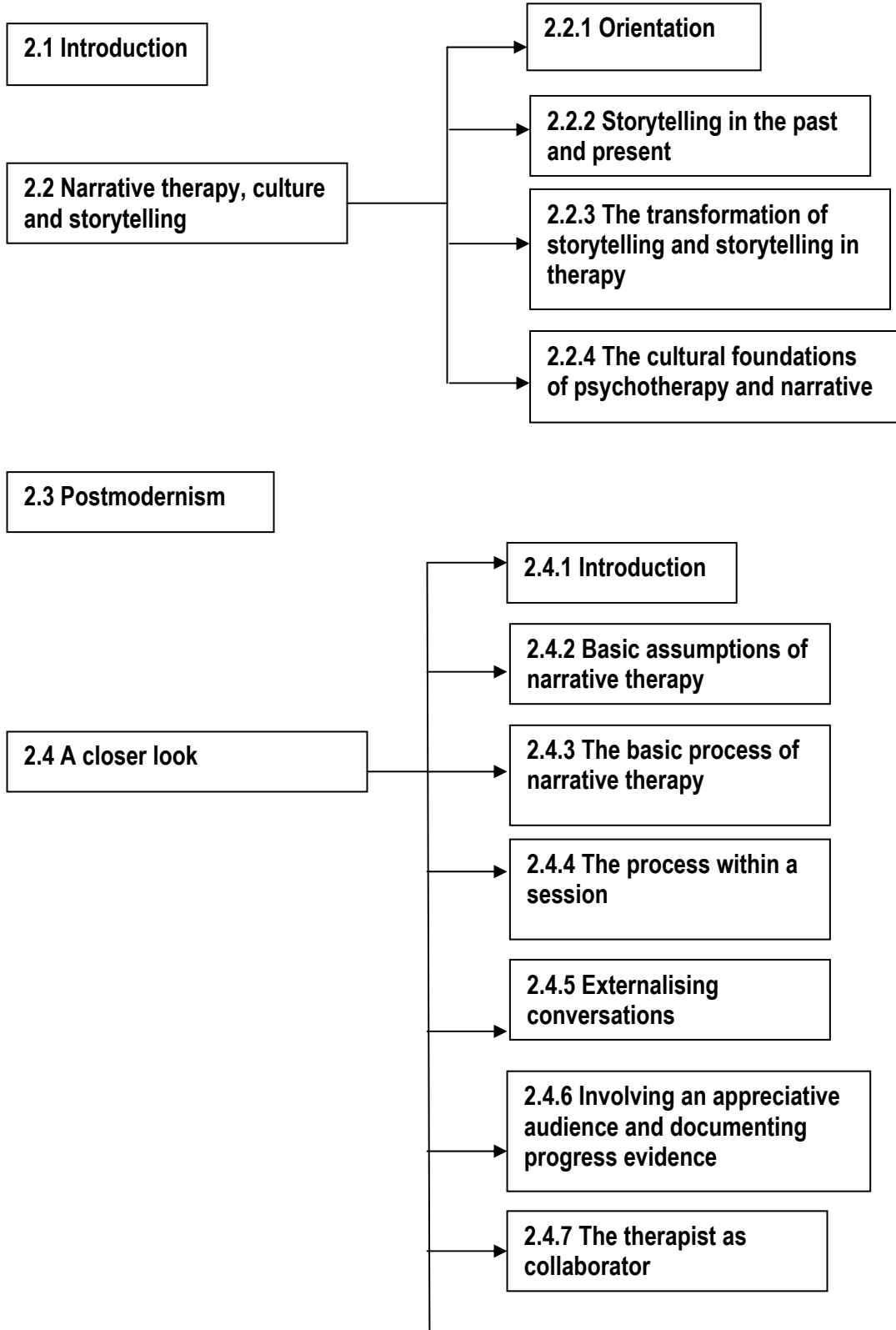
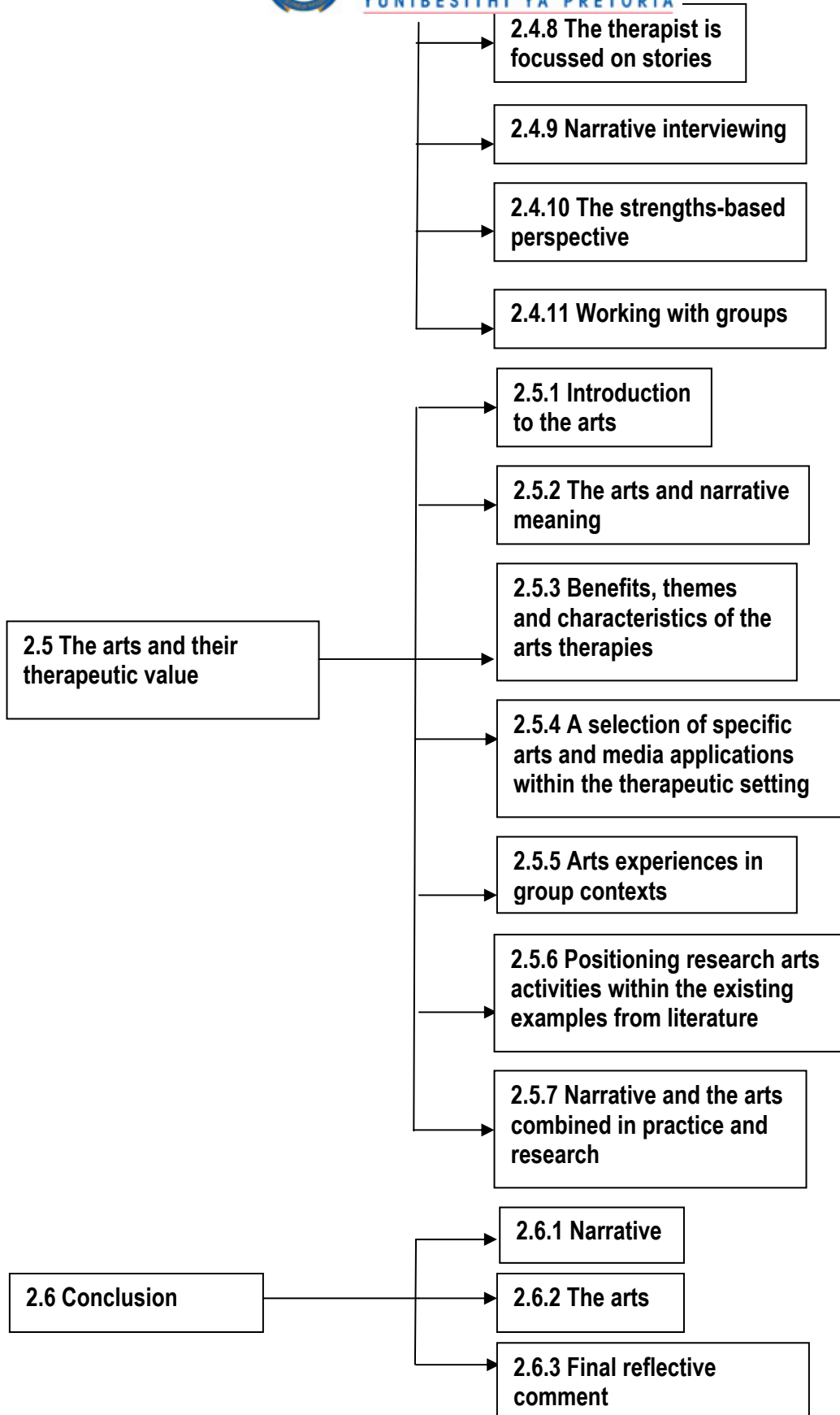




