Journal of Applied Hermeneutics
ISSN: 1927-4416
November 29, 2022

DOI: 10.11575/jah.v2022i2022.76467

Emerging Horizons, Part Seven.

Mike's Story: Lessons Learned

Michael J Lang & Catherine M Laing

Abstract

This seventh and final instalment of the *Emerging Horizons* series brings all the experiences of the participants in the film together with my own (ML) as the digital storytelling (DST) facilitator to discuss three of the many lessons learned from this research project (please see the introductory editorial to the series, *Crafting Meaning, Cultivating Understanding,* to access the film). The article summarizes the interpretations of the film in both written and digital story form, explores the value of the "artist of our days" mindset that DST can cultivate in Adolescent and Young Adult (AYA) cancer surivors, and leans on hermeneutic philosophy to emphasize the importance of conversation when viewing digital stories. I conclude with a personal exhortation to be vigilant in looking for the "setups and payoffs" in my own life so that, as a DST facilitator working in healthcare settings, I can continue to help others story, and re-story, the meaningful moments of their health experiences.

Keywords

Hermeneutics, digital storytelling, adolescent and young adult oncology, psychosocial oncology, healthcare, health research, narrative, arts-based methodology, documentary filmmaking

The word "lesson" comes from the PIE root *leg- which means "to collect, gather" and the Latin *lectionem* which means "a reading" (Online Etymology Dictionary, n.d.). Accordingly, this final article is an attempt to collect or gather the experiences in the film together with previous interpretations to cultivate broader lessons that could be relevant to the two principal stakeholder groups. Importantly, these lessons learned are only "a reading," that is, one reading of the many possible readings of the film and interpretations offered in previous articles. More lessons could

Corresponding Author:
Michael J Lang, PhD
Email: mike@mikelangstories.com

always be gleaned from this study as AYAs, DST facilitators, and other health researchers bring their own unique horizon to its interpretation. Therefore, what is suggested in this final interpretive article is meant only to provide additional stimulus to the ongoing conversation of DST in health and wellness settings.

Before embarking on this final discussion, there is one last digital story to be viewed – mine (ML). It is called *Guided by Lightnin*g, and I created it at the beginning of the interpretive writing process as an initial attempt to understand the storylines and experiences portrayed in *Emerging Horizons*. In the same way that the DST process helped the AYA participants identify and understand the meaningful moments of their cancer experience, crafting this digital story helped me identify and artistically convey the central interpretations of the previous six chapters. Therefore, before delving into some broader lessons for AYAs and DST facilitators below, I invite you to spend three minutes watching this digital story as a reminder of what has already been said.[1]

A Lesson For AYA Cancer Survivors: The Artist of Our Days

Each of us is an artist of our days; the greater our integrity and awareness, the more original and creative our time will become. (O'Donahue, 2008, p. 191)

There were many didactic elements of the DST workshop not depicted or explored in either the film or the previous interpretations in this thesis. One of these elements was the quote above that I shared at the friends and family screening immediately before the "one-word" exercise and standing ovation that closed the film. I believe this quote encapsulates some of the lessons for AYA cancer survivors embedded in *Emerging Horizons* beyond what was contained in the digital stories themselves.

First, through a DST experience AYA cancer survivors can literally and figuratively become "an artist of our days" (O'Donahue, 2008, p. 191). In a literal sense, the AYAs closer to their cancer treatments (i.e., Amanda, Harmony, Kelsey) were able to externalize (Angus & Greenberg, 2011), or *story,* elements of their cancer experience for the first time, while those further from their experience (i.e., Derek, Kenzie, Bethany), were able to *re-story* it as their horizon of understanding changed over time (White & Epston, 1990). Specifically, the opening session helped Amanda understand that she was still "in the midst of" her story (despite acute cancer treatments ending a year prior), while both Harmony and Kelsey stated that the DST workshop revealed to them that they had a story worth sharing (storying/authoring cancer experience; White & Epston, 1990). Harmony and Kelsey's post-workshop interviews confirmed that, for them, cancer was no longer a random, pre-narrative experience (Ricœur, 1990), but a compelling story, full of wisdom and meaning. Alternatively, Kenzie and Bethany were able to craft an entirely new cancer storyline that fit with their current horizon of understanding, while Derek was able to share a significant moment of his cancer story in a more meaningful way (re-storying/re-authoring cancer experience; White & Epston, 1990). Their final interviews indicated an increased awareness that life stories can be told differently, and that stopping and sitting with their cancer experiences in the reflective intensity of a DST workshop (see Part Five, Kenzie's Story) enabled this re-storying process to occur.

