Healing with Stories

your casebook collection for using therapeutic metaphors

edited by

George W. Burns
Contents

Acknowledgments, xvii

Introduction, xix

What This Book Offers, xx
The Contributors, xxi
The Contributions, xxi
The Structure of This Book, xxiii

Following Your Gurus: An Opening Story, 1

Chapter 1 Metaphor and Therapy: Clarifying Some Confusing Concepts, 3
George W. Burns

What Is Metaphor?, 4
Why Use Metaphors in Therapy?, 4
Is Metaphor Therapy or Communication of Therapy?, 7
What Type of Metaphor Is That?, 9
Are There Times Not to Use Metaphor?, 12
References, 13

PART ONE IMPROVING MOOD, 15

Chapter 2 The Healing Is Complete: Outcome-Oriented Experiential Metaphors in a Case of Major Depression, 17
George W. Burns

Contributor's Story, 17
Preview the Chapter, 18
Where to Begin?, 19
What Did Mary Want from Therapy?, 20
What Was Useful to Know about Mary?, 21
What Interventions Were Likely to Help?, 22
What Was the Long-Term Outcome?, 27
References, 28

Chapter 3  An Empty Sadness: Exploring and Transforming Client-Generated Metaphors, 30
Richard R. Kopp
Contributor's Story, 30
Preview the Chapter, 31
Exploring and Transforming Client-Generated Metaphors, 33
Metaphor Therapy and Diversity, 36
"An Empty Sadness": Case Example #1, 37
"I'm the One Who Blew Up": Case Example #2, 39
Conclusion, 42
References, 42

Chapter 4  And This Little Piggy Stayed Home: Playful Metaphors in Treating Childhood Separation Anxiety, 44
Julie H. Linden
Contributor's Story, 44
Preview the Chapter, 45
A Clinical Framework, 46
A Family of Porcupines, 48
Play and Playful Therapy, 49
Finding Strengths and Exceptions, 50
A Doll as Metaphor and Cotherapist, 52
"Thank You, M", 53
A Postscript, 53
References, 54

Chapter 5  Climbing Anxiety Mountain: Generating Metaphors in Acceptance and Commitment Therapy, 55
Mikaela J. Hildebrandt, Lindsay B. Fletcher, and Steven C. Hayes
Contributors' Story, 55
Preview the Chapter, 56
Defining the Problem, 57
The Function of Metaphor in ACT, 58
The Therapeutic Relationship, 59
Generating ACT-Consistent Metaphors, 60
Case Outcome, 64
References, 64
PART TWO  BUILDING POSITIVE RELATIONSHIPS, 65

Chapter 6  The Case of Carol: Empowering Decision-Making through Metaphor and Hypnosis, 67
Michael D. Yapko

Contributor’s Story, 67
Preview the Chapter, 68
The Context of the Session, 69
Interviewing Carol: Determining Goals and Assessing Resources, 69
Why Use Metaphor in Carol’s Case?, 70
General Points about Hypnosis, Indirect Suggestion, and Metaphor, 70
Identifying Goals of Treatment, 72
Carol’s Resources, 73
Hypnosis and Delivering the Metaphor to Carol, 74
Session Follow-Up, 76
Final Comments, 77
References, 78

Chapter 7  The Woman Who Wanted to Lie on the Floor: A Social Constructionist Use of Metaphor in a Tale of Two Clients, 79
Valerie E. Lewis

Contributor’s Story, 79
Preview the Chapter, 80
A Social Constructionist Use of Metaphor, 81
Reina’s Tale, 82
Sharing Client Stories, 86
Margrit’s Message for Reina, 87
Reina and Margrit’s Message for Us, 88

Chapter 8  Trekking to Happiness—No Sherpa Required: A Utilization Approach to Transcending an Abusive Relationship, 89
Gregory Smit

Contributor’s Story, 89
Preview the Chapter, 90
Searching for Resources, 91
Planning the Direction of Treatment, 93
Defining the Therapeutic and Metaphoric Objectives, 94
Planning the Steps for a Metaphor Intervention, 95
Beginning the Trek, 96
Offering More Than a Metaphor, 97
Learning from an Experience, 98
References, 99
Chapter 9  And the Two Snakes Fought: Storybook Therapy to Help Deal with the Divorce Monster, 100
Joy Nel