Chapter 2 Narrative therapy and the arts







Chapter 2

2 Narrative counselling, the arts, arts-based research, and narrative arts experiences

2.1 Introduction

This chapter deals with elements of narrative therapy, the principles of arts-based research and the benefits of arts-based research for the narrative counselling scenario. The aim of the chapter is to provide a rationale for the narrative arts-based episodes that will be used in the data collection process by illustrating the ways in which similar methods or procedures have been used before, as discussed elsewhere in literature. The chapter concludes by examining work by other scholars and therapists who have combined the narrative and the arts elements innovatively in research or in practice.

The following sections will discuss the way in which culture and storytelling complement each other and contemplate the role played by narrative psychotherapy in alleviating cultural alienation.

2.2 Narrative therapy, culture and storytelling

2.2.1 Orientation

Narrative therapy involves “re-storying” conversations. Narrative therapists regard stories as units that comprise the following element – events that are arranged progressively with the passing of time according to a design or plot. Stories or accounts that we tell about our lives comprise daily experiences that we have aligned in a particular sequence – according to personal preferences – in order to arrive at some personal meaning which, in turn, constitutes the plot. The narrative may be seen as the thread which links the events (Morgan, 2000).

We live our lives with numerous narratives taking place simultaneously – we have abilities, expectations, sibling relationships, achievements and failures, and the value of the different narratives is determined by the sequence of events which we string together and the significance we attach to these events. Thus we live *multistoried* lives and Morgan (2000) maintains that we are neither capable of removing from our narratives all ambiguities or contradictions nor of summarising our lives in one dominant story that embraces all the different aspects of our lives. Individuals and/or communities may own stories, such as the individual in distress, communities in

political upheaval and inquisitive families, and, depending on the dominant plot, these accounts could all be occurring simultaneously. According to Morgan (2000:9) “the act of living requires that we are engaged in the mediation between the dominant stories and the alternative stories of our lives. We are always negotiating and interpreting our experiences”.

Cochran (2007) is of the opinion that the aim of the narrative approach is to reveal the life story of a particular person and that person’s role in the story – this enables the person to grasp personal identity and facilitates the setting of priorities and values. In his discussion of narrative and its promise for narrative career counselling, Cochran (2007) states that the narrative approach is a threefold asset; firstly, because it esteems personal meanings, secondly, it allows the client to assume an active role in his life story and, thirdly, the narrative approach in career decision making may also be utilised in other aspects of careers.

2.2.2 Storytelling in the past and present

Our understanding of our own lives is co-dependent on the stories of the culture or the context in which we find ourselves. This culture or context will co-determine the meanings and connotations which we ascribe to experiences. Gender, social standing, race, culture and other deep-rooted personal preferences determine the plot of our narratives (Morgan, 2000).

Throughout the ages people have told stories. Initially, in the traditional period, people lived within a greater collective, believed in religion and were defined by the honour they received from others. As a result of the progress that took place during the modern and postmodern periods, the human being has become an autonomous, fragmented self in a global village. People no longer live a family-oriented life and the support of others has been diminished. However, the views people have of themselves and their social connections have multiplied as a result of the technology that prevails within the global village. A person is able to have multiple self-aspects that are individually attached to others or to specific settings that they may never see because the contact is only a “technological” reality, for example, a relationship that exists as a result of the Internet (McLeod, 1997).

The individual has had to take control of his or her personal inner life because there is no longer a larger collective on which to rely. According to McLeod (1997), psychotherapy has become the

medium through which the individual is able to tell personal stories, and the individual is “a mechanism to be fixed, an individual unit, a consumer, a stranger, a statistic” (McLeod, 1997:20). The therapy room has become an attractive product to be purchased, not only because acceptance there is guaranteed, but also because it allows for the depositing of the person’s story. No longer are specific or fixed methods used to “fix” the client who comes for therapy or counselling, as the postmodernism tendencies have deconstructed therapy and rejected privileged methodologies. Therapy has become the common ground for the revealing and telling of supremely unique, personal accounts. Therapists are now able to glean from whatever sources they consider to be significant. There appears to be a return to spiritual elements – these were very prominent during the traditional period when, for example, people confessed their sins to a priest. The forms of healing that are prevalent in a culture may even be incorporated idiosyncratically into a counselling or psychotherapeutic scenario (McLeod, 1997). In section 2.2.3 the nature of cultural changes and the necessity of therapeutic storytelling will be addressed.

2.2.3 The transformation of storytelling and storytelling in therapy

According to McLeod (1997) therapy is a form of storytelling that allows the client an opportunity to be the author and narrator of a personal tale. The fact that therapy may be seen as a form of storytelling implies that the nature of cultural storytelling has altered – the result of social and technological changes. McLeod (1997) likens the therapy stories to the contemporary novel that may be bought, “read” or constructed, and then discarded. Like the novel, therapy stories are constructed within a linear time frame, and connect various past and present experiences. These therapy stories are focused on one protagonist in search of meaning, whilst the therapist assumes the role of the novelist – the privileged narrator.

