herself, and behaved like a human being whose humanity was destroyed.

The belief of myth and story as a therapeutic tool is believed by some; however, it is not a common practice in today's modern mental health society (May, 1991). When a professional is concerned about proving that one's technical reasoning is right and is able to wipe away in one fell swoop the "silliness" of myths, the results are disaster. In her book, Deborah described her feelings at being told her myths were delusions. She stated "He might as well have said, 'Come to your senses and stop this silliness'...God curse me! ...for my truth the world gives only lies!" (Green, 1964, p. 56)

The myth of the hero's journey has been described by Rollo May (1991) as a myth in action. This follows May's (1991) ideas of not just obtaining a head knowledge of meaning but experiencing that meaning. Experiencing something takes one out of psychological immaturity (dealing with life from one's head) to self-responsibility (dealing with life with both head and heart, being real). Living

through, experiencing each phase of the hero's journey makes it possible for the traveler to learn and grow. The traveler is then brought back to this world with new knowledge and new eyes. This is truly similar to the goal of therapy. However, when using myth the ability to reach the unconscious and unite it with the conscious, the connection with self and others, and uniting history with the present is available. Many times through myth the client does not even know they are saving themselves, until they have (Larsen, 1996).

Healing Myth

May stated "I find that contemporary therapy is almost entirely concerned, when all is surveyed, with the problems of the individual's search for myths" (1991, p. 9).

A healing myth that seems to hold therapeutic value is the myth entitled the hero's journey based on the concepts of Joseph Campbell (1949). A hero myth has been described by May (1991) as a myth in action. In the deepest sense the hero is created by all, he or she is born collectively in one's own myth, it actually reflects one's own identity (May, 1991). The identity reflected through the hero myth is a part of the positive selfhood that many clients in therapy have forgotten they possess. The hero myth lends itself as a therapeutic tool as it is not only the most common, but also the most widely know type of myth. Fairy tales, legends, and stories of all kinds contain the myth of the hero (Campbell, 1949).

In the vast majorities of hero myths, the hero follows a pattern of separating from the known world, gaining awareness to some source of power, and experiencing a life-enhancing return (Campbell, 1973). Even if clients do not see themselves as a hero, they still have to take the journey inside themselves.

By doing so they spiritually and psychologically evolve out of their psychological immaturity to the courage of self-responsibility. The basic motif of the hero's journey seems to follow what true therapy is all about.

Campbell (1973) describes the hero's journey to consist in stages, some of which are: the Call to Adventure, Initiation, Allies, Breakthrough, and The Return and Celebration. The first stage, the Call to Adventure, is part of the separation pattern which is a necessary element of change. The separation from the world comes in many forms, depression, confusion, questioning, and so on. The hero can be called to adventure three ways: (1) the hero sets out intentionally to perform a deed (what is one's true nature, career, or call); (2) the hero is thrown into the adventure, drafted into the army for example (putting on a uniform and becoming a new creature); and (3) following or being lured into a transformed realm, having no idea what was going on until it happened (Flowers, 1988). There is not only a one way to be on a mythic or hero's journey. Myth is fluid, with many myths giving different versions of the same mystery (Campbell, 1949).

The call can wake a quality of one's character that the hero did not know she had. It is heard or brought to awareness many times through a mistake or blunder. Consider where Jack would be if he had just sold the cow at the market, if the princess had not dropped the golden orb into the well, or Jonah stayed home and did not run away to the water. Many great hero tales start with a blunder which institutes the awareness that all is not normal. This draws a person into a relationship with forces that are not rightly understood. The call can also be experienced as an awaking to the self as ideals, beliefs, and emotional patterns no longer seem to fit. Experiencing a phenomenon, such as a death, a falling star, a birth may well cause one to hear the call (Campbell, 1973).

The hero has a moral objective to save a people, a person, or an idea. The hero sacrifices himself for a cause he deems important. Some may view the hero's sacrifice as worthless or the object as not respectable, which is a judgment that can not destroy the intrinsic heroism of the deed performed (Flowers, 1988). For example, who is less heroic: the solider in World War II who died on the American side of the field versus the solider who died on the German side? Systems therapy, the family scapegoat who sacrifices his/her life to keep the family together is a prime example of the hero's path. When this individual is ready, the next phase of their life's journey will bring to light what is missing in their consciousness. Once brought into the light through the journey, the hero has a choice of staying with the role and letting the world drop off (as in the case of the scapegoat whose total focus is on self and family) or returning with that reward of altered consciousness and trying to hold on to it as he or she moves back into their social world again. No matter the cause, one is no less an adventurer or a hero. Understanding this aspect of myth the therapist can gain insight into the emotional struggle of the myth whether it is viewed subjectively as positive or negative. Refusal of the call to adventure brings the hero's experience into denial and negative life aspects. Walls can be created, that of boredom, work, or cultural standards may keep this individual busy or avert their attention away from the adventure needed to reawaken one's self (Campbell, 1949).