Contributor's Story, 100
Preview the Chapter, 101
Narrative as "Storybook Therapy", 102
The Processes of Storybook Therapy, 103
Listening to the Problem-Saturated Story, 103
Reauthoring and Strengthening the Preferred Story, 106
Finding Hope in a Cheeseburger, 112
References, 113

PART THREE  CHANGING PATTERNS OF BEHAVIOR, 115

Chapter 10  Under Fire: Reflection and Metaphor in Narrative Therapy, 117
Christine Perry

Contributor's Story, 117
Preview the Chapter, 118
The "Narrative" Metaphor of the Counseling Process, 119
Reflecting Teams, Metaphor, and Narrative Therapy, 120
The Case of Paul, 121
An Alternative Story, 124
Implications for Professional Practice, 126
References, 127

Chapter 11  The Door Is Open, the Bird Can Fly: Merging Therapist and Client Metaphors in Child Therapy, 128
Joyce C. Mills

Contributor's Story, 128
Preview the Chapter, 129
Passage One: A Safe Environment, 131
Joey's Story: Creating a Safe Environment, 131
Passage Two: You Gotta Crawl Before You Fly, 133
Joey's Story: The Importance of Keys, 134
Passage Three: A Time of Greatest Change, 134
Joey's Story: The Process of Change, 135
Passage Four: Finding Your Wings, 136
Joey's Story: Flying Free, 137
References, 137

Chapter 12  Everyone's Life Is a Story: Guided Metaphor in Changing Global Lifestyle, 138
Rubin Battino
Chapter 13  Scared Speechless: Goal-Oriented and Multiple Embedded
Metaphors in a Case of Psychogenic Dysphonia, 150
Carol A. Hicks-Lankion

Contributor's Story, 150
Preview the Chapter, 151
The Assessment, 152
The Client's Resources, Strengths, and Skills, 153
A Multiple Embedded Metaphor, 156
References, 162

PART FOUR  ENHANCING HEALTH AND WELL-BEING, 163

Chapter 14  Scareless Ghost, Painless Pasta: Kids' Own Stories as
Therapeutic Metaphor, 165
George W. Burns

Contributor's Story, 165
Preview the Chapter, 166
Kids' Own Healing Stories, 169
Mr. Peter Pasta Helps Ease the Pain, 172
References, 176

Chapter 15  Befriending Your Problems: Metaphor with a Self-Mutilating Young
Woman in Transition, 178
Wendel A. Ray and Jana P. Sutton

Contributors' Story, 178
Preview the Chapter, 179
The Secret Behind the Secret, 181
The Nonexpert, One-Down Stance, 182
Effecting Metaphoric Change, 183
Facilitating a Change of Best Friend, 184
A Closing Comment, 188
References, 188

Chapter 16  Night, Night, Sleep Tight, Don't Let the Sharks Bite: "What's
Missing?" in Metaphors, 190
Robert McNeilly
Chapter 17  The Metaphor That Sang Its Own Sad Song: Therapeutic Storytelling in Pediatric Hospice Care, 199
Roxanna Erickson Klein

Contributor's Story, 199
Preview the Chapter, 200
The Homecoming, 201
Telling Their Own Stories, 202
The Illness, 202
Setting Goals, 203
Relating through Stories, 204
Strengths within Weakness, 205
Preparing for Death, 205
A Companion with a Metaphor, 206
An Unexpected Song, 206
An Unintentional Metaphor, 208

PART FIVE  DEVELOPING LIFE SKILLS, 211

Chapter 18  Reclaiming Poise after Persecution: Client-Based Cultural Stories in Trauma Therapy, 213
Angela Ebert and Hasham Al Musawi

Contributors' Story, 213
Preview the Chapter, 214
A Little of Hasham's Background, 215
The Interventions, 217
Rebuilding Trust, 220
A Little of Hasham's Outcome, 222
This Too Will Pass, 223
References, 223
CHAPTER 17

The Metaphor That Sang Its Own Sad Song

Therapeutic Storytelling in Pediatric Hospice Care

Roxanna Erickson Klein

CONTRIBUTOR’S STORY:
A PROFESSIONAL AND PERSONAL PERSPECTIVE

Roxanna Erickson Klein, PhD, has master’s degrees in both nursing and urban affairs and a doctorate in public administration. Being the seventh child of the eight raised by Milton and Elizabeth Erickson, Roxanna found that storytelling, metaphors, and creative use of resources were an integral part of her upbringing, as her father, Milton H. Erickson, MD, is, of course, well known for his innovative techniques in psychotherapy, including the use of metaphors.

