Sharing a Traumatic Event
The Experience of the Listener and the Storyteller Within the Dyad

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► **Background:** Individuals who have experienced traumatic events often share their experiences in story form. This sharing has consequences for both storytellers and listeners. Understanding the experience of both members of the listener-storyteller dyad is of value to nurses who are often the listener within the nurse-patient dyad.

► **Objective:** The aim of this study was to illuminate the experiences of the listener and the storyteller when a traumatic event is shared within the dyad.

► **Methods:** The phenomenon was explored using an interpretive phenomenological approach. Participants consisted of 12 dyads, each with a storyteller and a listener. The storytellers were individuals who had been involved in U.S. Airways Flight 1549 when it crash-landed in the Hudson River in January 2009. Each storyteller identified a listener who had listened to them share their story of this event, dubbed The Miracle on the Hudson. In-depth interviews were conducted with each storyteller and each listener.

► **Results:** Five essential themes emerged from the data: Theme 1, The Story Has a Purpose; Theme 2, The Story as a Whole May Continue to Change as Different Parts Are Revealed; Theme 3, The Story Is Experienced Physically, Mentally, Emotionally, and Spiritually; Theme 4, Imagining the “What” as well as the “What If”; and Theme 5, The Nature of the Relationship Colors the Experience of the Listener and the Storyteller. Roy’s Adaptation Model of Nursing was found to be applicable to the findings of this study.

► **Discussion:** For the participants in this study, the experience of sharing a traumatic event involved facts, feelings, and images. The story evolved as it was remembered, told, and listened to in a nonlinear, multifaceted way. The listener and the storyteller collaborated, adapted, and responded physically, mentally, emotionally, and spiritually.

► **Key Words:** dyad · Flight 1549 · listening · Miracle on the Hudson · nursing · storytelling · trauma

Trauma is any distressing event or psychological shock from experiencing a disastrous event (Webster’s Dictionary, 2001, p. 760). The surgeon general has recognized trauma as a major public health risk (Courtois & Gold, 2009). Individuals can directly experience a trauma or be indirectly traumatized through witnessing or other forms of secondhand exposure (Courtois, 2002). In a national survey of the general population, 60% of men and 51% of women reported having experienced at least one traumatic event in their lifetime (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995).

People who have experienced traumatic events may tell trauma stories that are fragmented and disjointed, and understanding these stories can be complicated and challenging (Leydesdorff, Dawson, Burchardt, & Ashplant, 2009). Trauma is experienced subjectively; its meaning is very personal (BenEzer, 2009): “for a trauma survivor, putting the story and its imagery into words is the goal of recovery” (Herman, 1992, p. 177). Being asked to share traumatic experiences lets storytellers know that listeners recognize them and their suffering (Rosenthal, 2003). The absence of an invitation to share may convey the message that these experiences are unspeakable or unbearable to listen to; in addition, delayed disclosure and negative reactions to disclosure have been associated with poor adjustment (Ullman, 2007). When people avoid talking about a traumatic event with a victim, the victim may interpret it as a lack of concern and support (Guay, Billette, & Marchand, 2006). Esposito (2005) found that women who had been raped failed to disclose the rape during many subsequent encounters with healthcare providers because no one ever asked them about it. In a study of veterans, it was reported that when healthcare providers asked them about previous trauma, 71% disclosed a history of trauma; nearly 45% remembered receiving a negative response to their disclosure and 30% felt they had not been believed (Leibowitz, Jeffreys, Copeland, & Noel, 2008). Symonds (1980), who worked with crime victims, described the second wound, which he defined as “the victim’s perceived rejection by and lack of expected support from the community, agencies, family, friends, and society in general” (p. 37). Nurses and other healthcare professionals risk creating a second wound if they do not acknowledge trauma, fail to invite the patient to share, or respond in a way that does not feel meaningful to the patient.

For nurses, listening is one way of responding and adapting to patients within the nurse-patient relationship. The essence of nursing through the ages has been rooted in the relationship between nurse and patient (Roy, 1988).

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DOI: 10.1097/NNR.0b013e3182348823

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In Roy’s Adaptation Model of Nursing, the person is conceptualized as an adaptive system functioning toward a purpose (Roy, 1988). In Roy’s theory, it is proposed that, as adaptive systems, humans respond to stimuli to initiate a coping process, which has an effect on behavior that leads to responses that are either adaptive or ineffective (Perrett, 2007).