Once the hero answers the call, the period of initiation begins where one is truly tested. The journey to awareness of a power source is wrought with many trials. "...trials are designed to see to it that the intending hero should be really a hero" (Flowers, 1988, p. 126). This is where the Initiation stage brings on a time one may experience an unknowing of whether the situation will become resolved.

There is a threat or fear of alienation or annihilation of the self. The hero may have to experience high drama or tests that draw on previous wisdom and strength. It may happen that the hero may become mindless, or taken into the underworld, where maturation develops unseen and inside, as was Jonah's fate in the belly of the whale (Catford & Ray, 1991). It is through this road of trials that one develops an understanding that the issues can not be resolved by staying the same or thinking the same. In this phase the hero learns to let go of the past behaviors, outdated truths, and thinking patterns and is thus able to be transformed. Through the trial's enlightening revelations, the hero myth deals with transformation of the consciousness of one kind or another.

Along the hero's journey one will come in contact with supporters or allies. Allies can take the form of other characters or objects, and bring a sense of trust that there is a way out of this problem (Catford & Ray, 1991). The hero receives allies throughout the journey, at any time the hero yields to letting go, the allies appear. This is the point at which the hero realizes that the journey can not be completed within the known framework of previous journeys. This is the true awakening that old beliefs are no longer useful, the hero is able to look inward and outward and for strength and support. One of the more significant allies the hero will come in contact with is the dark or negative side of his or her personality. Through the journey the hero is able to tap into the regressive trends, learning that the shadow does exists and draw strength from it. The hero must come to terms with his own destructive power if he is to become sufficiently fierce enough to overcome the dragon (Jung, et al., 1964).

When the hero's journey is an ego journey it is about what one thinks one wants, what one wills oneself to believe, what one thinks one can afford, and what one regards oneself to be bound to (Flowers, 1988). This thinking is small

and will nail one down, when the ego thinks only as society thinks one is surely nailed down already. Each individual is completely unique and if one is ever to give any gift to the world it will have to come out of one's own experience and fulfillment of one's own potentialities, not someone else's. That is what the hero's journey brings, the opportunity to find the path of death to the old self and be renewed as this moment in time is not the final form of one's being. This part of the myth has a sorrow about it that is also a kind of joy, that inward acknowledgment that death to the old ego also leads to a new life (Jung, et al, 1964).

This ushers in the stage of the Breakthrough. This is the point at which the hero recognizes or expresses a new understanding, when the hero has gone beyond the last terrors of unawareness this is the release potential within everyone. It is the pure "Aha! This is it!", a new level of awareness or way of being is attained that signals the breakthrough and enlightenment (Campbell, 1949).

Feinstein and Krippner (1988) developed principles guiding clients in healing and/or changing personal myth to bring them to the breakthrough stage of myth. These principles start with the basic awareness that one's myths must evolve over time. Secondly that once a myth no longer works, one will sense this through dreams, thoughts, and feelings. These will push an individual to look at the myth in conflict (Call to Adventure). Third, an individual needs to connect this conflicted myth with its origin by looking at questions of how it started and what purpose it served (Initiation). Fourth is the development of the countermyth, which involves creative leaps to try to capture what was suppressed by the original myth. From myth to countermyth can be portrayed as a pendulum swing, where one's search is for a middle ground, that balance between the two (Allies).

Thus, the fifth principle is where the conflict created by the original myth and the counter myth create a new myth (Breakthrough).

After the breakthrough stage the hero reaches the stage of Return and Celebration. The returning hero is not the same as the one who left and brings a new awareness that is more tangible when arriving back to the customary world. However, the hero finds that world has changed, as the hero sees it through different eyes. "A new status quo is established, paving the way for the next hero's journey, the next level of transformation" (Catford & Ray, 1991, p. 41). The hero's journey is truly a never ending process.