Roxanna has lived in Dallas, Texas, for the past 27 years. For seven years, she worked for a nonprofit hospice organization whose mission was to orchestrate home care for terminal patients. Currently she is dedicated to advancing the archives of the Milton H. Erickson Foundation, a nonprofit organization preserving the professional work of her father and advancing education for health professionals. She is a published writer (see Resource Section) and was coeditor of the Neuroscience Editions of 11 books her father wrote with Ernest Rossi.
PREVIEW THE CHAPTER

This heartfelt story by Roxanna shows us the applicability of several types of metaphor in the context of home care nursing with a courageous young girl facing the prospect of death. Roxanna begins her work by asking the client’s family to tell their stories, thus eliciting client-generated metaphors that enable them to explain their own understandings and perceptions of their current difficult circumstances.

A second style of metaphor is the use of children’s storybooks to present therapist-generated metaphors that parallel the child’s problem and demonstrate potential means for coping.

Third, using an experiential metaphor, Roxanna presents us with the challenge of what happens when the therapeutic intent of an intervention goes awry, with potentially untherapeutic consequences. What do you do when you give a dying child a pet bird to cheer it up only to find that the bird is dying, too? Among the many things this case clearly highlights is the value of listening carefully to clients, no matter how young, for the potential solutions they hold within themselves.

Therapeutic Characteristics

Problems Addressed

- Significant illness
- The prospect of death
- Lack of open discussion
- Lack of helpful coping skills

Resources Developed

- Building strength within weakness
- Increasing empowerment
- Learning to face reality
- Learning to plan for the inevitable
- Learning from the wisdom of a child
- Being prepared

Outcomes Offered

- Acceptance of the inevitable
- Openness of communication
- Strength
- Helpful coping skills
THE HOMECOMING

Violeta looked tiny and frightened as she peered out of the back of the ambulance that blocked the street in front of her home. Her Spanish-speaking parents had waited a very long time for this moment, which they described as “the joy of bringing their daughter home.” Hearing their words struck me with a sad irony, as I wondered if the parents had any idea what “hospice services” implied, or whether they were aware that their eight-year-old daughter was only expected to survive “days to weeks.”

After a long absence from clinical nursing, I had joined an agency that provided home visits to terminal patients. Hospice care addresses the palliative needs of those who are facing serious illness from which recovery is not anticipated, and thus it involves a broad range of interdisciplinary support. It attends to fundamental matters of food, shelter, and transportation. In addition, hospice arranges for medical equipment, medications, and supplies and offers a variety of emotional support services for all family members as well as a 24-hour phone service safety net, which provides on-the-spot guidance from a nurse. The goals of hospice care include healing rather than curing, facilitating family involvement, and, most important, capturing as much as possible of life’s pleasures. The hospice stay is a short and delicate interval in life when stress is very high, and only one opportunity arises to make choices that remain in survivors’ memories forever.

Once the hospital bed was assembled and the oxygen and other supplies set up, Violeta was welcomed with a new fluffy pink blanket. The aroma of cooking beans wafted through the modest home as the hospice director and I settled down to explain the procedures and complete the paperwork, but here problems arose. No one in the family spoke English. They had no friends or local relatives, they had not yet joined a church, they did not know their neighbors, and none of the father’s coworkers spoke English. At that time I was the only person in the agency who spoke Spanish; thus my role was transformed from that of a supportive observer to a key player in the care of Violeta—she became my first case on the new job. The combination of the family’s pleasure at having Violeta home and my own self-satisfaction with the role led to a good-natured, friendly, even happy exchange of information.

