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## THE PEN AND THE COUCH: POSSIBILITIES FOR CREATIVE WRITING AND NARRATIVE THERAPY IN SOUTH AFRICA

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### **ABSTRACT**

*This paper deals with the link between narrative therapy, a post-modern, discourse-based therapy with its focus on re-storying life experiences thereby extracting the positive, and creative writing and the possible applications of said link in the South African context. The discussion explores the background and central concepts of narrative therapy and creative writing, suggesting possible applications of some international and South African narrative therapy/creative writing partnership examples and their positive outcomes to the South African milieu. The paper specifically looks at the partnership in relation to persons living with HIV/AIDS and offenders in correctional facilities in South Africa.*

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**Key words:** narrative therapy, creative writing, creative writing as therapy, South Africa, HIV/AIDS, prisons

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## INTRODUCTION

The field of narrative therapy has been comprehensively researched both internationally and within the South African context (Etchison, 2006; Keeling and Bermudez, 2006; Mahoney, 2006; Tucker, 2006; Guilfoyle, 2005; Baker and Mazza, 2004; Besley, 2002; Weingarten, 1998; Snyder, 1996; White and Epston, c1990). However, little academic focus exists on the links between narrative therapy and the creative writing process. This paper aims to explore the convergence between the two fields.

The paper firstly broadly examines the theoretical foundations of narrative therapy as well as the various facets of the actual therapy process. The important links existing between narrative therapy and creative writing are subsequently explored. It is submitted that the correlations between narrative therapy and creative writing have not been given enough attention. Accordingly, the focus of the paper is thus to demonstrate the underlying importance of this connection. The second section of the paper contextualises narrative therapy, therapy using narrative and the act of writing as healing within the South African milieu. Accordingly, the paper explores HIV/AIDS, as well as prisons in South Africa, to illustrate the convergence between narrative therapy and creative writing. The paper therefore investigates whether a therapeutic paradigm such as narrative therapy, combined with alternative therapies such as the act of writing, can find a viable hold in South Africa as a complimentary way of dealing with sensitive contemporary concerns.

## NARRATIVE THERAPY: BACKGROUND

Narrative therapy was initially developed in c1990 by Michael White and David Epston as a form of family therapy, and is also a part of a larger paradigm shift within post-modernism, known as the *linguist turn* (Besley, 2002). Essentially the linguist turn is concerned with the language of representation rather than actual objects or referents (Tucker, 2006). The movement towards narrative can furthermore also be seen as a response to the “formalism and scientific pretensions of structuralism” (Besley, 2002:125) by the poststructuralist movement. Narrative therapy, in addition to ascribing to a social constructivist attitude, is philosophically based in post-structuralism, and has always represented and professed to be an alternative to the “pragmatic, empiricist, instrumental therapies and health-care systems that have come to dominate the global psychotherapy scene” (Besley, 2002:125).

## WHAT IS NARRATIVE THERAPY?

The Dulwich Centre in Adelaide, founded by Michael White, is an institution dedicated to narrative therapy and its meaning within the context of therapy as a whole. The centre's manifesto states that narrative therapy "...assists persons to resolve problems by: enabling them to separate their lives and relationships from those knowledge[s] and stories that they judge to be impoverishing; assisting them to challenge the ways of life that they find subjugating; and, encouraging persons to re-author their own lives according to alternative and preferred stories of identity, and according to preferred ways of life" (Besley, 2002:125).

## CENTRAL CONCEPTS

The development of narrative therapy gave rise to a series of central concepts essential to the study of the therapy method, the first being post-modern *therapeutic conversation* or *discourse*. The aim of this discourse is to deconstruct, expose and subvert the dominant patterns of relating, that is, the dominant cultural norms. In essence, human beings negotiate meaning through their stories and certain stories can have a detrimental effect on the individual, serving to subjugate, marginalise or trivialise experiences. The point of this process of therapeutic conversation is to highlight the negative discourses that are often not acknowledged, in order to open up new discourses and facilitate positive changes (Sliep and Meyer-Weiss, 2003). While the process has been dubbed therapeutic conversation, implying verbal engagement, it is submitted that this 'conversation' incorporates the written as well.