The incidents leading up to the return in a myth may seem fantastic and unreal, as these incidents represent psychological, not physical, triumphs (Campbell, 1973). It is not the point of what the hero has done physically, the point is that the journey needs to be brought to pass inside where the mystery lies in the client's conscious or unconscious. The meanings and awareness of the journey is understood or experienced on a deeper level first, which enables the client to come back to the world. Armed with the new awareness the hero comes back with the light that breaks through the world's "abyss of its normally opaque materiality" (Campbell, 1973, p. 29). Although the hero myth does not ensure that this kind of liberation will occur, it does show it is possible, so that the ego can achieve consciousness of some kind (Jung, et al., 1964).

The hero myth is needed in a today's society, as there seems to be a sense that something is lost (May, 1991). Not knowing where one came from, a loss of one's history, abandoning a sense of community, a prevailing sense of loneliness, following one's passions in lieu of all else, and money being the all mighty driver are all results of a mythless society. Eventually one is faced with the question "who am I?" as society pushes to create a race of nonpersons (May,

1991). Being robbed of an identity is a result of the destruction of cultural and personal myths. In the stories Moses asked God, whom he saw in the burning bush, "who shall I say sent me?" God answered "I am." The story of Moses shows the hero's journey of separation, awareness to a source of power, and a life enhancing return. The hero's journey enables one to find that place where one can truly state I am, and at the same time continue to evolve their myths to maintain the knowledge and the freedom to be all they ever dreamed.

> ...people say that what we're all seeking is a meaning for life. I don't think that's what we're really seeking. I think that what we're seeking is an experience of being alive, so that our life experiences on the purely physical plane will have resonance within our own innermost being and reality, so that we actually feel the rapture of being alive. That's what it's all about, and that's what these clues help us to find within ourselves. Myths are the clues to the spiritual potential, when one only looks to the mind has to do with meaning, experience has to do with self. (Flowers, 1988, p.5)

Summary

The prime function of myth is to supply the symbols that carry the human spirit forward. Although some believe modern culture has outgrown myth, many have found the gifts that myth and storytelling have to offer. Myth enables one to achieve deeper meaning and enrich one's life by stimulating one's imagination. Myth unites the conscious and unconscious, historical and present, individual as well as the social aspects of the self (May, 1991).

If one is to lose the myths of the past, the global myths, one loses myth's clues to spiritual potentialities of human life and the connections to the experience of life. One way to reconnect is through one's dreams, as they seem to be a link between myth and symbols. Dreams like myths seem to have the ability to create symbolic lessons, "inspire deep creative centers" (Campbell, 1949, p. 4), unlock

doors to transpersonal worlds, and connect one to archetypal images (Jung, et al., 1964). These abilities connect individuals to a collective unconscious that contains the whole spiritual heritage of mankind's evolution (Jung, et al, 1964).

Not only reconnecting in dreams, but reconnecting to the myths of family, history, custom, church, and state enables one to no longer adventure alone (Campbell, 1973). The more individuals know about their own mythology the more they connect with the world and with themselves. This awareness enables individuals to examine the myths they live by, whether from history or from the self. Once the myths are brought to consciousness they are allowed to evolve if they are to be useful. Myths which were appropriate during one phase of life may actually impede emotional growth at another stage of life (Feinstein & Krippner, 1988).

Reexamining the myths one was exposed to, developed, and or was given used to be part of growing up. One could rely on family, customs, his or her church, and the community to support and guide the individual with stories and myths, to help create the self. The modern world has taught a new kind of myth that of pure individuality which asks each person to do himself what was once done by so many. Thus, the counselor when working with a modern world client, can use myth and story to once again bridge the gap and enable the client to connect and create the self. As a therapeutic tool myth has the capacity to transcend all interpretation, as it will be interpreted by the individual for the time and place that individual is in. Myth has the ability to grow and change with the client and the client has the opportunity to this as well.

One type of myth that lends itself as a therapeutic tool is the myth of the hero, it is the most common and widely know myth of all (Campbell, 1949). Taking a client through various stages of the hero's journey enables the client to

separate, become aware of a source of power (allies and self), and return. It is through these stages that the individual regains their identity, evolve the myths of the past, and gain knowledge and freedom to experience being alive.

CHAPTER 3
METHODOLOGY

Introduction

The purpose of the study was to evaluate the effectiveness of a workshop which utilized myth as a therapeutic tool. In this study effectiveness was defined as a reduction in symptoms of psychological distress and the participants' perceptions of their ability to resolve a therapeutic issue.

Research Design

This research project utilized a case study design. According to Merriam and Simpson (1995) "The study is an intensive description and analysis of a phenomenon or social unit such as an individual, group, institution, or community" (p. 108). The case study has been shown useful in describing and or evaluating new programs or new approaches to ongoing problems , including aspects of an application not previously studied (Merriam and Simpson, 1995). By utilizing the case study method for this project, it is hopeful that the reader will understand how the workshop has affected the participant's abilities to address a current therapeutic issue.