Violeta’s parents arranged the chairs in a semicircle at the bedside. They explained that they had made a commitment to include Violeta in all conversations about her—her care, her needs, her illness, or her prognosis. With the challenges of translation and the child listening, it seemed unlikely that the opportunity for an open discussion about terminal care or funeral needs could be approached.

The happy scene of the parents sitting at the bedside and Violeta all tucked in with her fluffy pink blanket was cozy, but left our hearts aching. As we walked down the street on the way back to our cars, the director made a remark that has echoed in my ears: “We have a lot of work to do here, and not very much time to do it in.”

Violeta overcame the odds. Even though she remained seriously ill and at risk for precipitous demise for her two years in hospice, she did well in the bosom of her family. Her extended survival was not a matter of misdiagnosis, but rather an expression of the healing power of comfort and love.
TELLING THEIR OWN STORIES

Over the first few visits I encouraged the family to tell me their stories. This is my way of learning about the dynamics, the hardships, the joys, the sorrows, and the strengths that sustain them. Not only does this ensure that I have all of the information that the family wishes to share, but many times families have told me that I am the only medical person who has listened to their whole story.

Violeta’s mother, Pureza, and father, Eternidad, had been blessed with four children, including two teenage boys and Violeta’s 10-year-old sister, Lucy. Their tale focused on three and a half years of a desperate search for treatment for the youngest child. Tearfully, Pureza touched the corner of her apron to her nose as she described the small town in Mexico where they had once lived contentedly, just across the field from her elderly parents. Violeta had been a healthy and energetic child, happy and always close by. She liked to play in a gully behind the house, and she waited eagerly each day for her siblings to return from school and for her father to come home from his work as a butcher. When Violeta unexpectedly became ill, the serene scene changed into an ordeal of consulting one physician after another.

As her parents related this disturbing story, Violeta wiped her own eyes and blew her nose several times using a wad of tissue from the roll of toilet paper kept on her bed. The awkward gesture required the removal of her oxygen face mask and glasses. It required both her attention and ours to get it all put back together.

In their aggressive, desperate, and mostly futile search for help, the family gave up their home and livelihood, left behind their family and community, took their children away from school and friends, and embarked on a journey that culminated with illegal migration into the United States. They explained that they knew that if help was available, it was here.

THE ILLNESS

Violeta’s primary diagnosis was a devastating course of hepatitis with severe lung involvement. She required such high levels of oxygen that she could not be without it for more than five minutes. Additionally, she had experienced an episode of bleeding from veins in her esophagus, a serious complication that is hard to treat and has a high probability of recurrence resulting in death. She had spent many months at the Children’s Medical Center, where she was found not to be a candidate for transplant surgery.

In response to my inquiry, the parents accurately related the prognosis doctors had given: Nothing more could be done for Violeta, and she was not expected to survive for more than a week. I asked whether the parents understood or disagreed with the distressing diagnosis Violeta had been given. Carefully, and with a measured harmony, they explained that they realized now that nothing could be done in the hospital, but they remained hopeful that God might perform a miracle.

Violeta appeared younger than her age of eight years, and was considered to be fragile but stable from a medical perspective, with a necessary but unpalatable handful of twice-a-day medications. She was gaunt, unable to stand without assistance, without appetite, and markedly jaundiced. The health care team knew from experience that over the first few days Violeta would either gradually adapt or
rapidly decline. Either way, being at home was a desire that both the client and the family expressed. Everyone involved was hopeful that Violeta would live longer and more comfortably at home than she could have in the hospital.

Years of health care delivery and intensive measures to find a cure inevitably bring with them trauma, especially to a seriously ill young child. That trauma leaves a wake of scarring that is difficult to penetrate and even more difficult to overcome. It is not unusual for children who have spent much of their lives in health care settings to associate health care workers with painful procedures, bad news, and separations from loved ones. Violeta was no exception. Though alert and oriented, she was reluctant to speak to me. She turned away and behaved as if she could not hear or understand me. It took weeks for Violeta to finally look at me, speak to me, and trust that I would not hurt her. Her mother would nudge and prod her, and provide Spanish translation, and Violeta would answer in a whisper so soft that her oxygen mask had to be removed so that Pureza could hear. It was not until I began to bring books, metaphors chosen for her, that I made a difference and helped her to begin to look forward to my visits with eager anticipation.