Another important concept in narrative therapy is *externalising the problem* or externalising the internalised discourse. This process deals with the problem as an entity separate to the individual, encouraging him/her to see that if the problem operates independent of the person and not as an inextricable and fundamental part of the person, the problem can be cauterised (Weingarten, 1998). Externalising conversations separate the person from the problem. A dialogue is initiated that highlights the problems of the current relationship, be it with the self or with others, and opens up discussion on preferred realities (Etchison and Kleist, 2000). These conversations ultimately serve to allow the person to function rationally and progressively in therapy sessions rather than struggling with issues of self-blame and guilt that arise when the problem is viewed as part of the person's personality (Sween, 1998). Writing the problem down facilitates this process

well, since the act of writing can already be seen as an act of externalisation (Keeling and Bermudez, 2006).

The concept of the *story* also figures extensively in the work of narrative therapists. Stories determine the “ascription of meaning to experience and the selection of those aspects of experience that are to be given expression” (Weingarten, 1998:12). Stories give meaning to our lives. All stories are placed within narrative structures that further organise and give meaning to experience (Etchison and Kleist, 2000). An obvious narrative structure would be the written word. Stories are important to narrative therapists, firstly, to ascertain the dominant story and the extent of its negative or positive influence, and also to make the person aware that there are at all times alternative stories operating within the dominant one. These alternative stories are often the reason for problems, be it a suppressed experience of some kind of trauma, or an action or secret that can find no outlet. Narrative therapists agree that the actual physical telling of the story, be it verbal or written, and the knowledge of being witnessed in the telling of the story, can be beneficial (Sween, 1998). The writing down of the story gives both therapist and client a clear sense of continuum. One can physically see the effects of therapy if one has a previous written text to which one can refer.

## **CHARACTERISTICS OF NARRATIVE IN NARRATIVE THERAPY**

The first key characteristic of narrative therapy is *narrative coherence*, which is established by the interaction between the plot, character, roles and themes or values (Weingarten, 1998). *Narrative closure* occurs when the story that is told seems to have only one ultimate meaning, only one way of understanding it, which happens very seldom in totality since the stories of real lives often have gaps. The listener or reader of the story has a role here, in that he/she can fill in these gaps for him/herself and ultimately for the client as well (Weingarten, 1998). Lastly, *Narrative interdependence* is important, since any story creates positions for people that are often undesirable and ultimately skew perceptions of the people in the story teller’s life. The characters of every story need to be independent of each other, in the sense that they don’t become crutches or burdens to the story-teller, but exist interdependently of him/her (Weingarten, 1998). Analysing the physical aspects of a client’s stories is much easier when the stories are written down. The client, then, can also experience the analysis of his own text and reap the therapeutic rewards from that. Also, the therapist no longer encourages the client to tell and write stories so that he/she can interpret it as the repository of knowledge, but rather he/she becomes the co-constructor of knowledge

(Sween, 1998) and reality with the client, indicating the theoretical shift from positivism to social constructivism (Tucker, 2006).

## **THE CONVERGENCE OF NARRATIVE THERAPY AND CREATIVE WRITING**

The act of creative writing is also the act of telling a story, a fundamental in narrative therapy. Creative writing can play a role in understanding the characteristics of narrative, as well as sifting through peripheral or suppressed stories of being. This section of the paper explores the importance of creative writing when it is linked to narrative therapy as a therapeutic tool.

### **CREATIVE WRITING AS THERAPY**

According to Keeling and Bermudez (2006), writing "...is another form of expression described in literature as facilitating the process of narrative therapy. Besides being considered an enjoyable activity by some clients, writing is used to record and explore problem stories, to develop emerging preferred realities, to facilitate change, to create archives of success stories and to cultivate possibilities for future change in self and others" (Keeling and Bermudez, 2006:407).