Source of the Data

The five participants were adult females ranging in age from thirty-seven to fifty-six years of age. All were Caucasian professional women. The highest level

of education ranged from a high school diploma to a masters degree, and all women were currently working full-time with the exception of one.

Participant (1) was a married fifty-six year old librarian, participant (2) was a married thirty-seven year old college student, participant (3) was a married forty-one year old speech and language specialist, participant (4) was a divorced forty-eight year old who just sold her restaurant and is traveling extensively, and participant (5) was a divorced forty-two year old visual merchandising manager. A structured phone interview was used to gather initial information about the participants interested in this study. Participants were chosen based on their ability to state the issue with which they would be willing to confront in the workshop. Some of the participants were current or past clients seen by this researcher, participant (2) was told about the workshop by her therapist, and some of the participants were friends of the researcher who were interested in the study. Flyers were passed and posted around the Ottawa University campus in Phoenix inviting participants to this workshop. This researcher spoke to ten other potential participants before selecting the final five. Availability and a verbal commitment to the seven day follow-up needed to complete this research project was an important factor in making the selection.

Assumptions and Limitations

It is assumed that the participants responded honestly to the instruments used in the study. Because of the small sample size and the non-random way in which the sample was selected the ability to generalize the findings is limited.

Instrumentation

      The Brief Symptom Inventory (BSI) was used to assess symptomatology and subsequent changes in those symptoms in relation to the workshop. The BSI is a "...measure of current, point in time, psychological symptom status" and is a useful tool when assessment time is limited (Derogatis, 1993, p. 4). The reliability of the BSI shows well in two areas, the internal consistency and the test-retest reliability. The internal consistency represents the consistency or congruity of items selected to represent each symptom. The test-retest reliability reflects the consistency of measurement across time (Derogatis, 1993). Studies that have examined the reliability of the BSI have found internal consistency reliability coefficients, ranging from .71 to .85 and test reliability coefficients from .68 to .91. The reliability of the instrument also has been well established with correlation between the BSI symptom scales and the MMPI scales ranging from .33 to .72 (Derogatis, 1993). This is the prime basis for using the BSI in this research. Overall, the BSI has been shown in diverse studies to be an effective and valid tool in focusing on effectiveness of treatment interventions for various conditions (Derogatis, 1993). There are nine primary symptom dimensions of the BSI. They are as follows:

      1. Somatization (SOM): distress from perceptions of bodily dysfunction. Symptoms include dizziness, nausea, numbness, and hot or cold spells.

      2. Obsessive-Compulsive (O-C): focuses on thoughts, impulses, and actions that are not wanted but are irresistible and endless actions. Symptoms include trouble remembering, having to check and double check, mind going blank, and trouble concentrating.

      3. Interpersonal Sensitivity (I-S): feelings of personal inadequacy and inferiority especially when comparing self to others. Symptoms include one's

feelings being easily hurt, feeling inferior to others, and feeling very self-conscious with others.

   4. Depression (DEP): similar to indications of clinical depression. Symptoms include dysphoric mood and affect, lack of motivation and loss of interest in life.

   5. Anxiety (ANX): General signs of nervousness and tension to panic attacks are included. Symptoms include feeling fearful, tense or keyed up, and restlessness.

   6. Hostility (HOS): thoughts, feelings, or actions that are on the negative affect side of anger. Symptoms include easily being annoyed or irritated, urges to harm someone, to smash something, and frequent arguments.

   7. Phobic Anxiety (PHOB): persistent fear response to a specific person, place, object, or situation that is irrational and disproportionate to the stimulus. Symptoms include having to avoid certain things because they frighten you, feeling unease in crowds, open spaces, or being alone.

   8. Paranoid Ideation (PAR): paranoid behavior attributed to a disordered mode of thinking. Symptoms include feelings that others are responsible for your troubles, cannot trust people, not getting proper credit, and watched or talked about by others.

   9. Psychoticism (PSY): graduated continuum from mild interpersonal alienation to dramatic psychosis. Symptoms include loneliness even when with others, should be punished for your sins, something is wrong with your mind, and that someone can control your thoughts. (Derogatis, 1993).