Nurses who bear witness to trauma survivors should keep in mind that “just talking without being listened to is not enough; the one that talks must find someone who will listen” (Vajda, 2007, p. 90). In addition, as Bunkers (2010) observed, there is more to listening than hearing the words of another person. When nurses are listeners for storytelling patients, a dyad is formed. In a dyad, each person must relate directly to the other; thoughts and feelings are engaged (Moreland, 2010). The act of listening enables humans to be present and to bear witness to one another (Kagan, 2008). By remaining present, listeners can create a space for storytellers to reveal themselves, the experience, and the story. “Stories are told with, not only to, listeners” (Frank, 2000, p. 354). Pasupathi and Rich (2003) found that storytellers told shorter stories and experienced negative emotions when listeners were distracted. They also found that, when listeners did not respond to the meaning in the story, storytellers had problems completing the story.

Listening to the patient’s story is part of the emotional labor of healthcare (Barrett et al., 2005). Repeatedly listening to trauma stories is not without effect on listeners. Exposure to accumulated stress and secondary trauma can result in compassion fatigue; individuals can become fatigued, depressed, and withdrawn and can lose interest. They can experience recurrent thoughts and images, somatic symptoms, and anger (Showalter, 2010). Shorr and Pennebaker (1992) found that, as dyads of listeners and storytellers shared a story of the Holocaust, the listeners’ heart rate increased and the storytellers’ heart rate decreased. Nurses and social workers were reported to have strong physical sensations when doing traumatic clinical work (Raingruber & Kent, 2003). Baird and Kracen (2006) documented secondary stress reactions and posttraumatic stress disorder symptoms in trauma therapists. These reactions may affect the treatment process as well as the therapist’s own experience (Canfield, 2005). Listening to trauma stories may affect the listener; the storyteller may sense this and adapt by changing the way they share.

Nurse practitioners have described listening as the most valuable skill they have (Parrish, Peden, & Staten, 2008). Hearing the patient’s story helps in understanding the patient as a person (Barrett et al., 2005). In spite of the emphasis in nursing education on the importance of listening to the patient, “there is a paucity of nursing literature on listening” (Kagan, 2008, p. 109). Little information is available on what listening to stories of traumatic events is like for nurses, how they may be affected by such stories, and how the patient experiences the nurse as listener. This study sought to illuminate the experience of the listener and the storyteller when a traumatic event is shared within the dyad by interviewing individuals who told their story of being involved in the crash-landing of a plane and the people who listened to them. The knowledge gained from this study has implications for individuals who share stories of traumatic events and the nurses and other healthcare professionals who listen to them.

**Methods**

**Design**

An interpretive phenomenological research approach, as outlined by van Manen (1997), guided this study. Van Manen believed that lived experience was the starting and ending point of phenomenological research (van Manen, 1997). This approach was chosen as a way to gain a deeper understanding of the lived experience of individual participants. The personal experiences that were part of the public traumatic event may not have been known by others. This study was done to illuminate the experience of the listener and the storyteller when a traumatic event was shared within the dyad.

**Setting and Sample**

The context was the crash-landing of a plane, which was the traumatic event. On January 15, 2009, U.S. Airlines Flight 1549, bound for Charlotte, North Carolina, took off from a New York airport carrying 150 passengers and 5 crew members. The plane lost engine thrust shortly after takeoff when a flock of Canadian geese flew into the engines. It crashed landed in the Hudson River in New York City, and all those on board survived. The good news of this event, which the media dubbed Miracle on the Hudson, spread throughout the country. Despite its outwardly happy ending, the event would be considered traumatic for the individuals involved.

**Data Collection**

A purposive sample was obtained in that individuals were sampled in order to purposefully inform an understanding of the phenomenon under study (Creswell, 2007). As primary investigator (PI), I obtained institutional review board approval from my academic setting. I then sent an invitation to participate to potential participants. It was sent via e-mail to 20 potential storyteller participants by an individual who had contact with those involved in Flight 1549. The invitation contained an overall description of the study, including the purpose, and the PI’s name, background, and contact information. The 12 storyteller participants who responded and agreed to be in the study then asked someone who had listened to them tell their story previously if he or she would be interested in participating in the study as the listener member of the storyteller–listener dyad. If the listener agreed, he or she responded via e-mail. Listeners were then sent the original e-mail invitation.