Writing as a means of processing one's life experiences is not a recent practice. Poets and novelists throughout history have used traumatic experiences in their lives as inspiration for their work (Baker and Mazza 2004; De Salvo 1999). There exist many examples of this creative-therapeutic process, such as Breyten Breytenbach's *Confessions of an Albino Terrorist* (1984), Wole Soyinka's *The Man Died* (1988) and *Shuttle in the Crypt* (1972), Salman Rushdie's *Shalimar the Clown* (2005) and *Midnight's Children* (1982), Nelson Mandela's *Long walk to Freedom* (1994), Ted Hughes' *Birthday letters* (1998), to name but a few. The popularity of creative writing for individuals who are not writers by profession as a means to deal with personal issues has been long established, but only recently have the medical and psychological professions taken note of this trend (Baker and Mazza, 2004). Journaling workshops, autobiography, bibliotherapy, song lyrics, drama, poetry therapy and the use of narrative are but a few examples of existing expressive therapeutic practices (Keeling and Bermudez, 2006).

### **CREATIVE WRITING AND NARRATIVE THERAPY**

The various links between narrative therapy and the act of creative writing are discussed in this section. Narrative therapists help individuals "reframe

their life experiences as stories, empowering the narrator/client to manipulate personal meanings, responses and reactions as a means of changing long-term consequences” (Baker and Mazza, 2004:143). Narrative therapy’s main premise, as set out by White and Epston (1989), is that people experience problems when the stories of their lives, as they or others have invented them, do not sufficiently represent their **life experiences**, hence the overarching goal of narrative therapy is to *re-story* lives. White and Epston encourage that these stories be in a format readily accessible to others, such as tape recordings, letters and written stories.

On a very pragmatic level, the nature of the narrative therapy process is such that the careful and specific listening to the minute details of a client’s story can, and does, often highlight stories and issues weaving in between the overarching story. The act of writing the story gives the therapist a document that he/she can peruse and analyse in his/her own time and at his/her leisure in order to identify and raise the fine subtleties of a client’s narrative. (Reflections of an Imaginative Counselling workshop given by Julian Muller and Lourens Human held at the University of Pretoria from 27-29 August 2007).

Expressive writing as therapy is a way of using writing to gain insight into personal struggles and to heal emotional wounds (Keeling and Bermudez, 2006). It is a way of self-healing, which encourages us to develop personally, understand our needs and explore our creativity (Keeling and Bermudez, 2006). It is, fundamentally, a means to self-exploration and discovery in an attempt to become a whole person.

The act of writing to a known possible reader changes the writing. It becomes more prepared and rounded off and better thought through (Snyder, 1996). The act of writing these stories in detailed, organised, compelling, vivid and lucid retrospect will be much more beneficial to the client than mere dumping thoughts onto a page (De Salvo, 2001).

Autobiography, a genre based on facts, is a very good way to reach the goals set down by narrative therapy (Baker and Mazza, 2004), when written in partnership with a narrative therapist. The narrator/client weaves an integrated story using scene, detail and memories of life, allowing processing at a deeper level, using reflection to come to new depths of understanding and at times bringing closure to unresolved issues (Keeling and Bermudez, 2006).

The writing process should be structured in such a way that self-discovery is at the core of the experience (Wright and Chung, 2001). A private dialogue

with the self is initiated through writing, which inevitably highlights certain aspects of ourselves we weren't aware of, such as patterns of behaviour that compel us, inner imagery that haunts us, fears and uncertainties that hold us back from being able to hear our own voice (Keeling and Bermudez, 2006). These discoveries are, quite obviously, of great importance to all narrative therapists, making the act of writing essential to the therapeutic process. The writing down and discovery of problems that need to be externalised is the first step, and the re-writing of a positive story or narrative outcome is the last step. In between, the constant act of writing as well as the learning of narrative structures and tools may help this process of arriving at a triumphant narrative come to fruition (Sliep and Meyer-Weitz, 2003).

## **LITERACY AND SOUTH AFRICA**

Given the low levels of literacy in South Africa, it is important to discuss it in relation to a therapy with a focus on writing. It is not an insurmountable difficulty, as can be seen in the various *narrative theatre* projects in South Africa. Narrative theatre is a performance based therapy that works on the same principles of narrative therapy (Sliep and Weitz, 2003), and a further partnership between narrative therapy and narrative theatre could be considered in addressing the problem of literacy. Instead of writing their stories themselves, clients tell it to a facilitator who writes them down on their behalf into a performable structure. The therapeutic benefits here are the act of seeing their stories performed and re-storied rather than writing them down themselves. Examples used, like Mullen (1999), for instance, has already shown that collaborative art-based projects are viable and successful in the United States, so further and more diverse alternative collaborations could perhaps be viable in South Africa.