Regardless of whether the primary aim was storying or re-storying, all the AYA participants literally became "an artist of their [cancer] days" in the DST workshop, actively cultivating a deeper understanding of their own cancer experience and crafting meaning from it. Interestingly, in this process of creating an artistic expression of their experiences, it became easier for the AYAs to grasp the figurative implications of the "artist of our days" concept; they could not choose what happened to them, but they could choose how to tell the story. In their final interviews, all the AYAs indicated a new, or renewed, awareness that although they could not control the conflicts encountered in life, like cancer, they could control how they interpreted and responded to them; an abstract concept that was made concrete in the praxis of DST.

The process of reframing life conflicts in this way was intentionally initiated in the first evening Introduction to DST session when I introduced the Law of Conflict; "nothing moves forward in a story except through conflict" (McKee, 1997, p. 210), and was further entrenched when I explained my fundamental orientation to all participants as a DST facilitator that was captured in the raw footage collected, but not included in the film:

> I am viewing you from a place of *strength, not weakness*. I am not pitying you for what you have been through. I think *because of* what we [AYA cancer survivors] have been through, our stories have a lot to offer the world.

Through this explanation, the DST process portrayed in *Emerging Horizons* explicitly reframed conflict as a valuable and indispensable element of all life stories, and by doing so, placed the AYA participants in a perpetually agentic position: it is *because* of the life conflicts they experience (like cancer), that their stories hold wisdom for themselves and others. The "artist of our days" mindset cultivated through the DST workshop could help reframe the default response to life conflicts from *"why me?"* to *"what is the story and what can I learn from it?"* The opportunity to approach a life conflict with a sense of curiosity and actively practice the reframing process is perhaps one of the most profound, lasting, and life-altering possibilities of DST with AYA cancer survivors. Not only could DST help AYAs reclaim a sense of agency that is often lost during a cancer experience, but it could also help foster a more resilient attitude towards future life challenges.

Finally, O'Donahue's (2008) words emphasize that AYAs have the capacity to share their experiences in an aesthetically powerful way, like an artist, if given the opportunity. From the increasingly nuanced decisions made during the creation of their digital stories, and the stimulating discussions with each other and their friends and family, it was apparent that the AYA survivors in *Emerging Horizons* had become artists, capable of tapping into the deep aquifers of culturally embedded meaning that fuel our understanding of the world (Davey, 2013). This is a significant outcome considering Kelsey and Harmony did not feel they had a story, Kenzie had trouble writing hers, and Derek's motivation for participation was his inability to meaningfully convey his story. Of the group, only Bethany felt confident in her artistic capabilities and yet, all the stories were profound and insightful in their own way. This suggests that when AYAs are encouraged to cast off the culturally acceptable, hand-me-down cancer narratives (see Part Five, *Kenzie's Story*), their stories can unmask the experience of AYA cancer (see Part Three, *Kelsey's Story*) and cultivate *phronesis* for themselves, other AYAs, their friends and family, and even the healthcare providers who care for them (Christiansen, 2011; Laing et al.,

2017b). Ultimately, DST is only one of many possible interventions that could encourage AYA cancer survivors to (re)discover a sense of agency and (re)story their cancer experiences, but it is my hope that those who watch *Emerging Horizons* will understand that they have a story and that it matters.

A Lesson for DST Facilitators Working in Healthcare: Preparing the Harvest

Kelsey: We [AYAs] are good at the feedback . . . but what if no one talks in the audience?"

About a year after I finished my cancer treatments, I was invited to share my story at one of the first national meetings in Canada focused entirely on AYA oncology. What I remember most vividly from that presentation is that I had to stop twice to recover my composure as I laid bare the raw emotional wounds of my cancer experience in front of 200 oncology professionals. In many ways I was like Amanda in *Emerging Horizons*, trying to tell the story while still in the midst of my experience, and consequently, unable to manage the intensity and duration of my unstoried emotions (see Part One, Amanda's Story). However, the most traumatizing part of the entire experience was not being overwhelmed by emotion during the presentation, it was the response of the audience. As I sat down at the panelist table on stage after my speech, I turned expectantly towards the conference host to hear his response. He paused slightly as he stepped to the microphone, looked down at his papers, then looked up and said "our next speaker is from . . .".