Storytelling in the traditional cultures was a communal experience, during which the healing story was heard by a number of people who both knew the teller and had daily contact with the narrator. Nowadays, stories are told differently: film and television have introduced the “flashback” (making deconstruction, irony and reflexivity prominent), there is a separation between the teller and the audience, millions of “anonymous” people watch the same stories, and images have replaced words. According to McLeod (1997), therapeutic storytelling has been affected by these “global” changes. This is evident in the fact that therapists worldwide use the same manuals and

techniques; clients are better informed, they are able to be “de-constructors” of their own stories and they are capable of thinking reflexively about the nature of the therapy. Section 2.2.4 will discuss the origins of counselling and psychotherapy.

2.2.4 The cultural foundations of psychotherapy and narrative

McLeod (1997) makes the point that the “essence” of counselling and psychotherapy is derived from Judaeo-Christian indigenous psychology, in terms of which the individual formed part of a larger collective. The current “predicament” lies in the fact that when an individual comes for counselling or therapy the problematic issue is identified as something that is located within that individual and the individual is perceived as a “microcosm of the world”. The individual is thus not treated as someone who has lost a place in a culture, but as someone who is “self-contained” and whose history dates back to childhood.

According to McLeod (1997), the task of the narrative therapist or counsellor is to assist the client to transcend this “egotistical” focus – seeing his own life as the “centre of the universe” – and to allow the client the opportunity to access the stories belonging to the culture of which he is a member. Polkinghorne (2004) echoes this sentiment and states that the templates people use to interpret events in their lives are established by the cultural discourse they inhabit. Polkinghorne (2004) further maintains that narrative therapy, with its task of awakening personal competency and vision in people, is a true response to the humiliation suffered by the individual in a postmodern world of which the aim is to ensure that everyone is homogenous. “We work to help people notice the influence of taken-for-granted cultural stories in their lives, not by pointing them out, but by asking questions that invite people to consider the expectations, norms, cultural ideas and the like that in their experience might support problems with which they struggle” (Combs & Freedman, 2004:139).

One might assume that accessing one’s personal narrative is indeed a truly postmodern procedure, but apparently this is not so. The next section will reveal the true origin of narrative therapy as expostulated by Polkinghorne (2004).



2.3 Postmodernism

Narrative therapy is based on the understanding that the language form in which people understand their lives is the storied or narrative form. Narrative is the form that displays life as a temporal unfolding. Rather than viewing people as a something, such as a male or a depressive or an anorexic, narrative therapy views people as unique histories (Polkinghorne, 2004:53).

According to Polkinghorne (2004) some narrative therapists have, because of the close relationship between narrative therapy and postmodern philosophy, labelled narrative therapy as postmodern therapy. However, Polkinghorne (2004) is of the opinion that this assumption is not totally correct. He explains that narrative therapy grew out of family therapy, which was practised long before postmodernity. The connection with postmodern philosophy came about when narrative therapists adopted postmodern ideas for philosophic support. He further maintains that narrative therapy actually employs existential themes such as self-agency, personal empowerment and accountability in therapy, whilst the postmodern themes come into play during diagnosis. The themes of family therapy became the current core elements of narrative therapy. These themes are an emphasis on client strengths, and the fact that the client and therapist are in partnership, that meaning has a constructionist element, and that the story form of meaning is emphasised.

McLeod (1997) discusses the fictitious character Tubby Passmore's postmodern narrative therapy experiences as revealed by David Lodge in the novel *Therapy*. The key features highlighted at the end of McLeod's (1997) chapter on postmodernity are the following:

- The person undergoing therapy is an active, reflexive, intentional agent who constructs an identity from available cultural resources.
- His sense of identity is derived from relationships, personal roles and personal history.
- There is no evidence of a deep inner self that constitutes his personhood, instead existential stress stems from relationships with others.
- The significant and influential therapist assists the client to release one life-narrative whilst venturing on the search for a new narrative that may absorb the old one – a continuous process of disintegration and loss.
- The task of the therapist is not to provide the narrative, but to point the client to the storyline that may be found within the culture with its countless relationships that exist outside the therapy room.

Section 2.4 will focus on the nature of narrative therapy, narrative assumptions, the basic narrative process, the narrative session outline, the way in which externalising conversations work and strategies to involve an appreciative audience.

2.4 A closer look

2.4.1 Introduction

... [N]arrative therapists are in the business of changing people's life stories. Narrative researchers are in the business of studying those stories from a scientific perspective (McAdams & Janis, 2004:170).

In order to assist both the reader and me to gain insight into the nature of narrative therapy and the aspects dealt with in this section; I decided to provide an introduction to reveal the essentials of narrative therapy as I perceive them. I believe the significance of narrative therapy lies in the fact that it may afford the individual – who could be totally swamped (and yet alienated) by the dominant cultural forces – an opportunity to regain the greater fulfilment afforded by a personal story as the collective privileges (of listening to each other continually) that our ancestors enjoyed seem lost to most people.

The aim of narrative therapy is to uncover the lost resources within the person and his or her environment by exposing the true nature of the problem and locating the problem “outside” the person. With the assistance of a skilled narrative therapist or counsellor the negative influences of the problem will be exposed and terrains identified where the influence exerted by the problem is minimal. To me the wonder of narrative therapy lies in the fact that it is an approach that strives to reconnect the individual with the cultural landscape by inviting others to witness the personal journey of the individual and his or her progress. Section 2.4.2 will now consider the basic assumptions of narrative therapy.

2.4.2 Basic assumptions of narrative therapy

According to Morgan (2000) narrative therapy should be viewed as a respectful approach to counselling that esteems the clients as experts within their own scenarios and that regards the problems as being separate from the clients. Greater value is placed on the lives of the clients than on their problems, and clients are seen as being rich in skills, values and commitments. These



assets could assist in minimising the effect of the problems that threaten to swamp the personal narratives of the clients. Morgan (2000) values the following two principles highly: firstly, the curious stance the therapist needs to maintain throughout the therapy, and, secondly, the principle that the therapist pose only those questions that genuinely require an answer. The assumptions that guide the narrative methodology of Morgan (2000) and Winslade and Monk (1999) are combined as 14 items in **table 2.1**.