## **NARRATIVE THERAPY, CREATIVE WRITING AND THE SOUTH AFRICAN CONTEXT**

This section of the paper explores the benefits of a creative writing/narrative therapy approach, and aims to illustrate, by considering two specific social problems, where they could be used.

Narrative therapy and creative writing may be a positive process to aid South Africans. Telling stories of Apartheid and writing them down is the first thing that comes to mind. Much healing has already occurred during the telling of such stories at the Truth and Reconciliation Commission (TRC), and perhaps writing down these stories can further facilitate the healing that, even after so many years of democracy, is still needed. A very pertinent example would be

Antjie Krog's *Country of my Skull* (Krog, 1999), a novel dealing very specifically with the stories of the TRC. Also see Allan and Allan (2000) to see how the TRC itself has been used as a therapeutic tool. This paper, however, will be concentrating on two other aspects pertinent in South Africa: HIV/AIDS and the social problems in prisons.

## **HIV/AIDS**

HIV/AIDS is a pandemic in South Africa. The statistical data on HIV/AIDS in South Africa provides a glimpse on the extent of how HIV/AIDS has affected the country. According to the website of the Aidsfoundation of South Africa, the country has the sixth highest Aids prevalence in the world. It is estimated that 18.8% of the population of South Africa is infected and that in 2005, about 320 000 people died of AIDS related illnesses. According to UNAIDS, by the end of 2005 a total number of 5.5 million South Africans were living with Aids, making it the country with the most severe HIV/AIDS epidemic in the world (Aids Foundation of South Africa, nd)

Further "efforts to stem the tide of new infections have only had limited success, as behaviour change and social change are long-term processes, and the factors that predispose people to infection – such as poverty, illiteracy and gender inequalities – cannot be addressed in the short term" (Aids Foundation of South Africa, nd).

There still remains a veil of silence and myth surrounding the illness, however. This is where narrative therapy and creative writing might aid.

### **“EVERYONE KNOWS ONE”**

A good example of giving HIV/AIDS a voice is the newspaper, *Sunday Times*, with its project called "Everyone knows one." The project encourages people to submit their stories of HIV/AIDS to the newspaper in an effort to demystify the illness and to create even more awareness, as well as provide a platform for therapy. The stories published are each unique in terms of situation and cultural groups. Everything from a white suburban family's experience in *My child's nanny is HIV positive* (Anonymous (a), 2007) to a black man's story in *It is my duty as a husband to protect my sick wife* (Anonymous (b), 2007) appears in this section of the newspaper. These stories are testaments to resilience and hope, and *Sunday Times* has been very intelligent in their choices for publication, reflecting the diversity of the country as well as the problems and stigmas that are currently finding precedence in South Africa. Creating the stories of sufferers and triumphs,



specifically aimed at others reading and engaging with the stories, may offer levels of hope as well as understanding. Some of the stories tend towards the didactic, and are sometimes written from the perspective of those ascribing to the various myths surrounding the disease, but providing a platform where these various perspectives can be showcased and demystified, as the *Sunday Times* has done, is essential. The telling of HIV/AIDS stories has been done, especially through television, but it can be taken much further. Narrative therapy's concentration on the restructuring of life stories so that the focus lies on the triumphs, would be very useful in conjunction with the "living positively with HIV" campaigns currently running in South Africa.