Throughout the rest of the day, attendees continued to give me appreciative smiles and glances, but only one of them spoke to me. Everywhere I went it felt like I was separated by a pane of glass, with people peering in at me from a safe distance. It was not until years later that I understood why the whole experience was so disquieting: I had bared my raw, wounded soul, and they had simply looked on, like bystanders standing on the street corner as I lay in the crosswalk with a broken femur, watching curiously as I writhed in emotional pain (see the opening paragraph of Part One, Amanda's Story for reference to this story). I have experienced what Kelsey and the other AYAs were afraid of ("what if no one talks in the audience?"), and this study included an audience screening specifically to explore this important aspect of DST in a healthcare context.

As highlighted in *Derek's Story*, participating in a screening of their digital story could be deeply affirming for AYAs because a well-facilitated audience discussion naturally moves beyond the surface-level appreciation that characterizes most of their interactions (e.g., you are so strong, you beat cancer, etc.). Indeed, the "affirmation through audience engagement" (Lang et al., 2019, p. 6) of showing the story was apparent in every AYA's storyline in *Emerging Horizons*. In their post-workshop interviews, Derek indicated that the screening was a great experience while Kenzie expressed surprise at the insightful and meaningful nature of the audience discussion. Kelsey and Bethany were similarly surprised and pleased that people seemed to understand, and even expand on, the message of their stories ("Like, they got it!", "Yay! It felt so weird at the time").

These follow-up responses hint at the importance of audience discussion to affirm storytellers, but perhaps this was most clearly conveyed through the AYAs' emotional expression during the

screening itself: they all expressed tension while watching their story (i.e., lips pressed together, corners of mouth pushed back; Giese-Davis et al., 2005), and surprise/joy during the subsequent applause and discussion of their story (i.e., smile with eye activation, raised brows; Giese-Davis et al., 2005). Harmony, in her ebullient way, wiped away happy tears during the discussion of her story which contrasted sharply with the tension on her face minutes earlier. To a lesser degree, Derek, Kenzie, Kelsey, and Bethany all expressed the same emotions, and through the intensifying focus of the camera's lens, these facial expressions highlighted both the feelings of vulnerability when sharing a digital story, and the affirmation that can occur when the audience responds in-kind, by sharing what "resonated" with them.[2] Indeed, a digital story is both a window and a mirror, and the reciprocal vulnerability inherent in the genuine conversations that followed each story was an essential pre-condition of the affirmation that each AYA experienced. In this way, the screening audience played a central role in fully realizing the therapeutic value of DST for the AYA participants as well as drawing out the wisdom embedded in each story.

However, not all audience members were able to engage in the reciprocal vulnerability of genuine conversation. As the cameras continued to roll at the conclusion of the friends and family screening, I curiously approached one audience member who had not made a single comment. I directly asked why they had not participated in the discussion, to which they replied:

> I just felt very, ummm, like invited into something *so significant* that me saying something would actually take away from what had been shared . . . I just felt that my role was *to step back, not to step in.* Because I think that right now, particularly around storytelling, and you know I am [an educator] so I believe a lot in storytelling, our way forward is to tell our stories, and be able to own them, and for the rest of us to kind of be ok with not having to imprint on them.

Although this comment was not included in *Emerging Horizons,* it struck me, and I returned to it many times throughout the film editing and interpretive writing process. I was drawn to it because after facilitating hundreds of digital story screenings in a healthcare context, I have observed that sometimes the response of screening participants is "to step back, not to step in."

While there could be myriad reasons to "step back" during a digital story screening (e.g., individual personality traits, screening context, story content, cultural expectations, etc.), the conversation highlighted above hinted at a possible cause of why this could occur in healthcare settings: digital stories can be "*so* significant", or said differently, *so* emotional. Specifically, digital stories can "take your role away from you" (Laing et al., 2017b), often compelling the viewer to interact with them on a personal, emotive level. For healthcare professionals in particular, "losing their role" (Laing et al., 2017b, p. 266) in this way could potentially be perceived by some as unprofessional because their socialization, as taught by the hidden curriculum[3], could have associated emotional arousal with unprofessional behavior (Hafferty et. al., 2015; Hunter & Cook, 2018; Mahood, 2011). Therefore, for some healthcare professionals the appropriate "professional" response to the emotional content of a digital story might not be deeper engagement through conversation, but to step back. Importantly, this observation is not an indictment of those who choose to "step back" and not engage in a digital story screening, but simply one possible interpretation that cultivates a deeper understanding of this behavior.