   In addition to the BSI, a survey was developed by this researcher to assess the participants' perceptions of their ability to address or resolve a therapeutic issue before and after the workshop. The questionnaire was

designed to be administered before the workshop began, immediately after the workshop, and again seven days after. There were five closed-ended questions asked on all questionnaires, and a varied amount of open-ended questions. The closed ended questions were designed to gain an understanding of a participants' view and beliefs on the current issue. These questions addressed issues of choice, resolution, understanding, impact, and responsibility. The open ended questions gave the participant an opportunity to address issues concerning insight, learning, and the workshop in general. A copy of the questionnaires can be found in Appendices A, B, and C.

Procedure

Each participant was tested as follows; a Brief Symptom Inventory (BSI) and a questionnaire given before the workshop. After the workshop was completed another BSI test and a new questionnaire was administered. A seven day follow up questionnaire and a BSI-test was then administered by mail or in person.

The workshop itself consisted of six components:

1. Awareness: The participants were asked to recall the fairytale of Jack and The Beanstalk. While recalling this story, the researcher gave insights into meanings held within the story. Interpretations based on Bettelheim's (1989) and this researcher's work was provided to aid participants in seeing symbolism in story.

2. Participation: To move the participants into identifying their own meanings in story, an untitled Native American tale (Kornfield & Feldman, 1996) was used concerning a mouse's journey of achievement and dreams. Participants are encouraged to distinguish where they identify themselves in the

story with the issue they have brought to the workshop. This story created an awareness, involved the participant into the story, and opened the participant to finding new ways to achievement possibilities.

3. Ownership: The participants were then asked to bring up the issue or problem on their minds. By using a personal issue, the participants were able to own the story they were about to develop. In their own story they found new awareness around the issue and or the power to resolve the conflict.

Each participant was directed to write their own story. Using the example of a hero's journey and what that journey would look like (Joseph Campbell, 1973 & Catford & Ray, 1991), the participant was given an example of how a hero would progress on his/her journey, and what elements are helpful in creating a symbolic experience through writing one's own story. The process included five different phases of a journey: The Call to Adventure, Initiation, Allies, Breakthrough, and The Return and Celebration

4. The Story: Each participant was directed to write their own story in the form of a myth, tale, or fairytale. They were asked to use their imagination to develop any or all pieces one needs to create a story. The story was to illustrate the issue the participant wishes to work with in some way.

5. Discussion: Each of the five participants read her story to the group. Discussion was focused on how one is able to reframe issues by looking at old belief systems and creating new ones through metaphor. By using the hero's journey, one was able to think on a conscious level while tapping into the unconscious, the participants are able to "save" themselves even before they learn there is meaning beyond the story.

6. <u>Giving</u>: At the end of the workshop each participant was given a "courage stone," to enable them to remember their experience and focus on their hero's continued journey.

Method of Analysis

Means and standard deviations were computed for the pretest questionnaire and BSI, post-test questionnaire and BSI, and a seven day follow-up questionnaire and BSI. A comparison was made to pre to post to seven-day to determine the magnitude and direction of change.

CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

Demographic Description

The five participants in the study were females ranging in age from thirty-seven to fifty six years of age. Each woman was a professional working full-time with the exception of one participant, the education level ranged from a high school diploma to a masters degree. Three participants were married and two had been divorced for more than five years. Two of the married participants and one of the divorced participants were mothers. All were Caucasian, middle class, and born in the United States.

Findings

Participant questionnaire: Each participant in this study described a current issue they wished to work on before the workshop. These issues were as follows: anger, past abuse, parenting problems, commitment, and anger on the job. After the workshop was completed, the participants reported becoming clearer with their presenting issue which could result in a more unambiguous path to recovery. The reported changes in the results in the presenting issues were; anger became pinpointed to a relationship issue, past abuse was focused on feelings of carried or induced anger, parenting issues became more of a bonding issue with children and husband, the problem of commitment became one of giving up one's personal power or feelings of powerlessness in relationship, and

anger with the job became feelings of anger of feeling powerless and unprotected.

In the open ended questions included in the pre-workshop survey, the participants were also asked about their previous knowledge of personal mythology, metaphor, and story. Answers ranged from "nothing" to "...we create our own 'story' which unfolds in the way we innately need it to."