The purposive sample consisted of 24 participants forming 12 dyads, each with a storyteller and a listener. These spouse, friend, sibling, and parent dyads included 9 men and 15 women, with ages ranging from 29 to 74 years. Signed consent, including permission to be audiotaped, was obtained from all participants who were made aware that their participation was voluntary and that they had the right to
Data Analysis

Data analysis was carried out according to the process described by van Manen (1997). The following steps were taken to achieve rigor: preconceived notions and beliefs were put aside about the phenomenon under study. A holistic reading was done of each transcript to get a sense of it as a whole and then read again to see what statements or phrases seemed to best represent the experience of the participants. During these readings, notes were made in the margins, using different color highlighters for what appeared to be different categories of statements. Each of the statements or phrases was listed in categories that seemed to be related. After repeatedly reviewing and dwelling with the data, five essential themes were identified, after determining that the phenomenon would lose its meaning without the inclusion of these themes.

As a way to further maintain rigor, the PI collaborated with two professional colleagues and expert qualitative researchers who reviewed transcripts and findings; each had more than 20 years of experience in qualitative research. A journal was kept to record additional observations and personal reflections. Findings were presented and clarified with participants to assess whether the transcripts were accurate and whether the identified themes resonated with them. According to Lincoln and Guba (1985), “The criterion for objectivity is intersubjective agreement; if multiple observers agree on a phenomenon, then their collective judgment can be said to be objective” (p. 292). Saturation, as described by Lincoln and Guba (1985), was achieved upon interviewing nine dyads, as there was no new or different information emerging; however, a total of 12 dyads were interviewed to confirm redundancy and maintain rigor. There was intersubjective agreement on themes between the PI, participants, and expert qualitative researchers. Five essential themes were supported in the form of narrative excerpts from participants.

Results

The five essential themes and the data to support them are discussed in the sections that follow.

Essential Theme 1: The Story Has a Purpose for the Listener and the Storyteller

Purposes identified included sharing the facts and the special story, giving inspiration, and providing a benefit to the storyteller and the listener. Personal experience often differed from public media presentation. One storyteller noted, “I guess there’s almost this compulsion to set the record straight and say, ‘It’s still a wonderful story, and we are so fortunate, and it could have been so much worse, but let me tell you, it wasn’t as easy as you think.’”

Storytellers wanted to inspire: “I’ve seen the really, really strong inspirational impact it had on certain people. That’s the kind of impact I want to have when I tell it because that’s the most rewarding for me.” In turn, many listeners described experiencing a feeling of awe while listening. Storytellers and listeners spoke of feeling that the story was special. A listener smiled and whispered, “I love the story.” A storyteller described the story, “It’s a little bit, maybe, too big of a word—sacred—but just special, very special.” Many felt that an incomplete version was disrespectful. One storyteller felt that “the worst thing that can happen when you are telling somebody about something like this, it’s either dismissiveness or indifference.”

It was revealed repeatedly that the storytellers did not mind telling their story and felt that telling was helpful to them. One storyteller said, “I could probably go on a ramble about it as long as anybody would listen.” She went on to say, “It was very therapeutic, saying it over and over; it helped me remember things.” Another storyteller explained, “Talking about it was actually a way for me to release, not to keep it in, because I think I know myself enough: I keep it in, and it will just burn a hole.” In some dyads, the listeners had the impression that the storyteller preferred to avoid telling the story. A listener shared her belief, “I know she did not want to tell it all the time.” Another commented, “I did not have a sense that he needed to share or get support.” These statements revealed that listeners sometimes had a different perception of the storyteller’s desire to tell the story and were unaware of the benefit of doing so.

Another benefit of telling the story was reflected in the fact that, as time went on, listeners and storytellers noticed that the more they shared, the easier it got. They felt less emotionally and physically reactive. A storyteller explained, “Over time, I feel less bad about it. The trauma of the actual event has subsided some.” A listener found that her responses had changed as well: “You know, I still get the chills on occasion, but it’s not as emotional as it was for the first few months.” A storyteller explained, “Going through it over and over and over again, it got easier and easier. I don’t think I could have healed without—and I really feel that I healed from it.” All participants spoke about learning and gaining a sense of understanding as they shared. A listener recalled, “Each time we’d share, we’d learn a little something.” A storyteller recalled that, “Telling it, it helped me process it to a certain extent.”

stop participation or withdraw from the study at any time without penalty. Information regarding the availability of mental health counseling was also provided to participants.