Table 2.1: Narrative basic assumptions

	Basic assumptions
1	Stories guide the lives of human beings and are not produced in a vacuum.
2	The person is separate from the problem and is the expert on the life being lived.
3	Stories have hidden discourses. Societal norms are prevalent in the modern world and are kept in place by surveillance and scrutiny.
4	People may be guided to be the primary authors of their own narratives.
5	Certain people are drawn to alternative and contradictory discourses, and align themselves accordingly.
6	When a person arrives for therapy it is evident that his private attempts to reduce the problem significantly have failed.
7	Cultural stories could dominate the life of the individual to such an extent that personal change within his life becomes impossible because problems are embedded within cultural contexts with, among others, power and gender issues.
8	The problems that cause individuals to seek help are those that reduce the stories of their lives to thin descriptions while their personal significance diminishes.
9	When dominant discourses are deconstructed new possibilities for living arise.
10	Certain lived experiences are incorporated into stories.
11	Once the problem has been located outside the person the strengths that were obscured may be revealed to the individual and a fresh optimistic looking self be embarked upon.
12	The task of the counsellor is to assist the client to build a more appealing storyline.
13	Problems never overshadow the significance or value of a person completely – there are always areas of victory to be found.
14	It is the responsibility of the therapist to provide an atmosphere of respect, curiosity and transparency.

In section 2.4.3 the basic process of narrative therapy will be addressed, and the significance of the client's participation will become evident.

2.4.3 The basic process of narrative therapy

Morgan (2000) highlights the fact that the client is a significant role player in the therapeutic process and determines the direction of the narrative journey. The therapist collaborates with the client continually to ensure that the process of therapy that unfolds is meaningful and worthwhile to the client. Thus the therapist would regularly pose questions to the client that would probe the relevance of the discussion and this would allow the client to indicate or steer the course of the discussion.

As stated by Morgan (2000) the client is not a passive recipient of input, but with the help of the therapist, must assume the role of active participant, because the individual's account is the foundation of everything that transpires. When narrative concepts are applied to therapy, therapy must be seen as the scenario within which stories are "performed" (McLeod, 1997). This *performance* process involves the following stages:

- The client relates the story.
- An alternative version of the client's story emerges.
- The client adopts a more worthy personal story.
- The client implements the new story and shares it with the interpersonal environment.

According to McLeod (1997) the four stages mentioned above could also be labelled *telling*, *deconstructing*, *adopting* and *proclaiming*, and he suggests that the value of the outline lies in the fact that it guides the process as a whole, even though the smaller units or sessions of therapy might not resemble the listed stages. In section 2.4.4 the variations and cyclical elaborations of the basic process will be discussed.

2.4.4 The process within a session

During a session the client will recall many episodes of similar stories, and the client could attempt to provide possible links between these similar accounts. This would not constitute storytelling per se, but rather a cyclical movement in and out of story mode. Once the client has communicated the problem to the therapist, the client could reflect on the many ambiguities within these stories and the possible meanings that are hidden in the accounts. This would furnish the client with greater insight. Not all the meanings will surface and the need to clarify obscure meanings may lead to yet

another story or series of interlinked stories (McLeod, 1997). Angus and McLeod (2004) perceive the *personal stories* which clients relate as vivid and real accounts that refer to specific incidents. These then become the entry points for the therapist into the lived experience of the client.

Winslade and Monk (1999) echo the process outlined by McLeod (1997), but provide a richer description of the narrative process as they describe the narrative counselling scenario in schools. An abbreviated version of their suggested “stages” and counsellor competencies is listed as 13 items in **table 2.2**.

Table 2.2: Stages of the narrative school counselling scenario and counsellor competencies

	Stages and counsellor competencies
1	A graduate school counsellor, with listening skills, establishes a strong relationship with the client.
2	The counsellor is always on the alert to detect hidden client competencies and abilities – so often obscured by the manifest problem.
3	The counsellor adopts a respectful, curious stance and does not assume anything about the world of the client.
4	The counsellor initiates the externalising conversation during which the problem is separated from the client. This allows the client the opportunity to shift his focus onto the problem.
5	The counsellor endeavours to map the strength of the problem and asks questions in order to determine this.
6	The counsellor probes the client to establish in which areas of the client’s life the problem is of no consequence.
7	Strategic questioning and careful listening on the part of the counsellor enables the counsellor to determine competence and achievement in the client’s scenario that the client has overlooked.
8	Once the counsellor has established hidden competencies the alternative, more positive story line will be worked upon.
9	When the alternative story had become credible the counsellor guides the client to consider a more wholesome alternative to the problem-saturated storyline that has hitherto governed his life.
10	As the counselling progresses evidence of the success of the new, more positive (or alternative) story line is monitored.
11	Careful listening and questioning on the part of the counsellor are aimed at building the new storyline in order to uproot the ingrained negative storyline.
12	During the narrative school counselling process the counsellor and client collaborate to establish which people (outside the counsellor’s office) will provide positive feedback about the client’s progress – they become the appreciative audience.
13	The narrative school counsellor may employ creative devices, such as narrative letter writing, in order to cement positive changes.

I am of the opinion that a prominent (helpful) feature of narrative therapy that could alleviate the stress levels of the individual is the externalisation of the problem – of separating the client from the problem. Section 2.4.5 will focus on the ways in which externalising conversations may be liberating for the client.

2.4.5 Externalising conversations

According to White (2004) the externalising conversation opens options for people to redefine their relationship with their problems, and they are afforded an opportunity to break away from negative identity conclusions. Externalising conversations reveal to people that their identities are not interwoven with the problem, and this realisation opens the way for the generation of alternative self-accounts that could ameliorate the current negative identity stance. Furthermore, externalising conversations assist clients to realise that their identities are aligned with the lives of others who share similar dreams and hopes.

Russell and Carey (2004) echo the idea that externalising conversations facilitate a linking with others, but they extrapolate further to include culture and history. They maintain that externalising conversations take the problems that were located in the individuals and divert these problems back to the realms of culture and history – the landscape that may be seen as the “origin” of the problem. The externalised issues change over time as people’s experiences change, as do their attitudes towards their problems. Externalising conversations are ongoing and sustained, and tailored to fit the scenario described by the client.

With the realisation that they are not the problem clients experience a sense of relief. This realisation clears the way for them to access other stories about themselves that are waiting to be told. Once the problem has been externalised those practices that exacerbate the problem may be identified, and the person is enabled to apply his or her knowledge and skills in order to alleviate the problem. Other benefits include the reduction of shame and guilt because the burden has been lifted – and this brings about a willingness to collaborate with others in minimising the effect of the problem. It is important to note that externalising conversations do not only have to be geared towards problems. Strengths and positive internalised qualities may also be externalised in order to build the image of self, and to make evident dormant strengths which may be used to combat

difficulties. (In section 2.4.10 the link between narrative and the strengths-based perspective is discussed.) Another important aspect is the issue of personal responsibility – externalising conversations do not separate people from their actions. The discussion of the externalised problem is geared to reveal to the client the deep effect the shadow of the problem leaves on the interpersonal circle and the self (Russell & Carey, 2004).