**SETTING GOALS**

During the initial assessment I inquired about the goals that each individual in the family held. I believe that it is important to communicate the expectations and desires of the client as well as the individuals involved in caretaking. Eternidad spoke broadly. He wanted to give all of his children an opportunity to live together as a family. His hope was to reclaim some semblance of a normal family life, where he could go to work and provide for his family. Pureza remained fully focused on her daughter and expressed an eagerness to attend to daily care needs. She exuded confidence in her abilities, and explained she would like to help Violeta to grow and gain weight. Lucy looked puzzled, as if she could not imagine that her wishes or desires had anything to do with anything. Violeta turned away, and refused to speak or to express herself. I identified my own goals of supporting their adjustment to needs and changes as they arose. I emphasized my hope that I would earn their respect and trust, and that they would be willing to share their concerns with me.

Happily, Violeta thrived during the first weeks, which stretched into months and finally into two years. The family eased into routines, but it took a long time for Pureza to realize that her efforts to build up Violeta’s weight were in vain. For nearly a year Pureza would describe her weight gain strategy for Violeta, and often she would cry when the scales showed a lack of progress. She finally accepted that her tears were not helping and put her tactics aside when I urged her to let Violeta set her own goals. Together the three of us agreed that the scales would not be used as a measure, but rather Violeta’s own sense of well-being and comfort. Violeta set very realistic and practical intake goals, and this pleased her mother, as well as making for more comfortable and pleasant interactions throughout the days. From there, Pureza began to focus on making every day the best that it could be. She became a model in appreciating little moments of joy.
RELATING THROUGH STORIES

To build my own relationship with Violeta, I started reading storybooks to her. At that time, her sister Lucy was not yet enrolled in school, and Pureza could not leave the house to go to the library. The two girls often played together, and our social worker already brought art supplies. I wanted to introduce another level of interest into their lives, and I hoped that the mother and sister might discover that literature resources can be comforting and useful. I suspected that their travels were not over, but books can generally be found in any community. In making them aware of that, I hoped to strengthen the resource options for not only the client but her mother and sister too.

I developed a routine of reading a story each visit after completing the physical exam and addressing needed modifications in medications and care. I chose children's books from my own collection, selecting ones with beautiful illustrations and simple stories. With Lucy and Pureza crowding around the bedside, I would put the book in Violeta's lap and read it first in English, then tell the story in Spanish, and finally tuck the book under the covers, giving charge of it to Violeta for the week. Each week I would pick up last week's book and discuss the stories with Violeta. It worked wonderfully. By the end of the week Violeta was able to give me her own versions of stories based on the illustrations. Sometimes the stories matched the text, and other times they were delightfully inventive. Some of the traditional stories were familiar to Pureza, while others were not.

It was my intention to give Violeta control over a small part of her own life. I chose a variety of books: Some had metaphors of their own, some stories had favorable outcomes, and some ended with the loss of beloved characters. It is my own philosophy that the stories that have lived in our culture for many years speak deeply to healing within, in ways that we do not understand. Unquestionably, Violeta enjoyed listening to the trials and tribulations of characters in unfamiliar circumstances; Hansel and Gretel, Goldilocks, the Three Pigs, Rapunzel, and many others captured her fascination and connected her with a history of others who had faced and endured trials. But rather than selecting stories just for their content, I also chose those that had intriguing illustrations. Violeta listened carefully to the stories as I read them, and then developed her own tales as if the written text were only one possibility of what could have been written. She smiled and laughed as she told the stories, clearly making them up as she went along. She could "read" the same book many times and come up with different plots each time, some happy and some sad. The spontaneous creativity with which she did this delighted her mother and was a clear demonstration of the spirit of childhood unfettered by harsh circumstances.