In the post-workshop survey a question about what was learned about personal mythology, metaphor and story was asked. A common theme of the relevance of using story in therapy was addressed. Statements such as "I can hear my stories as I resolve my issues", "I am more honest writing in the third person", "...a lot more fun than regular therapy, but it cuts to the heart faster" were written. A question on what insights around using personal myth were gained was asked. The responses had a theme of connection with others; allies, and self were addressed; also the issue of writing in the third person "Things can be seen and understood when taken out of the first person" was mentioned. When asked what was the most helpful part of the workshop the answers were similar. Allies, feedback, and hearing other's stories so as not to feel so alone were the common answers. The last question asked for comments. The common response was wanting more information and workshops, uses with others, such as children, and awareness of needing therapy. One participant remarked "Empathy gives rise to insight. This workshop has increased my awareness through empathy and insight."

Table 1 on the following page presents means and standard deviations of the responses to the pre, post, and seven-day follow-up questionnaires.

Table 1
Participant Questionnaire Means and
Standard Deviations

	pre-test		post-test		seven-day	
	M	(SD)	M	(SD)	M	(SD)
1. impacts my everyday life.	1.2	.45	1.2	.45	1.4	.55
2. understand the origin	3.4	.89	3.4	.89	3.4	.89
3. hopeful about resolving issue	3.8	1.10	4.6	.54	4.4	.55
4. I have choices about how it affects my life	3.2	1.30	4.8	.45	4.8	.45
5. problem caused by someone else	2.6	.89	3.4	1.14	3.4	1.14

The higher the score on item one "this issue impacts my everyday life", and the item five, "the problems related to this issue are caused by someone else" represent a tendency to disagree with the statements. However, a high score on items 2, 3, and 4 concerning the origin of the issue, hopefulness of resolving the issue, and having choices about how the issue effects the participants life represents a tendency to agree with the statement.

The findings from the questionnaire indicated, although not significant, that there was some positive change in how the issue impacts the participants perception of their everyday life. The findings also indicated a positive change in the clients perception of ability to resolve the issue and the amount of choices the clients felt they had concerning the issue.

Item 5 addressed the idea that the participants issues were caused by someone or something else. In the post and seven day follow-up this was met

with a more positive reaction as the participants showed increased disagreement to this idea than they originally came to the workshop with.

Brief Symptom Inventory: The BSI results are illustrated in Table 2.

Table 2

BSI Means and Standard Deviations n=5

BSI Scale	Pre-test		Post-test		Seven-day	
	M	(SD)	M	(SD)	M	(SD)
SOM	.39	.36	.03	.06	.06	.13
O-C	.60	.34	.13	.22	.07	.15
I-S	1.05	.94	.40	.34	.55	.51
DEP	.79	.62	.13	.30	.17	.24
ANX	.69	.59	.09	.14	.16	.26
HOS	.68	.44	.08	.11	.24	.22
PHOB	.12	.27	.08	.18	.08	.18
PAR	.96	.68	.25	.21	.40	.47
PSY	.64	.26	.16	.17	.08	.11
GSI	.65	.38	.15	.12	.19	.14

A lower score indicates a reduction in the symptoms of psychological distress. As a group, the participants reported lower levels of psychological distress post test on all nine symptom dimensions and the GSI. The level of distress rose slightly from the post test to the seven day follow-up but remained below pre-test levels.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The purpose of the study is to evaluate the effectiveness of a workshop which utilizes myth as a therapeutic tool. In this study effectiveness was defined as a reduction in symptoms of psychological distress and the participants' perceptions of their ability to resolve a therapeutic issue. A workshop entitled "Bringing Back the Storyteller In Your Life: Stories from Within and Without" was designed and implemented to illustrate and assess the use of myth and story in a therapeutic setting.

The literature reviewed in this study indicates that myth and story has its roots in the past, the present, and in one's future. Globally through dreams and history myth served as a connection to the collective unconscious, to the community, and the culture. Myth is personalized by filtering the story or myth through one's belief system. Healing myths, such as the hero's journey, can help to rebuild or reconnect to one's myths. Bringing stories and myths to awareness a therapist has an effective tool to enable a client to chose which beliefs and or myths the client wants to keep and which have been holding the client captive.

The methodology employed for this study included pre-test, post-test, and a seven day follow-up administration of the Brief Symptom Inventory (BSI). The BSI measured symptoms of psychological distress and the questionnaire assessed the participants perception of the effectiveness of the workshop.

The main findings were that the participants reported lower levels of psychological distress post-test on all nine primary symptom dimensions and the GSI. The levels of distress rose slightly from the post-test to the seven day follow-up but remained below pre-test levels. The workshop also seemed to have an impact on the participants feelings of hopefulness in resolving the presenting issue, making choices, and taking ownership of the issue. The participants came into the workshop with a presenting issue, however, upon completion of the workshop the issue seemed to have been better defined. This clearer definition enabled the participants to view recovery with optimism and insight.