In order to separate the identity of the person from the problem itself the correct usage of language is vital. This is more than merely a simple skill, as it steers the conversational attitude. The therapist listens to the internalised versions of the client and deliberately transforms the problem to an external issue. When the client talks about being *depressed* the adjective or noun is transformed into *depression*. Asking children to draw the problem is an excellent way to externalise the issue. The therapist must be careful not to prescribe to the client the designation of the externalised problem, but allow the client to name the problem. The therapist must also ensure that the labels the client provides do not exacerbate the problem – this may only be realised when the therapist considers the broader context of the client’s life (Morgan, 2000).

In order to help clients adequately or to facilitate their growth, counsellors and therapists “employ” the help of significant others who mirror and support the client’s progress. This process is explained in section 2.4.6.

2.4.6 Involving an appreciative audience and documenting progress evidence

A story isn't a story unless it finds an appreciative audience. The function of an audience is to hear the story as it is produced and to respond to it. Responses might include expressing appreciation or applauding, they might involve reviewing or publicizing the new story, or they might involve contributing to the development and evolution of the new story (Winslade & Monk, 1999:96).

Winslade and Monk (1999) suggest that an audience of appreciative others needs to be employed to assist in the building of the new story. These significant others need to come from within the circle that witnessed the negative story, and, by inviting them to be present, the child’s (or client’s) new story is given acknowledgement and support. The client identifies each member of the appreciative audience, and no one will be invited to join the development of the new story without the consent of the client. This privilege on the part of the client of identifying the role players builds

the esteem of the client, as he or she is perceived as the “manager” of certain aspects of the counselling scenario. In this way, the counsellor learns from the client, thus giving credibility to the client’s perspective.

If these significant people do not become part of the counselling audience they could undermine the process – even unintentionally. Ways in which support may be gleaned from the supportive audience include ideas such as:

- Invite them to join specific counselling sessions.
- Give them the opportunity to write letters of support to the child in counselling.
- They may assist the client or child in counselling to compose letters to others who need to be informed.
- The supportive audience issues certificates or gives recognition for achievements (Winslade & Monk, 1999).

One might wonder about the qualities that the narrative counsellor or therapist needs to possess and what type of stance he must employ to bring about or to facilitate the possible wonderful “narrative transformation” in the client. The next section will focus on the role of the therapist or counsellor.

2.4.7 The therapist as collaborator

Narrative counsellors assist clients in situating their “stories” against a particular cultural backdrop. The counsellor assumes the position of a humble collaborator who employs a language of “wakefulness” that informs the client that no easy answers will be offered, but that the counsellor is there to provide skilful assistance in constructing the dominant life narrative, and to awaken or gather a more inspirational alternative at the opportune time (Winslade & Monk, 1999).

2.4.8 The therapist is focussed on stories

A narrative approach to psychotherapy offers therapists an alternative to the dominant biological and disease metaphors for human suffering inherited from science and medicine. From the standpoint of narrative: Stories, not atoms, are the stuff that hold our lives – and our world – together (Diamond, 2000:5). The major difference between narrative therapy and other genres of

therapy is that the narrative therapist listens for stories and is interested in the story itself, unlike other therapists who want to know what underlies the story. The narrative therapist thus wishes to assist the client to enhance the telling of the story positively. Apart from the usual therapeutic techniques or question prompts the therapist may employ to assist with the telling of a story, other more *technical* methods may be used. Writing exercises, dramatic role-play, guided fantasy, reading, play materials and toys may be used as triggers or expressions of a grander story. The story the client thus constructs with the help of the therapist or counsellor is seen as a co-construction between the therapist and client (McLeod, 1997).

According to Morgan (2000) the narrative therapist listens especially carefully to find the *thin descriptions* within the stories people tell. These *thin descriptions* will reveal the severity of the problem as experienced by the client, because *thin* means the client is sketching a very “poor” image of himself – the richness or thickness of life and its complexities are absent from a thin description. A “poor” description of the self, situated within the effects of the problem, indicates negative self-experiences and beliefs. Thin descriptions therefore foster *thin conclusions* about self and its competencies, and lead to a powerless self void of apparent resources. Thin descriptions provide the therapist with clues as to the way in which the client views the personal scenario and also the way in which the client may be probed to access the worthier story that lies dormant behind the thin description. The aim of the interest taken by the therapist in stories is to assist the client to arrive at a personal story that is rich with the fine, positive detail that will empower them to live freely – instead of being continually overwhelmed.

Connelly and Clandinin (1999) discuss narrative inquiry and maintain that narratives may be elicited through various means such as autobiographical and biographical writing exercises, stories, journals, letters, photographs, research interviews, enactments and the use of play materials. This is similar to McLeod’s suggestions as already discussed. In the section that is devoted to the arts aspect of this chapter issues mentioned here will be elaborated upon.

The difference between everyday storytelling and narrative storytelling is that narrative storytelling carries with it the expectation that the story will change in a positive way. It is the aim of client and therapist in their deconstruction of the dominant story eventually to arrive at better alternatives for

the usual tale. The task of the therapist is to allow the client opportunities to view the familiar from a novel perspective. Various strategies therapists could employ to facilitate a new perspective and positive client engagement include the following:

- Consistently assimilating the client's tale into a therapeutic metanarrative that will provide greater insight.
- Alerting the client to possible alternatives to the personal story.
- Questioning the client in order to expose the personal inconsistencies of the dominant narrative (McLeod, 1997).

According to Digby (2002) in his chapter on *narrating the self*, every life-story is characterised by a plot that embraces the events in a person's life and, by scrutinising this plot, the person may emerge as the agent of the life being lived. Misfortunes may disrupt the predictabilities in the plot by bringing about limitations and alternatives, but, according to Digby (2002), these obstructions capture the imagination and keep the story interesting – and this provides an opportunity for the person (or agent) to uncover latent resourcefulness in order to turn the personal narrative into a *rags-to-riches story*. This idea of personal transformation is shared by McMahon (2007) who discusses life-story counselling and its relevance for career counselling – a method that is derived from the narrative metaphor. She regards clients as *storytellers* who are guided by the counsellors to uncover themes that lend connectedness to their life stories. According to McMahon (2007), life-story counselling values the storytelling abilities of clients and also the strength of their stories to shape their identities.