Over the many months that the reading activities went on, other changes came as well. Lucy started school, and Violeta brought up the question of whether she too could attend school. As she was not physically capable of doing so, with the parents' permission I arranged for home schooling. A couple of times a week, a volunteer Spanish-speaking teacher began to visit. The teacher brought her own stories and texts, and, more important, Violeta began to learn the alphabet and to write her own name. For hours at a time she would sit on her bed practicing the letters in the scrawled handwriting of a beginner, brimming with excitement and pleasure.
STRENGTHS WITHIN WEAKNESS

The circumstances that defined Violela were a tangled mesh: weakness within strength and strength within weakness. What was a barrier for the health care team gave power to the family, and efforts to untangle or enhance the resources could also jeopardize the fabric that nurtured family togetherness.

For instance, the family clung almost proudly to their limitation of speaking only Spanish. It was a barrier that interfered with their ability to access needed resources, including the hospice after-hours phone lines. For a long time, language interfered with Lucy's willingness to attend school. And yet the same cultural resource base enabled them to find a rental home, furnishings, a vehicle, and jobs. Later on it gave them a church and a group of fellow compatriots who were better able to offer emotional support than we were as professionals. However, a sense of social isolation was pervasive and affected all of the family. They had spent years moving from community to community, never staying long enough in any one location to establish friendships. Their extended family was left in Mexico, and they frequently did not even have the means to keep in contact. Eternidad worked long hours, driving himself and his sons to work in the family's only vehicle. Pureza was emotionally if not physically confined to the bedside of her sick daughter. The 16- and 14-year-old brothers worked to provide needed income. Though it was clear that the two sisters treasured each other, Lucy needed to develop a life outside of the home, and Violeta could not. Violeta had spent such a large part of her life in the hospital that she had no young friends other than her siblings, and had only fleeting interactions with other sick children.

At the same time, the family's experiences on their journey together brought with them an unusual unity and harmony. Although they had individual needs, and at times seemed to be eager to break away, the priorities at home were clearly defined and they all seemed to graciously participate in the roles asked of them. Most striking to me was the family agreement to speak of matters that involved Violeta only at her bedside. The implicit respect for her, at such a tender age, was unique, powerful, and remarkable.

PREPARING FOR DEATH

What finally emerged as the most difficult problem was the preparation of both Violeta and her family for her death. As a hospice nurse, I was familiar with the complications of planning a funeral that involves an international border. I also knew that Mexicans have traditions, like sitting with the deceased overnight, that require special arrangements in this country.

Although Violeta had a reprieve, I knew that the probability of her recovery was nil. If her parents chose to ignore this, they would still be forced to plan a funeral. I was aware that such arrangements are much less problematic if dealt with in advance of need. Yet each time I tried to approach the topic, Pureza shushed me, stating that they did not want to think about that possibility. With the child as a participant in the conversation, I felt helpless to advance the discussion further. Week after week, I felt as if I had not fulfilled my responsibility to provide needed education.
A COMPANION WITH A METAPHOR

The social worker was the first to notice that Violetha liked looking at the birds outside the window. When I commented on Violetha's interest to Pureza, she told me about a parrot that Violetha's grandmother had kept. Violetha was thrilled with the conversation and remembered the parrot, too.

This led the social worker to propose a bird as a companion for Violetha. The therapeutic intent was to provide Violetha with companionship, a friendly relationship that was special to her. Additionally, we thought that Violetha would be strengthened in accepting responsibility for caring for a dependent who was smaller and weaker than herself. With agency and parental permission, the social worker and I brought richly illustrated books, magazines, and pamphlets so that Violetha could select a bird. With the pictures littering her fluffy pink blanket, Violetha excitedly asked many questions about the variety of birds on display, finally selecting a yellow parakeet and announcing that she would name it "Tweety." Mother and daughter worked out an agreement about the caretaking of Tweety. Eternidad would bring home pizzas from work. Violetha would keep an eye on the food and water, and Lucy would speak to Tweety in English. Laughter erupted through the household at the prospect of Tweety becoming bilingual.

For the first month Tweety's presence was all we could have hoped for. He learned to sit on Violetha's finger and did so for hours at a time. She related to him fully and said that he loved her too. She read to him from the books that I continued to leave with her. The companionship Tweety provided gave her a window into the joy and value of a relationship outside her immediate family. It gave her the special gift of personal responsibility for another living being who needed care and nurturing. The friendship was her very own yet something wonderful she could share with others. Over the next few weeks, we celebrated the bonding and the many positive elements we saw emerging.