In-depth interviews were done face to face with 21 participants; the remaining three interviews were conducted on the telephone because of participant availability. Each storyteller and each listener were asked to speak about what their experience was like when the traumatic event was shared within the dyad. Each storyteller was asked, “Tell me what it was like to tell your story to [name of listener].” Each listener was asked, “Tell me what it was like listening to [name of storyteller] tell you [his or her] story.” The interviewer encouraged participants to share their experiences by asking nonleading questions such as “Tell me more about your experience” until participants felt they had no more to say on the topic. The interviews were audiotaped, assigned pseudonym titles, and downloaded individually to a secure server. Each audiotape was transcribed verbatim by a transcriptionist who had completed the Human Subjects Research in Social and Behavioral Sciences module as well as the Research Integrity module. Names were removed during transcription. After the transcription was completed, each transcript was reviewed for completeness and to ensure that all identifying information was removed.
Essential Theme 2: The Story That Is Known as a Whole May Continue to Change as Different Parts of It Are Revealed

Participants talked about how the story was remembered, told, and listened to in bits and pieces—that there was a “worst part” to the story and that the story evolved as information was gathered. All participants were drawn to fill in the holes of the story or elaborate on specific parts. A storyteller explained, “So in the beginning, it was probably a lot of—I was probably—definitely more scattered. So I maybe couldn’t have told it in a linear fashion.” She remembered things as she shared: “So it was a progression to where my story is today, and I—it may change; I don’t know that it’s complete. I suspect there will be continued learnings, there will be the evolution.” Listeners also were aware of the evolution of the story: “Listening in those respects over the next 4 or 5 months when bits and pieces would come in, it would be more of an unveiling of something.” The listener and the storyteller often collaborated to piece the story together, accepting what they knew in the present moment to be the story while being open to the possibility of change in the future.

Even though parts of the story changed as information was gathered, the part of the story that was identified as the worst part never changed. A listener revealed the worst part for her: “He thought he was going to die. But the most painful was the next day, when I got to process it more.” There is no way to know what the worst part was for each individual without asking them. A storyteller recounted what was the worst part for him: “We’re going down, and he’s already told us to brace for impact, and I start thinking about what I was thinking then…. That would get me choked up every time.”

Essential Theme 3: The Story Is Often Experienced Physically, Mentally, Emotionally, and Spiritually

Both members of the dyad were aware of physical manifestations of emotion reflected in the body, the face, and the eyes of the other as the story was shared. Simultaneous listener—storyteller nonverbal communication added to the collaborative nature of the experience within the dyad. The observation, perception, and interpretation of these nonverbal cues affected the creation, cessation, and modification of dialogue as well as the images, emotions, and physical sensations experienced. For example, the responses of the listener often validated the storyteller: “Just to see the reaction on other people’s faces makes you realize exactly how traumatic the experience was.” This storyteller described her awareness of the listener as she spoke: “I do notice if I feel like they’re actually interested in listening to what I’m saying or not. I notice it in people’s faces.” She found herself responding to these nonverbal cues: “I’m very big on mannerisms and stuff like that. If I felt like they were losing interest, then I probably would just quit talking about it.”

Participants also had physical reactions to the experience. One listener remembered “that nonstop crying and the throwing up.” A storyteller noted, “I can get varying degrees of physical response, tightening, tensing up, or I found myself fidgeting and stuff like that; the heart rate starts to go up a little bit.” The listener in this dyad remembered she would “get goose bumps at a certain point when he would talk about it.”

Listeners and storytellers experienced the story mentally through images. This occurred spontaneously at times, and at other times, the participant actively tried to picture things. In one dyad, the storyteller recalled, “So when I started telling about it was—it was the pictures playing over and over in my head.” In the same dyad, the listener revealed, “I could almost tell you what she looked like; I could picture her there.” Another listener talked about “seeing” the storyteller’s experience as she escaped the cabin of the plane. “You know, getting out on that wing, I almost—it’s almost like, you know, I can almost—I can see the light.” He imagined being there: “I’ll be thinking about it, and maybe listening to her, and at the same time maybe trying to imagine what it’s like being right alongside of her.” Participants often described a sense of derealization as they shared the story of the traumatic event. A storyteller felt as though he was “dreaming.” A listener recalled thinking, “This is surreal.”