Conclusions

The use of myth and story in a therapeutic setting seems to be an appropriate modality for working with many different issues. It is also appropriate when working with people who could not properly be given a psychiatric or DSM diagnosis. Even without the diagnosis, these clients suffer from a sense of meaninglessness and emptiness, overwhelming and/or spiritual issues of which myth and story can be used as a therapeutic tool (Feinstein & Krippner, 1988). This held true for this workshop. None of the participants possessed any psychiatric diagnoses and yet they all presented pressing therapeutic issues.

The issue of individuation was addressed by the participants when asked what insights around using personal myth were gained? The common theme of connection with others and finding allies was given. The hero's journey enabled one to let go of past beliefs and ideas. In the journey expectations are explored and unnecessary or unrealistic ones discarded. When this is done the allies appear in the story, myth helps one find community which is the only true way to find the self. Myth connects one's clients to their history, the world's history, and

to others who have traveled before them. When asked what was the most helpful part of the workshop the answer of "feedback" by client 4 and "allies and permission to use them. I was so glad to think I did not have to be alone in my journey" by client 1 indicated how important connection is in the healing process. Myth provides this avenue for one's clients.

Experiential therapies take time to develop all of their therapeutic benefits. A story or metaphor is designed to stay with a person long after it is told or written. Clients will work and reflect on the issues addressed in an experiential workshop for weeks. This idea was illustrated in the results of the questionnaire. The findings indicated that many of the new positive beliefs a client gained through the workshop were present at least seven days after the workshop. It is always an issue for a client to maintain the awareness or feelings they had when going through an experience. Some participant will have what this researcher calls "a mountain top experience" meaning they are overwhelmed with new ideas and feelings but unable to retain what they have learned and felt. The use of myth makes it possible for each participant to interpret information at their own pace for what they need. This myth workshop seemed to enable the participants to hold on to and maintain the useful information, positive skills, and knowledge they gained and experienced.

The decrease in the levels of psychological distress in the post-test can be somewhat attributed to the mountain top experience described earlier. After having experienced strong feelings and connections with others many discomforts will be lessened, maintaining that feeling state is what is important. These women seem to have been able to hold onto the connectedness and emotional release they felt in the workshop. Imagine if these women had the opportunity to experience this again, if they continued working with metaphor, or if

they continued to write their hero's journey. The possibilities of freeing themselves from the original issue and resulting symptomology could be great.

Illustrating this point is the significant drop in the I-S (Interpersonal Sensitivity) and the PAR (Paranoid Ideation) right after the workshop. Both of these symptoms have their roots in an external control orientation, i.e., comparing oneself to others, feelings easily hurt, others are responsible for one's troubles, not receiving proper credit, etc. The highly significant drop in these two symptom is meaningful in that the workshop had such a strong effect. These participants were able to hold on to the positive experience from the workshop while being faced with their old world and beliefs. Although they may have shifted back to some of the original symptomology they maintained a strong ability to stay strong in their new awareness. This illustrates the effectiveness of using a group method where participants are directed in the use of myth and story to gain a sense of connection to self and others.

Obsessive-Compulsive symptoms may have been lessened by the mere fact of writing things down. Continued thoughts and impulses when put on paper can alleviate some of the need to remember, rehash, double check, and the inability to concentrate. Writing or telling one's story, especially in the third person, gives one the opportunity to release some of the energy built around an issue safely. It seems that this opportunity has had a positive impact that has lasted on the participants. Again, in the area of PSY (psychoticism) a lasting effect seems to prevail. The effectiveness of myth on the concept of loneliness this symptom dimension covers has already been addressed. A reduction of symptomology was shown in that dimension where the belief of needing to be punished for one's sins and that something is wrong with one's mind is prevalent. The opportunity to share these intimate thoughts in the third person, to hear the

same stories from others, to share in this process is an important step to one becoming real and empowered.

Recommendations

Utilizing these findings is important as the therapist and client alike work from one's own set of myths. Understanding the concepts of myth and storytelling gives clients and therapists a powerful tool to use as they address client's issues and perceptions

This study concentrated on the use of myth and story as a therapeutic tool. The findings of this study can be implemented for use with oneself or co-workers. Therapists often forget they are very much like their clients. They, like their clients, have old stories and other past influences that have contributed to their sense of personhood and view of the world. Therapists encounter a very diverse and difficult population in the course of doing their job, and since therapists are human, it is highly improbable they will like all the clients they meet. Some clients are not only difficult they also invite therapists to side with the notion that they are not very good therapists. The medical community labels such clients as borderline, hysterical, antisocial, conduct disordered, and the most popular -- resistant. Difficult cases present therapists with very strong invitations to doubt their own effectiveness. The use of myth and story, can help to bring back the productive therapeutic process.