Notwithstanding personality, culture, professional sensibilities, or good intentions, *when patient storytellers are present* at a digital story screening it could be counterproductive to the overarching goals of DST if audience members choose to step back and not actively participate in the discussion. In this context, it may appear to the storyteller, like I experienced when sharing my cancer story for the first time, that the audience is staring in through a pane of glass, focused on keeping a safe distance. For most digital story screenings, audience members are usually invited to the screening so that they *can* participate in a discussion. In other words, the audience has already been invited to "step in" and choosing to "step back" when the storyteller is present at the screening could cause the storyteller and/or the person who extended the invitation to feel more self-conscious in an already vulnerable situation.

Importantly, whether or not the storyteller is present with the audience, in a digital story screening the "spectator just as much as the artist performs a role in the subject-matters art brings into play" (Davey, 2013, p. 48). As discussed in *Bethany's Story*, it is through conversation about what a digital story expresses *and* what comes to expression in it (Davey, 2013), that a digital story holds a surfeit of being which "leaps forth" from the aquifers of culturally embedded meaning (Heidegger as cited in Inglewood, 1997, p. 125). For this reason, audience members play a pivotal role in the "harvest" (*lese*) of *phronesis* from a digital story artwork (Gadamer, 1993/2007), and by sharing their interpretations of the work in group conversations they are allowing others to learn along with them. In the words of Davey (2013):

> The play of horizons initiated by transmission and reception [of an artwork] is discursive and participatory by nature. *It demands a spectator's involvement* [emphasis added]. The art image is not valued as an object in itself but for what it facilitates, for its status as a mover of understanding. (p. 35)

There is no doubt that audience members who do not participate in the post-viewing discussions are still "involved" with the digital story artworks, but by keeping that involvement internal, the digital storytellers and/or the screening audience miss out on the potential movement of understanding that could result from the externalization of that inner conversation. In other words, the "nourishment" from the harvest of *phronesis* (Gadamer, 1993/2007, p. 2018) in a digital story screening could be diminished if a majority of audience members actively choose "to step back, not to step in." Accordingly, one lesson learned from *Emerging Horizons* about DST in healthcare settings is the importance of creating a screening environment that is conducive to genuine conversation by preparing both storytellers and audiences to participate in the harvest.

The digital story screening in *Emerging Horizons* revealed that it is through the reciprocal vulnerability of genuine conversation that storytellers are affirmed and the subject-matters (*sache*) of their stories are brought into being. However, the screening conversations depicted in the film were not a default by-product of a good story, well told in digital story form: the soil needed to be prepared and the seeds planted before the harvest of practical wisdom could be threshed out through conversation. Regardless of who is facilitating the screening (DST facilitator or another healthcare administrator/professional), the desired behavior should be modeled and appropriate "pre-briefing" (Rudolph et al., 2014) for both the audience and storytellers provided. Each screening facilitator should develop their own style and language to

prepare the harvest by developing rapport, setting expectations, and creating a "safe environment," but ultimately, it is the responsibility of DST facilitators to ensure that this preparation takes place. In this way, the role of a DST facilitator goes beyond the completion of the stories when working in healthcare settings.

In this study, and over the past 12 years, I have observed that the core element of DST is not the stories that are created, but the conversations that are stimulated. It is in and through conversation that DST works because "it is what occurs when the artwork or the game is *in play* that matters" (Davey, 2013, p. 49). Just as digital storytellers offer themselves to the audience through the story, with the appropriate attention and preparation the audience can offer themselves in return through conversation. Although it is not possible to know in advance how the game will end or to what end a digital story works (Davey, 2013), when digital story screenings are purposely and thoughtfully facilitated, it is possible for everyone in attendance to feel "blessed, proud, informed, thankful, fortunate, hopeful, enlightened, grateful, inspired, happy, aware, empowered, involved."

Conclusion: A Personal Lesson Learned

The more you penetrate the mysteries of your own humanity, the more you're able to understand the humanity of others and the unique ways they express it. (McKee, 2016, p. 295)

The entire process of this research project has been valuable to my own practice as a DST facilitator. Everything I learned in my efforts to understand hermeneutic philosophy, edit *Emerging Horizons*, and write these interpretive articles have been immediately applicable to my daily work, and hopefully contributes to the larger body of knowledge around this topic. Although I will continue to learn from this research experience long into the future, one immediately available personal lesson is the importance of learning to search for the "setups and payoffs" of life (McKee, 1997, p. 238).