AN UNEXPECTED SONG

Slowly we began to realize, however, that something wasn't quite right about Tweety. He didn't seem to grow, and his energy level seemed insufficient. Despite the loving attention showered on the bird, he became less responsive. In a hospice team conference we discussed the horror and irony of the gift becoming another tragedy for the client and family to endure. Though the bird had been checked by a veterinarian prior to our giving him to Violetha, something was clearly wrong.

Unwilling to take the risk of further demise without discussion, I broached the topic of Tweety's health immediately and directly. I asked Violetha if she had noticed that he looked weak. She had. I asked whether she had thought he might need a doctor's care. She had thought about this, and concluded that the bird should stay with her at home rather than go to a hospital without her. I asked whether she had considered, since we didn't know what was wrong with him, that he might get worse. She replied that she knew he might die.

Pureza sat mute during the conversation. I had carefully respected their sensitivities and not talked about death before, but because of Violetha's responsiveness I continued. "It would be really sad to wake up one morning and to see him lying at the bottom of the cage," I commented to Violetha. When I then asked what would be the best thing she believed could be done for Tweety, Violetha
answered, “Let him live here, with me, and I will take care of him. I will give him the best care that I can. And when Jesus calls him, he will go.”

I was in awe of her outspoken clarity, and at that moment I knew that I had an opportunity for discussion that might not come again. “What next?” I asked, pausing only momentarily while I went on to explain, “When people die, you have to do something with them. You can bury them, or cremate them and have an urn of ashes.” I was relieved that I had finally spoken the words the family needed to hear—even in an indirect, metaphoric manner.

Violeta listened carefully, and asked a number of questions, before she finally admitted that she had already planned to bury him. She pointed to a bush outside the window as the site she had selected. The revelation startled Pureza, who asked incredulously if Violeta had really made those plans or whether she had thought of it just now. Quietly, Violeta reached under the bed and produced a small box. “See,” Violeta said, holding up the box that contained a lovely white lace hanky, “I will put him in here.” At this, Pureza burst into tears. She sat at the foot of the bed, her face covered with her hands, sobbing.

My question about burial was asked about Tweety, but I was metaphorically addressing the same questions about Violeta. I was certain that Pureza knew; and perhaps Violeta did too. The conversation between Violeta and me was soft, gentle, and frank; we modeled for Pureza that this conversation was healthy, needed, and even comforting. I told Violeta how much I admired her for letting Tweety see what loving care she had waiting for him, in case he needed it. I carried the discussion another step, saying, “You know, you and your family will not live in this house forever. Your family may move, may go back to Mexico. If you bury Tweety here in the backyard, it will be difficult to leave him behind.” I offered the possibility of cremating him and taking the ashes to Mexico, to the grandparents’ home. It was understood that the family would not return to Mexico while Violeta was alive, so by inquiring about Tweety, I encouraged Violeta to express herself about the problem of leaving a deceased loved one when the family relocates.

After thoughtful consideration, Violeta said, “He lived here, and if he dies here, this is where he should be. His spirit can fly on down to Grandmother’s home.” Pureza remained awash with tears, but listened attentively to the lucid clarity of Violeta’s guidance. I held Violeta’s small hand and praised her for thinking ahead and being ready for even the worst of times. I admired her practical, forthright manner, her willingness to talk about hard subjects. I applauded her decision to give him such loving attention, even if love and care could not extend his life.

I appointed Violeta the official “hospice nurse” in charge of Tweety and gave her an eyedropper to offer water to him. I let Violeta record my home phone number in her little address book, telling her it was a special “24/7 on-call” number for sick birds. The family had asked for my home phone number before, but I had respected the agency policy and not given it out. Sometimes it is all right to break the rules.