2.4.9 Narrative interviewing

In their discussion of narrative interviewing, Jovchelovitch and Bauer (2000) stress the point that the meaning of a narrative does not lie at the end of the story, but is present in every aspect of the account, and therefore attention needs to be paid to the non-sequential nuances of the plot. Their suggestions for narrative interviewing are insightful and also provide extremely meaningful pointers for the counsellor scenario. In order to allow for optimal meaning making during the narrative (interview or) counselling process, the counsellor (or interviewer) needs to assume the following:

- That the narration privileges the teller's version of reality (which may not be representative).

- Narrations are not subject to judgement (as they express an opinion from a specific vantage point in time and space).
- A particular sociohistorical design – as depicted by the client’s background – is the lens through which to examine narrations.

In conclusion to this section on the therapist or counsellor’s competence and stance the following may be added: The therapist or counsellor is a co-worker who aims at detecting hidden stories of personal success (obscured under defeat), and a director of exercises who is able to support personal growth and the perspective of the client. He views the scenario as if framed by the biographical detail of the client, and this becomes the primary valued lens. Section 2.4.10 will discuss the way in which the strengths-based perspective may be linked to narrative therapy.

2.4.10 The strengths-based perspective

Narrative counselling relies heavily on the notion that it is possible to expose the hidden resources lying dormant (untapped) in various aspects of the life or environment of the client. This corresponds with the aims of solution-focused therapy (or strengths-based thinking), which *is to invite clients to generate more helpful accounts, descriptions and stories about themselves that fit equally with the facts and reality of their lives, but which are more empowering to them in reaching their goals. The aim is to have positive “self-fulfilling prophecies”, which are genuine, fitting the data equally well, and which are hopeful rather than pessimistic, inspirational rather than imprisoning, and empowering rather than limiting (Sharry, 2004:33).*

According to Sharry (2004) the emphasis that the solution-focused therapy model places on strengths-based thinking transforms the role of the counsellor to that of a detective who thinks in terms of resources. He is searching for competencies in the client – competencies which he will esteem as their expertise – but is at the same time aware of his own capabilities as well, while steering the conversations and therapeutic process towards solutions. This approach presupposes that the client is in possession of most of the resources and strengths that could solve their problem and allow them to reach their goals, and thus the approach aligns with the person-centred approach which maintains there is a measure of self-healing in all people. The last section

pertaining to the narrative aspect will consider briefly whether the aims of individual narrative therapy may be applied to group settings.

2.4.11 Working with groups

The aim of narrative therapy to call for an appreciative audience to witness the progress of an individual lends itself very well to group work. However, a group has a life (or story) of its own, complete with characters and plot, and may thus be subjected to narrative therapy using the same procedures that are applied to individual clients. In a school environment – as in this study – the group consists of an entire class, and this entire class could be counselled as a result of unruliness or various collective negative attitudes. The counselling of individuals in this instance would not be effective as the group as a whole needs to be addressed (Monk & Winslade, 1999).

During the data collection process of this study, two classes will undergo an arts-based life skills process that is actually a disguised narrative self-explorative endeavour undertaken in group context. **These classes, unlike the scenario sketched above by Monk and Winslade (1999), are not displaying any negative traits, and will thus not be “counselled”, but they will be building a personal story within a collective story, and these stories will feature their individual and collective strengths and competencies.** Certain snippets of video footage will document the unfolding (two-month) process and the class members as they engage in conversation. The arts aspects that pertain to my research interests as found in literature will now be addressed.

2.5 The arts and their therapeutic value

2.5.1 Introduction to the arts

This section is a deliberate attempt to “demystify” the arts to some degree and to move closer to the reader in a transparent manner. This section will address issues pertaining to arts-based research (as it relates to situations relevant to general arts therapy scenarios, and narrative therapy goals), creativity and the elusive nature of creativity, the benefits of working with the arts, various “creative” methods of applying the arts in group settings in general and in research settings in particular, and the links between the types of narrative arts-based exercise used in the research

data collection process and those exercises that exist in literature. Finally, we will consider the way in which narrative and arts components may be combined.

The arts-based experience, as it relates to research in therapy or counselling, could easily become something that people (outside the arts) regard as insignificant, because it is too “abstract” or too “whimsical” or apparently too devoid of meaning anchored in reality. It was, therefore, decided to link the arts experience to narrative aspects (as was done by researchers in the past) in order to provide the participant with a means to locate the experience in closer proximity to the personal self. This is the reason for the title of the study: “Exploring the impact of narrative arts activities on the self-concept of Grade 9 learners in group context”. The nature of arts-based research is the first topic that will be addressed in section 2.5.2.

2.5.2 The arts and narrative meaning

2.5.2.1 Orientation

For research to be arts-based the mode of inquiry needs to be through the art form such that new insights and new meanings are generated that might not have been revealed through a traditional written format (Springgay, 2002).

According to Wetz (2004:69) “the arts play a key role in promoting affective education and young people most at risk of exclusion can benefit from an involvement in them”. Clark/Keefe (2002), in describing the value of an arts-based methodological approach, state that combining arts-based data collection with interviews renders expressions with rich perceptions that broaden the base from which the researcher and participants may derive meaning. The rich texture of the arts-based experience assists participants to construct multidimensional and dynamic sets of understandings, and researchers become aware of expressions that enrich the data coding and synthesis in cathartic ways.

Springgay (2002) maintains that arts-based educational research is both process and product, and evocation (or suggestion) is central in attempting to understand this type of research, because the scholar is not the being with the definitive stance on the artwork. The artwork itself or art itself creates conditions that invite the audience to engage with the art and construct personal meanings for themselves – in “collaboration” with the art.

Springgay (2002) offers three points of reference with which to evaluate research based on the visual arts. Firstly, it must be an artistic inquiry, which implies that the research is performed through the art(s), and it must be clear that the art(s) component was not simply added as decoration once the research had been completed. Secondly, the art created through the research process must be able to speak for itself, and evoke possible meanings. Thirdly, it is the responsibility of the researcher (artist) to employ artistic strategies appropriate to the research investigation, and he must realise that, even though educational arts-based research is a fairly new field, the arts themselves are deeply rooted in historical traditions and this knowledge must engender in the researcher an awareness of the social, political and historical contexts of images, and the symbols and processes employed.