In storytelling, setups and payoffs are defined jointly, with a setup being knowledge or insight that is layered or "planted" in a story but not fully understood by the audience until they are propelled backwards seeking answers to gaps that appear between expectation and result (McKee, 1997). Setups are "planted in such a way that when the audience first sees them, they have one meaning, but with a rush of insight, [later in the story] they take on a second, more important meaning" (McKee, 1997, p. 240). After hundreds of hours of watching the footage collected for this study, I have recognized that the central activity of DST facilitation with AYAs is helping them identify the setups and payoffs in their own experiences of cancer.

For the AYAs in *Emerging Horizons*, cancer was a large and looming setup, full of layered knowledge, insight, and meaning. However, it was the DST process that enabled them to recognize their cancer experience as a setup and consequently motivated the search for potential payoffs. This activity of identifying and uniting meaningful setup moments with potential payoffs is what allowed AYAs to make sense of their cancer experience (i.e., connecting coincidental events into coherent causal associations; Part Two, Harmony's Story). There were many moments in *Emerging Horizons* where each AYA experienced a rush of insight as a setup and payoff came together, and some element of their cancer experience took on a second, third,

or fourth important meaning. This presents a unique opportunity for storytelling professionals to support AYAs because:

> In story, unlike life, you can always go back and fix it. You can set up what may seem absurd and make it rational . . . In an intuitive flash you can see the connection and realize *you can go back and make it make sense* [emphasis added]. (McKee, 1997, p. 242)

In other words, by using storytelling principles to help AYAs understand the setups and payoffs of their cancer experience, DST facilitators can help them "make it make sense" or perhaps, discover a hidden cause of things that they did not know existed.

In the 12 years since my own cancer experience, I have come to realize that the only genuine talent I possess is an ability to help people recognize the setups and payoffs in their lives, to co-discover the hidden cause of things through curiosity and conversation. However, if the root of all good storytelling is self-knowledge (McKee, 2016), natural talent and experience will not be enough to continue providing quality DST experiences. I will need to become ever more sensitive to the setups and payoffs in my own life and cultivate a deeper understanding of my own story if I wish to help others do the same. As discussed in part three of this series, *Kelsey's Story*, if I want to meet storytellers face to face, I need to have a face: continually attempting to penetrate the mysteries of my own humanity so that I can understand the humanity of others and the unique ways in which they express it. A commitment to personal reflection and growth in this way is as important for DST facilitation as the continued development of the technical and creative skills involved. I want to become a master of my craft, and therefore, I need to strive towards a deeper understanding of myself, even if the ultimate completion of that goal will always be as unattainable as touching the horizon.

A Tremulous Ending

I began this series by proposing DST as a developmentally appropriate psychosocial tool with AYA cancer survivors. I then explored the unique parallels in both the philosophy and practice of hermeneutic research and Cinema Verité documentary filmmaking philosophy before "dimming the lights" and introducing the six AYAs who participated in this study before readers were encouraged to watch the film that was the basis for the interpretations that followed: *Emerging Horizons*.

In part one, *Amanda's Story*, I highlighted the importance of recognizing chaos narratives and unstoried emotions that could indicate a participant is still "in the midst of" their traumatic health event. Amanda's experience revealed that the complexity and severity of an AYA cancer survivor's psychosocial wounds may not be apparent until the DST process is underway. Therefore, appropriate safeguards must be in place that allow DST participants to disengage from the process, choose a different direction for their story, or access clinical psychosocial supports.

In part two, *Harmony's Story*, I explored how DST can empower participants to craft meaning from coincidental events and use metaphor to cultivate a deeper understanding of their health

experiences. Harmony's storyline demonstrated that the opportunity to STOP, and actively participate in the emplotment and metaphorical representation of the cancer experience is a benefit of DST with AYAs. By attaching meaning to, and learning from, an otherwise meaningless cancer experience, AYAs can construct their own answer to the "big question" of cancer in young adulthood (why me?).

In part three, *Kelsey's Story*, I illustrated the potential for DST to help participants explore, name, and represent their inner emotional experience. Kelsey's sub-plot illuminated how difficult it can be for AYAs to both understand their "true feelings" and share them with others. DST can assist participants in both regards by facilitating the exploration of their inner emotional experience (i.e., what were you feeling in that moment?) and providing creative ways to remove their "masks."