Helping therapists through myth enables them to reconnect to their competence story. This can be achieved using the hero's journey. The effectiveness of any experiential modality is greater when the facilitator has undergone the experience themselves. As good counselors have good counselors, myth and story can facilitate healing in a non-threatening, non-judgmental way.

Although the effectiveness of this workshop was enhanced by the small size of the group, it would be important to repeat the study to expand the data on the effectiveness of the workshop.

One of the gifts of myth is that each person receives what they need at that moment from the same story. Working with another culture, this researcher believes she would learn as well as teach. That is the gift of myth.

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APPENDIX A

PRE-WORKSHOP QUESTIONNAIRE FOR BRINGING BACK THE STORYTELLER IN YOUR LIFE

PRE-WORKSHOP QUESTIONNAIRE FOR BRINGING BACK
THE STORYTELLER IN YOUR LIFE

Name:_____

What issue did you want to work on today?_____

_____

Please circle the letters on the scale that best describes your beliefs as described in each statement.

	strongly agree	agree	neutral	disagree	strongly disagree
1. This issue impacts my everyday life.	SA	A	N	D	SD
2. I understand the origin of this issue.	SA	A	N	D	SD
3. I am hopeful about resolving this issue.	SA	A	N	D	SD
4. I believe I have choices about how this issue affects my life.	SA	A	N	D	SD
5. The problems related to this issue are caused by someone or something else.	SA	A	N	D	SD

6. What do you know about Personal Mythology, metaphor, and story?_____

_____

_____

_____

APPENDIX B

POST- WORKSHOP QUESTIONNAIRE FOR

BRINGING BACK THE STORYTELLER IN YOUR LIFE

POST- WORKSHOP QUESTIONNAIRE FOR

BRINGING BACK THE STORYTELLER IN YOUR LIFE

Name_____

What issue did you work on today?_____

_____

Was this a different issue than the one you originally
stated?_____

Please circle only one letter(s) on the scale that best describes your beliefs as
described in each statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. This issue impacts my everyday life.	SA	A	N	D	SD
2. I understand the origin of this issue.	SA	A	N	D	SD
3. I am hopeful about resolving this issue.	SA	A	N	D	SD
4. I believe I have choices about how this issue effects my life.	SA	A	N	D	SD
5. The problems related to this issue are caused by someone or something else.	SA	A	N	D	SD

6. After the workshop did you identify any other issues that you need to work on?_____

      If yes, do you feel you can
      apply what you have learned
      in the workshop to work on,
      solve, or take action on
      subsequent issues?   SA   A   N   D   SD

7. What have you learned about Personal Mythology, metaphor, and story?_____

_____

_____

_____

8. What insights around using personal myth making did you gain ?_____

_____

_____

9. What was the most helpful part of the workshop?_____

_____

_____

10. Comments_____

_____

_____

_____

APPENDIX C

SEVEN DAY FOLLOW-UP QUESTIONNAIRE FOR

THE WORKSHOP BRINGING BACK THE STORYTELLER IN YOUR LIFE

SEVEN DAY FOLLOW-UP QUESTIONNAIRE FOR

THE WORKSHOP BRINGING BACK THE STORYTELLER IN YOUR LIFE

Name_____

What issue did you work on in the workshop?_____

_____

Where there any other issues that have come up for you this past week, and were they related to the issue you dealt with during the workshop?_____

_____

Please circle only one letter(s) on the scale that best describes your beliefs as described in each statement concerning the issue you worked with during the workshop.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. This issue impacts my everyday life.	SA	A	N	D	SD
2. I understand the origin of this issue.	SA	A	N	D	SD
3. I am hopeful about resolving this issue.	SA	A	N	D	SD
4. I believe I have choices about how this issue effects my life.	SA	A	N	D	SD

5. The problems related to
   this issue are caused
   by someone or
   something else.   SA   A   N   D   SD

6. Have you written or applied any of what you have learned from the workshop
   to the original issue or any other issues you may be facing? Please
   describe._____

   _____

7. What insights have you gained during the week?_____

   _____

   _____

9. What part of the workshop has stayed with you, negative or positive, and what
   have you learned from that?_____

   _____

   _____

10. Comments_____

   _____

   _____

   _____

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