Springgay's (2002) article is entitled: "Arts-based research as an uncertain text", and she states that arts-based research may be linked to a dissonance that is destabilising, because it disrupts the usual beliefs regarding epistemology, ontology and research – possibly because of its ambiguous nature. We will now consider the artful experiences that may contribute to this "uncertainty", and perhaps the "flimsiness" of creativity enlarges and blurs the connotations attached to arts-based research.

2.5.2.2 Creativity and definitional confusion

Plucker, Beghetto and Dow (2004) question the reason why creativity is not more important to educational psychologists and, the crux of their answer, as revealed by their article, relates to the definitional confusion that surrounds the concept of **creativity**. Although this study is not about creativity per se, but about the arts, the study definitely embraces creativity and some of the points addressed by these authors need to be mentioned in order to situate the research project and its possible outcomes within the intellectual (troublesome) atmosphere that so often (according to Plucker et al., 2004) surrounds this type of research endeavour.

Plucker et al. (2004) maintain that, because of the myths and stereotypes that surround this type of work, any study that may be linked to creativity in any way runs the risk of being "ignored" or "devalued". The four myths that Plucker et al. (2004) investigated in their study are:

- People are born with a creative or uncreative capacity.
- Creativity is linked to negative aspects of psychology and society.
- Creativity is a soft “woolly” construct.
- Creativity is improved within a group.

According to Plucker et al. (2004) the root of these myths is the definitional confusion, which also led to the deification of the construct, and therefore the notion that one should construct an agreed upon definition for all to take cognisance of is frowned upon by certain social scientists. This problem is the reason why the concept of creativity has never been comprehensively explained in professional literature, and, if this need is not addressed, creativity will remain a hollow construct that perpetuates myths and suspicion.

Plucker et al. (2004) undertook a research project that performed a content analysis of creativity as a construct as it appeared in articles. As a result of the content analysis process they were able to propose the following definition: “Creativity is the interaction among aptitude, process, and environment by which an individual or group produces a perceptible product that is both novel and useful as defined within a social context” (Plucker et al., 2004:90).

I suppose that, as an artist and art teacher, I do have to combat occasional feelings of “insignificance”, because the status of my profession (art) does not seem to afford me any “status” within my educational sphere. It definitely does not stand next to the mathematical subjects – if I were to verbalise the attitudes of my colleagues towards my subject and me which I perceive at times. Fortunately as one matures it becomes easier to live with feelings of ambivalence. I experienced this attitude on the part of the “non-artists” rather awkwardly (“humorously” in my eyes) at a postgraduate informational evening two years ago. One of the supervisors was eagerly conversing with me in order to determine my research focus, and, when he heard that I was interested in arts-based research, he simply could not hide his “disdain” and said with a frown: *Why Art?* Even after I had told him that I have years of professional experience in the field and that art was what I was good at he was still not “agreeable”. I am not recalling this anecdote to display any

form of pride, but simply to make a case in point that the arts and the creative methodologies are literally frowned upon – and I am able to smile about it!⁴

Section 2.5.2.3 will contain a reflective discussion that will reveal my “uncertainty” within the arts arena and also my loyalty to art. I will use an example from literature to illustrate that it is not possible to be in the arts-based arena and in a “myth-free zone” continually.

2.5.2.3 The amorphous and elusive nature of arts-based research

In the following reflection I intend to ask the reader to allow me to use the suggestions by Diamond and van Halen-Faber (2005) in order to reveal my precarious position, and to allow me to escape the connotation of being critical or from discrediting the authors quoted. I will assume objective and subjective stances in respect of the information. I simply wish to convey the fact that art is, in fact, an entity that is finally – from my perspective – elusive?

According to Diamond and van Halen-Faber (2005) arts-based educational research derives its methodological approaches from the humanities, literature, and the dramatic and visual arts. They maintain that arts-based educational research should change teachers and also those who educate teachers. The change in teachers is brought about firstly by the choice the teacher makes to personally explore issues intuitively by following a poetic sixth sense. My reflection is that the *poetic sixth sense* could be an element that fuels one of the myths, because it could sound “woolly” to those not in favour of the arts approaches.

Diamond and van Halen-Faber (2005) work with metaphor and, in their case, they use the metaphor of an apple that students apply to their personal selves, and which would presumably seem credible to more “right-brained” people. What is important is the fact that, even I as an artist – a supposedly more “intuitively in-tune person” become somewhat nervous when I hear and read the “arty” innuendos that seem smoky and transient on paper (to me). The apple metaphor is an example of the problematic issues which readers may have to confront in arts-based research literature, because this is not an exact science – it is “creativity” (?) and therefore remains a very “soft” and elusive approach. The point that I wish to make in response to the explanation of the

⁴ Textbox indicates personal reflection

apple metaphor of Diamond and van Halen-Faber (2005) is that I value their (intuitive) approach, but the reader who might not come from the art environment may feel uncomfortable if the metaphor is not rendered more manageable or understandable to him or her or to the “non-artistic” audience. However, I need to become “mythical” again and state that, as an artist (or an arts-based researcher), I am able to attempt to clarify every artistic detail, but the nature of art is such that it also needs a “space in place” to speak for itself. Perhaps art itself is the “myth creator”, and space must be given to allow art to speak for itself and generate meaning with the spectator – freed from academic restraints (at least occasionally).

Diamond and van Halen-Faber (2005) make the following statements that could be seen – from my perspective at least – as an example of the amorphous nature of creativity and the arts:

Revisiting our work allows us to see that in arts-based forms of inquiry there is no “one and only way”. There is no formula. No step-by-step, foolproof methodological recipe to be followed. Arts-based forms look for and are enhanced by methodologies that allow for intuitive folding and conscious unfolding. By means of enfolding one layer of understanding into another our play with intuition and thought in turn takes on a poetic and visual sixth sense that trans-forms us ... we sense more clearly the elusive elements in the forms that we use to shape our work (Diamond & van Halen-Farber, 2005:92).

I will now move on from the troublesome intellectual matters that could be attached to these wonderfully elusive “artistic issues” and direct the reader’s attention to the benefits of working within the arts arena.