While telling or listening, participants experienced the story emotionally. A storyteller elaborated: “When I talk about it and remind her how much she means, it definitely gets her emotional, I know it does. And I, in turn, get emotional.” The listener in this dyad was clear about the emotional impact that listening had on her: “I was, like, traumatized by this, you know, by listening to it.” She called her experience an “emotional roller coaster.” Both listeners and storytellers reported feeling as though they were reliving the experience as it was shared. A storyteller recalled, “When I’m going through the narrative, it’s like in a lesser degree as time has gone on—but it’s kind of happening again, and instead of just talking about the emotional part, it’s more like you’re feeling the emotional part.” A listener felt that things came alive as she listened: “And so as he speaks, and I’m listening, then I am, if you will, reprocessing. I’m reliving, I’m recounting. I’m—it’s real.”

Participants also had spiritual experiences. As one listener put it, “God was providing me a moment by moment peace” as the storyteller shared bits of what had happened early on. Another listener felt a presence. She had a “feeling wash over her” and felt as if “someone was trying to comfort me”—like maybe it was the Holy Ghost.

Essential Theme 4: Imagining the “What” as Well as the “What If” Is Done by Both Listener and Storyteller

Many participants found themselves imagining what happened as well as what could have happened. When a storyteller imagined the what if, he thought about “the things I was going to miss out on, I wouldn’t—all those missed-out-on things that haven’t happened yet. And every time I’d think about that, and how lucky I am to do some of those things, I just get choked up.” One storyteller imagined what it would be like to lose his wife, the listener, and, at the same time, what it would have been like for her to lose him: “I always try to reflect in other people’s shoes, and if I lost my wife, it would be devastating. It would have been very painful for her [to lose me]. Still painful for her [to contemplate], I’m sure, but it didn’t work out that way.”

Many listeners imagined what had happened and what it was like for the storytellers by putting themselves in their shoes. A listener revealed, “Every time she was telling it, I would think—I would picture myself in her situation. I see
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**Continuing to listen for the sake of the other despite feeling as though they had had enough of listening may affect listeners as well as storytellers. Storytellers had some awareness of listener saturation and desire to move on. One storyteller believed that, after initially hearing the entire story, the listener had met her capacity for listening and had become saturated; she said, “She doesn’t really want to hear it.” Another storyteller worried about the effect on the listener: “I would not want to bore people...I don’t want to wear somebody out with it.”**

All storytellers noted that when they were with other people who had shared the traumatic experience, they felt understood: “That’s the best-case scenario because they really understand what’s going on...because they understand what I went through.” One storyteller added, “Unless you’ve lived it, there’s no comparison.”

**Integrated Essential Essence**

The meaning of phenomenological description lies in its interpretation, its aim to transform lived experience by breathing meaning into a textual expression of its essence (van Manen, 1997). A textual interpretative statement was formulated from essential themes as a summary of the experience. An integrated essential essence was created to capture the essence of the experience of the listener and the storyteller when a traumatic event is shared within the dyad. The Integrated Essential Essence is as follows. The traumatic event is lived by an individual who, in an attempt to understand his or her own experience and to eventually have it understood by another, forms a story about the event and his or her experience and shares it with a listener, forming a unique dyad. Seeking physical, psychic, and spiritual integrity, the listener and the storyteller collaborate, sharing the story of the traumatic event and the experience in a complex, nonlinear multifaceted way, continuously adapting while attempting to create a sense of meaning through the experience.

**Discussion**

**Implications for Nursing**

For nurses, inviting an individual to share his or her experience of a traumatic event is a way to say, “I see you; come, share your story with me, and I will listen.” Initial assessments are not complete without this invitation. This study revealed a collaborative, adaptive process between listener and storyteller, consistent with Roy’s Adaptation Model. It was revealed that the listener and the storyteller acted as interdependent parts, collaborating as they shared the story of the traumatic event within the dyad. Participant’s individual patterns of adaptation and individual attempts at coping were illuminated, providing a deeper understanding of the lived experiences of these individuals.

Sharing stories of traumatic events is one way of responding and adapting to the stimulus of trauma. In this study, the results showed that despite feeling as though they had had enough of listening and wanted to move on,

me doing it. I wasn’t listening as much as I was picturing myself in it.” One listener imagined two aspects of walking in the other’s shoes. First, she imagined how the storyteller had experienced the event: “It was amazing to listen and then try to put myself in his shoes to really try and comprehend the thought processes that he was describing.” Second, she imagined experiencing the event herself: “Once I get a feel for things I step into a role, but I’m going to—so as he tells the story, then I try and put myself in his shoes, and how would I have reacted?”