When I returned the next day to see how Tweety was doing, Pureza told me, with great excitement, that Eternidad had discovered the bird had a small imperfection in its beak, a crossbill, that made it difficult to pick up seeds. He had performed “surgery” with an emery board, and the bird was now picking up seeds again. We celebrated the hope that Tweety might actually recover, but I did not lose the opportunity to express that it is good to be prepared for the worst while hoping for the best.
AN UNINTENTIONAL METAPHOR

The metaphor in this case was not one that was planned or intended, but effective therapeutic work entails responding to the windows of opportunity as they arrive. Hospice tasks include preparation for death, and that job had not been done. Now I knew that Violeta was ready to discuss death, even if her parents were not. Once the words were spoken and the practical issues put forth, it became clear that direct discussion can be comforting and helpful to the bereaved as well as to the dying. By the time we had the discussion, the mother was ready to learn from her daughter.

Integral in this particular case is the child’s propensity to tell the story as it came to her; her family admired this strength. Moreover, the family respected what she had to say, and treated her as an equal in serious conversations.

Tweety was expected to bring pleasure, participation, responsibility, and interaction to Violeta’s life. He was a tiny helpless creature who depended on her, needed her, and responded to her. Initially he seemed to be an answer to many of her needs. When we realized that Tweety was tiny, undernourished, shy, and like Violeta in more ways than intended, it was still a scenario that seemed acceptable. But when his demeanor became frail, sickly, and withdrawn, he mirrored the weakness of his little owner. Anxiety and worry overtook the pleasure of the intervention. Violeta, wanting him to gain weight, felt her mother’s angst. She worried that each time she played with him might be the last.

Through her conversations with Tweety, Violeta showed her mother that involving the dying in needed decisions is desirable, appropriate, and comforting. Violeta had demonstrated that planning for what needs to be done does not jeopardize well-being but rather is an expression of love that can heal both the sick and the grieving. She also understood that sometimes health slips away for reasons that no one can understand.

Under Violeta’s tender care, Tweety thrived and became a robust adult bird, with whom she spent over a year of happy companionship. During that time the family moved to a new home. Looking out the window, Violeta saw irises in bloom outside her window and initiated conversation about finding a new plot for Tweety. At this time, I felt that Violeta offered me the opportunity to speak with her about her own burial. Though her remark implied that she expected to outlive Tweety, it also showed her acceptance of the inevitability of death. It is frequently easier to broach these topics when the need is not pressing, to gather information that allays indecision and confusion of how to best honor a loved one. Pureza participated in this conversation, even mentioning that the family might need to move again in the future. Violeta announced it was “all right to go on and leave me in the flowers.”

In another delicate conversation with me, Violeta expressed that she would like a lacy white dress for herself. A few weeks later the dress appeared, hung on the wall where Violeta could admire it. Violeta and Pureza told of their efforts to select the right dress for Violeta, which involved arranging for several to be brought to the home for her inspection. The dress, I noted, was several sizes too large, an indication of hope that Violeta would live to achieve that stature. The dress on the wall invited discussion about many happy occasions on which it might be worn. She wore it when the chaplain arranged for her to receive her communion. After that she dressed for her birthday, again when the family moved to a larger home, and once more to celebrate her sister’s graduation from middle school. While Pureza was never comfortable speaking of the dress as Violeta’s personally selected shroud, she never again resisted occasions to discuss choices to be made in the event of Violeta’s death.
Later, seeing signs of Violeta's decline, I sat down with her and her parents one final time. We discussed the difficult topics, practical issues of when and whether to return to the hospital, what final measures of care were desired, and wishes for funeral and burial. With Tweety on her finger, Violeta answered all of the questions herself. She spoke with words and ideas that seemed far beyond her young age, and eternities removed from the shy child who previously would not even look at me.

The family decision to not speak of Violeta outside her presence initially seemed to be a barrier, but it turned out to be the greatest strength. As she neared the end of her life, she was able to provide precise and specific guidance to her family in regard to her needs and preferences. When she finally died, it was at home with her family at the bedside and Tweety close by.

Violeta's strength sustained the family, and her grace and peace affirmed in an elegant manner that illness is not a personal failure; it is something that defies comprehension. Joy did flourish in the most barren of circumstances. The metaphor was a song that needed to be sung and found its own tune—a sad song that was also sweet.