The emotional aspects of a DST experience were expanded upon in part four, *Derek's Story*. Derek's storyline demonstrated the ability of DST to help AYA cancer survivors release "bottled up" emotions before they become rancid (i.e., diagnosed psychosocial co-morbidity) by letting them use more than words to tell the story. Moreover, the multi-modal nature of DST can enable participants to incite an emotional response from their audience that in turn can confirm and affirm the life lessons embedded in their healthcare experience.

In part five, *Kenzie's Story*, I addressed the challenges of open endings and culturally accepted narratives in healthcare. Specifically, Kenzie's storyline uncovered how the structure of a DST experience can empower AYAs to craft a closed ending to a perpetually open-ended cancer survivorship experience, while the genuine conversation of the story circle promotes the re-storying of "hand-me-down" cancer narratives. The reflective intensity of a co-creative DST experience can facilitate the discovery of deeper truths, or new truths, in healthcare stories.

In part six, *Bethany's Story*, I demonstrated how DST can help participants create markers in their lives that are layered with meaning. Bethany's experience provided an example of how AYA cancer survivors can reconcile past and present versions of themselves in a digital story by indicating how they have changed, providing direction for their future selves, and creating a reminder of the meaningful moments that happened along the way. The creative potential of DST enables a profound hermeneutic excess and ensures that what is contained in a digital story is always more than what was intended by the storyteller. In other words, DST can provide access to "aquifers of meaning," bringing to the surface what has been mute and beyond awareness.

Finally, in this article, I established that DST encourages AYAs to become an "artist of their days" and outlined how the generative possibilities of DST in a healthcare setting are fully realized when an audience can "step in" and engage in conversation about what a digital story holds. Therefore, an important final responsibility of DST facilitators is to foster opportunities for these meaningful conversations to occur, and it is my hope that I have fulfilled this responsibility through *Emerging Horizons* and the interpretations provided in this seven-part series. Moreover, I trust that through the possibilities of hermeneutic excess available in all language and artwork, both the film and these interpretive articles "speak" more than what I intended, and in this way, keep the topic in play well beyond the tremulous ending provided here.

If I have truly done good work as a hermeneutic researcher and DST facilitator, then this conclusion is just the beginning of something else.

Either way, facilitating the DST process with Amanda, Harmony, Kelsey, Derek, Kenzie, and Bethany (as well as editing and analyzing the footage) has continued the perpetual reshaping of my own horizon of understanding. Indeed, over the past 12 years, most of my transformative life experiences have involved listening to the stories of AYA cancer survivors. It was not hyperbole for me to say in the opening editorial of this series "if I have any wisdom to offer the world, it has come from the stories and experiences that you [AYAs] have shared with me" (see *Crafting Meaning, Cultivating Understanding*): as an angry and disillusioned 25-year-old cancer survivor, listening to the stories of other AYAs who were further along in their survivorship helped me cultivate a deeper understanding of my own turbulent emotions and begin to craft meaning from my difficult cancer experience. The healthcare system provided me with a wealth of facts and knowledge about my cancer, but it was the stories of my peers that gave me the wisdom I needed to live well with, through, and beyond it.

There were many moments captured in *Emerging Horizons* where the AYAs gleaned wisdom from each other's stories, but there was one particular moment that highlighted another profound possibility of DST. As the music of Harmony's story faded away in the small group screening, the camera panned to a closeup of Kelsey's face and her eyes widened before she looked over at Harmony and jumped to her feet for the standing ovation. We may never know exactly what happened in that fleeting moment (shock? disbelief? understanding?), but like a flash of lightning burned into the retina and slowly fading, we see that *something* happened. A good story, well told in digital story form compels a *response*, and therefore, the aesthetic (beauty) of DST could be an antidote to the numbness of routine healthcare practice or daily life. *Emerging Horizons* demonstrates that when the aesthetic possibilities DST are fully realized, both storytellers and audiences alike will sit in stunned silence as the music fades, the depths of their unconscious minds declaring, "So true, so full of being!" (Gadamer, 1993/2007, p. 207), and our horizons will be different, even if we can never fully grasp how or to what end.

References

Angus, L.E., & Greenberg, L.S. (2011). *Working with narrative in emotion-focused therapy: Changing stories, healing lives.* American Psychological Association.