### **THE MEMORY BOX INITIATIVE**

Another good example where creative writing therapy can assist in HIV/AIDS therapy is the "Memory Box" initiative. Many children, some as young as eight or nine, are forced into the role of primary caregiver due to the loss of older relatives through HIV/AIDS. The aim of the initiative is to help these children cope and come to terms with their loss. The basic concept is that the child places a photograph of the relative in a box and starts adding pictures, photos, letters, etc, building up, as it were, a memorial of the person. Memory box projects have also been very useful for women with HIV/AIDS. Indeed, the Memory Project (MP) was initiated by the National Community of Women with HIV/AIDS in Uganda (NACWOLA) (Ogolla, Ragi and Omala, 2004). Memory Box projects have been so successful that many now exist. Their benefit is made clear by writers such as Gough (2006); White and Morton (2005); Jauslin (2004); Kapp (2004); Lytton, Morgan, Subotzky and Hwele (2004); Ogolly, Ragi and Omala (2004) and finally, Gordon (2002).

Memory boxes do not necessarily require writing. They were specifically designed to accommodate the low levels of literacy in the country, but when a child is literate, he/she can add writing to the memory box, where the principles of writing as therapy applies.

### **AUTOBIOGRAPHY: AIDSAFARI**

A more illustrative example of the convergence between creative writing and narrative therapy is Adam Levin's memoir, *Aidsafari: A memoir of my journey with Aids* (2005). In the memoir he explains why he kept notes on his experiences with HIV/AIDS. It is important to note that, even though Mr. Levin did not intend to take a narrative therapy approach when he was writing his book, parts of it still manages to ascribe to it, indicating that, as

previously mentioned, how useful the process of autobiography could be for narrative therapists.

“Since the first weeks of my illness, I had been capturing my experiences on my laptop. I made entries every couple of days, but I made them for myself. For as long as I could remember, writing has been my solace. I have always been driven by an instinctive urge to record the significant, often bewildering, events of my life, and, generally, writing has proved the best way I can make sense of them” (Levin, 2005:47).

The key phrase that illustrates the link between narrative therapy and creative writing in the above quote is “writing has proved the best way I can make sense of [significant and bewildering events]”. This relates to the narrative therapy processes of *storying* and *externalising*. The process of writing becomes the externalising factor, whereas putting events in a narrative structure (story) serves as a way to make sense of, or ascribe meaning to, events.

## **PRISONS IN SOUTH AFRICA**

Narrative therapy in combination with creative writing, as mentioned before, is not very prevalent in South Africa, but there are platforms, events and research being done on this partnership, for example, Imaginative Pastoral Counselling workshops at the University of Pretoria on a social constructivist narrative therapy approach.

Overall, research in narrative therapy is mainly done in the First World, especially Australia, the United States and the United Kingdom. A study done by Mahoney (2006) on women’s prisons in the US lists the most commonly cited problems in prisons as: substance abuse, mental illness, HIV/AIDS, sexual and physical violence, homelessness, family fragmentation, persistent poverty, and social isolation (Mahoney, 2006). These problems are common to South African prisons, indeed, to the country as a whole (Dorrington, Bourne, Bradshaw, Laubscher and Timaeus, 2001 and Mammett, 2001).

*SA Corrections Today* is a magazine from the Department of Correctional Services in South Africa providing overview material on projects, including those that use creative writing techniques, such as the Ebongweni Centre of Excellence and the Ekuseni Centre of Excellence, where offenders are encouraged to “produce their own newsletter, which has both a therapeutic and training element” (Sithole, K., Zondi, T., Ngcobo, Z. and L. Mazwi.,

2007:10). Another example that deems mention is Brandvlei's Group of Hope Newsletter (Western Cape), where offenders write about the dangers of HIV/AIDS (Choshane, 2007). Lastly, an example of writing as rehabilitation can be found in an annual art competition, which includes poetry writing and reading, at the Local Correctional Centre in Pretoria (Choshane, 2006). These correctional facilities have won awards, such as, in the case of Brandvlei, the Community Builder of the Year Award sponsored by the *Sowetan* and Old Mutual (Choshane, 2007). The writing projects that these facilities started are done in combination with other projects, such as gardening projects, educational projects and skills programmes, in order to encourage rehabilitation. This links in with the concept of therapy through a combination of exercises, which, if the awards are an indication of progress, seems to have some success.