Some participants, in contrast, felt that they could never imagine putting themselves in the shoes of the other: “There is no way you can understand; there’s no way, even if you’d had a similar experience, that you can put yourself in their shoes.” They may have understood the facts but have been unable to achieve a deeper understanding of the lived experience.

**Essential Theme 5: The Nature of the Relationship Colors the Experience of the Listener and the Storyteller When a Traumatic Event Is Shared Within the Dyad**

The listener, the context, the type of relationship, and the amount of time the dyad spent together affected the experience of sharing. A storyteller observed, “A lot of that storytelling has to do with the listener, too.” He said that he “tells the story differently depending on who he is talking to.” Sometimes storytellers altered the story to protect the listener. One storyteller told me, “I didn’t want to burden her. I didn’t want to—I just didn’t want to upset her.” The listener in this dyad explained, “She doesn’t want me to really know how it really was...and she was worried about me.” Other listeners felt that they had listened so often they knew the story by heart: “It’s become very familiar, and I could almost, you know, recite at least parts of it.”

Storytellers always made decisions about whom to share their story with: “It’s almost like because it’s such a personal and deep experience, you sort of don’t want to waste it on people.... It’s precious, like a piece of gold.” They considered the reactions of listeners: “When somebody acknowledges your feelings—and not just acknowledges; somebody says, ‘Oh, this must have been this and that’—it makes you more willing to discuss your feelings that maybe you were a little more reserved about before.”

That some listeners felt they had had enough of listening and wanted to move on was evident in the study findings. A listener explained, “It’s not so therapeutic for me to keep reliving that, I guess.” Another listener described being “sick of hearing the story” and expressed a desire to “move on, some normalcy.” As a way to cope, another listener revealed an attempt to actively try not to listen: “I just think I knew I’d heard it, and I didn’t want to have to get it in my mind again.” Another listener became “exhausted, definitely exhausted” after fully listening for a very long time. However, she was one of several listeners who said they would continue to listen if the storyteller needed them to: “I mean, I was there to support, as I still am, and that’s just what you do.” Adding, “I wouldn’t have done anything differently.”
some listeners adapted by continuing to try to listen. Nurses may do the same. Just as some athletes develop stress injuries, some nurses who listen repeatedly to stories of traumatic events may develop stress injuries. This pattern may carry a risk for both nurse and patient. Nurses may continue to listen for the sake of their patients; however, they may experience compassion fatigue and, as a result, may tire, withdraw, and lose interest. Patients may sense this and adapt by altering their trauma story or by not sharing it at all. Focusing more intensively on listening within nursing curricula may be of value. Preventing stress injury, exploring ways to promoting resilience, and illuminating ways for nurses to be with patients so they are able to share their stories of traumatic events are of value to nursing.

Implications for Future Research
Nursing education includes the topic of therapeutic communication. However, few studies have explored how the patient experiences the nurse during this communication and what it is like for nurses to be fully present while listening. Further dyadic studies exploring the experience of sharing a traumatic event within the nurse–patient dyad may reveal patterns related to listening, being heard, presencing, resilience, and burnout or compassion fatigue.

Future studies exploring the experience of sharing a traumatic event in specific relationship dyads may reveal different patterns. For example, veterans are returning from war having experienced traumatic events. Exploring what it is like for these individuals and their significant others to share these events may add to the understanding of their experience.

Also highlighted in the results of this study was the sense of understanding that often exists among individuals who have shared similar experiences. Nurses who have experienced traumatic events and work-related stress injuries may benefit from sharing these with other nurses who have had similar experiences. This sense of mutual understanding may be a protective factor in recovery from work-related stress, burnout, and compassion fatigue.

Strengths and Limitations
A strength of this dyadic study was that it enabled the perspective of both listener and the storyteller to be illuminated. The findings may be of value to the nurse–patient dyad, because the nurse is often the listener to the patient storyteller when a traumatic event is shared. The fact that three participants were interviewed on the telephone may have changed what was shared; however, there did not seem to be any differences in the findings among these participants. A potential bias is that the PI’s brother was a passenger on the plane. He was not a participant in the study.

Conclusions
This study illuminates the experience of the listener and the storyteller when a traumatic event is shared within the dyad. In this study, it was revealed that, when the traumatic event is shared, the story includes more than factual events; it is accompanied by feelings and images. The story evolved as it was remembered, told, and listened to in a nonlinear, multifaceted way. When the traumatic event is shared within the dyad, the listener and the storyteller collaborate, adapt, and respond physically, mentally, emotionally, and spiritually.

References