Christiansen, A. (2011). Storytelling and professional learning: A phenomenographic study of students' experience of patient digital stories in nurse education. *Nurse Education Today, 31*(3), 289-293. https://doi.org/10.1016/j.nedt.2010.10.006

Davey, N. (2013). *Unfinished worlds: Hermeneutics, aesthetics, and Gadamer*. Edinburgh University.

Gadamer, H.-G. (2004). *Truth and method* (2nd ed.; J. Weinsheimer & D. G. Marshall, Trans.). Bloomsbury. (Original work published 1960)

Gadamer, H.-G. (2007). The artwork in word and image: "So true, so full of being!" In R.E. Palmer (Ed. & Trans.), *The Gadamer reader: A bouquet of the later writings* (pp. 195-224). Northwestern University. (Original work published 1993)

Giese-Davis, J., Piemme, K.A., Dillon, C., & Twirbutt, S. (2005). Macro-variables in affective expression in women with breast cancer participating in support groups. In J. Harrigan, K.R. Scherer, & R. Rosenthal (Eds.), *Nonverbal behavior in the affective sciences: A handbook of research methods* (pp. 399-445). Oxford University. https://doi.org/10.1016/j.biopsycho.2006.04.003

Hafferty, F.W., O'Donnell, J.F., & O'Donnell, J.F. (Eds.). (2015). *The hidden curriculum in health professional education.* Dartmouth College.

Hunter, K., & Cook, C. (2018). Role-modelling and the hidden curriculum: New graduate nurses' professional socialisation. *Journal of Clinal Nursing, 27*(15-16), 3157-3170. https://doi.org/10.1111/jocn.14510

Inglewood, M. (1997). *Heidegger: A very short introduction.* Oxford University.

Laing, C.M., Moules, N.J., Estefan, A., & Lang, M.J. (2017b). "Stories take your role away from you": Understanding the impact on health care professionals of viewing digital stories of pediatric and adolescent/young adult oncology patients. *Journal of Pediatric Oncology Nursing, 34*(4), 261-271. https://doi.org/10.1177/1043454217697023

Lang, M.J., Laing, C.M., Moules, N.J. & Estefan, A. (2019). Words, camera, music, action: A methodology of digital storytelling in a health care setting. *International Journal of Qualitative Methods, 18*, 1-10. https://doi.org/10.1177/1609406919863241

Mahood, S.C. (2011). Medical education: Beware the hidden curriculum. *Canadian Family Physician, 57*(9), 983–985. Retrieved from https://pubmed.ncbi.nlm.nih.gov/21918135

McKee, R. (1997). *Story: Substance, structure, style and the principles of screenwriting.* HarperCollins.

McKee, R. (2016). *Dialogue: The art of verbal action for page, stage, and screen.* Twelve.

O'Donahue, J. (2008). *To bless the space between us: A book of blessings.* Convergent.

Online Etymology Dictionary. (n.d.). Lesson. In *Online etymology dictionary*. Retrieved April 8, 2021, from https://www.etymonline.com/word/lesson

Ricoeur, P. (1990). *Time and narrative: Volume 1, 2, 3* (McLaughlin & D. Pellauer Trans.). University of Chicago Press. (Original work published 1975)

Rudolph, J.W., Raemer, D.B., & Simon, R. (2014). Establishing a safe container for learning in simulation: The role of the presimulation briefing. *Simulation in Healthcare, 9*(6), 339-349. https://doi.org/10.1097/SIH.0000000000000047

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. W.W. Norton

Notes

[1] Link to watch *Guided by Lightning*: https://youtu.be/69_-T6OmbQI

[2] As all interpretation is highlighting (Gadamer, 1960/2004), the things we highlight in a story reveals as much about who we are as it does about the digital story or storyteller. Ultimately, when we discuss a digital story, we are talking about ourselves in the same way that "all writing is autobiographical as it comes from us, and involves self-understanding" (Smith, 1991, as cited in Moules et al., 2015). It is the disclosive nature of responding to a digital story that makes it an act of "vulnerability."

[3] Hafferty et al. (2015) suggested that there are four types of curricula in healthcare education: formal curriculum (i.e., learning objectives, syllabi, competencies, etc.), informal curriculum (i.e., "idiosyncratic, sporadic, and happenstance learning" that occurs in conversation, p. 7), the hidden curriculum (i.e., organizational culture or "how things work around here," p. 7), and the null curriculum (i.e., what is not said or attended to).