In the US context, Mahoney (2006) goes through a list of the unique problems surrounding therapy in correctional facilities, and concludes that the process of a narrative therapy, such as developing more valid stories and re-remembering lost identities, is very effective (Mahoney, 2006). In her concluding remarks she states that in prisons "less destructive pathologising discourses are seldom accorded much urgency...[in dealing with problems such as] substance abuse, sexual and physical abuse, and mental illness" (Mahoney, 2006:82-86). It becomes the task of the social worker to supply these incarcerated US women with the tools to be the *biographers of their own lives*, in a process of realising the discourses of oppression. Narrative therapy can be the powerful tool needed for these women to "develop an understanding of the barriers to enjoying a life of freedom" (Mahoney, 2006:87). The same can be said, we believe, of the situations within the prisons of South Africa.

Creative writing and narrative therapy projects do exist elsewhere, a notable example being the work of Belgian author, Daniel Billiet. For the past five years he has conducted creative writing sessions in the prisons of Ghent. An example project would be the discussions he had with inmates regarding their fears and issues and then creating a piece of theatre (*Het huis dat tussen doornen staat*, 2004) around these individual stories and having the inmates perform them. He also worked with three female murderers on a documentary with director Kristof Bilsen (*Drie Vrouwen*, 2006), as well as assisting the victims of violent crime in writing their testimonies (*Mijn gedachten zijn mijn tralies*, (Billiet, 2006)). (Personal email correspondence with Daniel Billiet, October 2007). In all three of these projects, Mr. Billiet asserts that both offenders as well as victims of violent crime experienced a certain degree of catharsis and accomplishment in either viewing or reading

the final product. Viewing a workshopped piece of theatre or film ties in with the process of narrative theatre again, highlighting the possibilities of more diverse alternative collaborations that is not included in the scope of this essay.

Another illustrative international example is the collaborative work of Carol A. Mullen. In her paper on arts-based programs for incarcerated women in a rural area in Florida, America (1999) she explores a collaboration between movement, creative writing and the visual arts where women engaged in a process of “re-making their life story” (Mullen, 1999:146). This is one of the main focuses of the narrative therapy process. She calls the process “coming from within” (Mullen, 1999:144), and maintains that the raw materials of experience get reworked into ordered expression and re-storying (Mullen, 1999). She therefore uses many of the narrative therapy fundamentals together with creative writing to re-story the lives of a group of incarcerated women. By using movement and visual art as well she further establishes interesting possibilities for the narrative therapy model.

## **CONCLUDING REMARKS**

Narrative therapy is a relatively new therapeutic method, but provides possible alternatives to the more traditional forms of therapy. The process of re-storying negative experiences into more positive, if not triumphant, ones, as well as the concept of separating the problem from the client, serves to aid individuals going through the therapy process. Rather than being inextricably involved in the problem, the person can step away from it in order to negotiate new meanings for him/her. Creative writing is essentially a process of structuring ideas into an identifiable narrative format, and has inherent therapeutic benefits of its own. When adopting a narrative therapy/creative writing partnership, new possibilities for therapy arises. A person can write down his/her problems into a recognisable narrative structure, facilitated by the therapist, with a clear aim at re-storying his/her negative experiences. A record is formed, be it through diary entries, autobiographical essays, poems, etc which can be referred to for the duration of the therapy, in order to note the emergence of positive stories.

This article has looked at a narrative therapy/creative writing partnership within the South African context, and has unpacked and illustrated the possibilities of therapy when adopting this partnership. An interesting aspect that emerged during the exploration of the South African milieu is the problem of illiteracy in the country. *Narrative theatre*, together with a creative writing/narrative therapy partnership could be considered, so that the

therapeutic benefits can still be accessed by individuals who cannot read or write. Instead, they would tell their story to a facilitator who would rework it into a performable structure, which the individual can view.

HIV/AIDS in South Africa is a crisis, which needs to be addressed as widely and as creatively as possible, to provide alternative methods that may assist the medical field. This article has underlined the importance of a mind-shift, to include collaborative therapies, which may encourage persons with HIV/AIDS to view their lives not solely in terms of the illness. Furthermore, the value of a narrative therapy creative writing partnership in work with incarcerated people was illustrated. The article has shown that the convergence between the two disciplines is a viable collaboration, and it is hoped that this type of alternative partnership would spark more varied collaborative projects in South Africa.

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