2.5.3 Benefits, themes and characteristics of the arts therapies

More than 20 visual and expressive therapies were scrutinised in order to determine the common ground between the different arts or expressive therapeutic modalities. The types of therapies investigated, of which only five will be listed under each heading, include the following: Visual therapies – art therapy, cinema therapy, phototherapy, sandplay therapy and video therapy – and expressive therapies – adventure therapy, clown therapy, play therapy and poetry therapy. Ten prominent recurring themes or common beneficial elements which the arts afford those who participate in therapeutic experiences were illustrated in the literature on the (visual and expressive) arts therapies domains and are listed in **table 2.3**.

Table 2.3: Benefits of the arts therapies

	Beneficial element
1	A cathartic experience , which may render the client receptive for further therapy (Carlson, 2001; Feder, 1981; Granick, 1995 & Wilkins, 1999).
2	An awakening of creativity that may lead to the uncovering of spiritual paths (Reynolds, 2000; Ziller, Rorer, Combs & Lewis, 1983; Rogers, 1993; & Weiser, 1993).
3	Healing of early psychological wounds may be facilitated in the reparative space of the arts therapies (Bradway & McCoard, 1997; Franklin, 2000; Rogers, 1993 & Spaniol, 2001).
4	Metaphors , which may allow the counsellor and client to transcend communication barriers (Krauss, 1983; Landgarten, 1993; Weiser, 1993 & Sharp, Smith & Cole, 2002).
5	Opportunities for projection , allowing the client to reveal personal material in an affirming environment (Landgarten, 1993, Weiser, 1993; Yaretzky & Levinson 1996).
6	Rituals that may establish a healing frame for personal ceremony (Duggan & Grainger, 1997 & Salas, 2000).
7	The heightening of spirituality as a result of the inner order being facilitated by the arts experience (Rogers, 1993 & Snyder, 1999).
8	Symbolism that affords the client the opportunity to express difficult personal issues (Krauss, 1983 & Wadeson, 2000).
9	The enhancement of self-knowledge in all the aspects of self by the “mirror” function of the arts therapies (Franklin, 2000; Ihde, 1999; Kahn, 1999; Kramer, 2001; Reynolds, 2000; Snyder, 1997 & Wadeson, 2000).
10	The rising of unconscious issues to the conscious mind by the unexpected, as well as planned, discoveries prompted by the arts therapies (Carlson, 2001; Spaniol, 2001; Stanton-Jones, 1992 & Weiser, 1993).

After reading of the benefits that may result from the arts therapies, the question might arise as to how these therapists achieve the “claims” listed above. The next section will reveal a selection of specific arts and media methods that may be used in therapeutic settings as discussed in literature.

2.5.4 A selection of specific arts and media applications within the therapeutic setting

The aim of this section is to give the reader a glimpse of some of the different therapeutic approaches that are available and also to illustrate the way in which technology, such as video, may be used in practice. The arts therapies described in this section form the core arts approaches used in the data collection process in different formats. The data collection process in this study makes use of a variety of arts therapies and techniques, and technology, such as digital photography and video camerawork, play a significant role in chapter 5. The reader must also bear

in mind that art (singular) therapy examples are plentiful (as will be seen in the following section) but the approach in the data collection process is the arts (plural).

2.5.4.1 Orientation

According to McAlevey (1997) art therapy is the ideal vehicle with which to teach intangible life skills because the aim of art therapy is naturally aligned to furthering the teaching of certain life skills, and group art therapy promotes team functioning and communication skills. The teaching of these intangible skills as facilitated by using art therapy may also be aided by the opportunity art affords for visualisation. The arts allow us to visualise what is in our minds, and they allow us to escape our mundane realities that are most often the source of our anxieties and interpersonal conflict.

Visualisation is the process that allows us to see pictures in the mind. Our minds – young or old – are continually abounding with images that stem from daydreams to personal fantasy. Our (unconscious) mental pictures are the products of habitual thinking patterns. During a visualisation exercise the client or participant is guided to dwell on certain images consciously, thus activating the intuitive narrative-thinking mode by means of which meaning is conveyed through metaphor and imagery (Waters, 2004). Art-making and the arts allow us to bring some of our unconscious visualised mental pictures forward into the concrete realm and the resultant tangible manifestation may be liberating. We will now consider a selection of the various approaches that aim at releasing the mental pictures attached to issues within people. The arts approaches selected are mostly geared towards the younger generations and constitute some of the core arts approaches that are used in the data collection process in different formats. **Table 2.4** provides a list of the issues that will be discussed in the sections 2.5.4.2 – 2.5.4.7.

Table 2.4: Core data collection arts approaches

Arts approach	See:
Artwork, drawing, worksheets and workbooks	2.5.4.2
Digital photography and phototherapy advances	2.5.4.3
Telling stories using the fotodialogo method	2.5.4.4
Mural-making and self-understanding	2.5.4.5
Employing video as a therapeutic medium	2.5.4.6
Video self-modelling	2.5.4.7

2.5.4.2 Artwork, drawing, worksheets and workbooks

According to Sharry (2004) artwork and drawing are therapeutic activities with versatile applications that may appeal to both children and adolescents. The type of activity may range from “free art” to highly structured exercises. Sharry (2004) suggests that worksheets and workbooks are excellent therapeutic tools for the older child and for the adolescent. These workbooks, which are designed to focus on the child, foster the self-narrative and facilitate the development of a sense of self. Worksheets may be designed to suit a particular scenario, for example, wishes for the future, or developing a road map for the future. The sole limitation of workbooks and worksheets is that they require cognitive agility and therefore the scholastically challenged child will not benefit to any extent.

During the data collection process group and individual arts activities were consolidated by allowing students to complete worksheets that had been designed for the occasion on an individual basis.

2.5.4.3 Digital photography and phototherapy advances

Wolf (2007) addresses the advances in phototherapy training that were made possible by the digital era. His article reveals the way in which, because a darkroom was no longer necessary, the digital media and certain computer programmes opened up endless possibilities for phototherapy applications – everything could be done on the computer. It is now possible for students, therapists and their clients to take a photographic image that has personal meaning and rework it until it becomes a digital work of art with the precise personal meaning desired by the client, therapist or student. For example, activities such as the following are very easy to execute – provided the therapist (or client) possesses computer skills:

- True-self or false-self portrait – monster-self and superhero. (Digital editing functions allow creative manipulation of the images to represent the self in a desirable way.)
- Photo-book. (A sequence of photographs and digital art media enable the user to create a personal narrative of self.)

This approach entails working with digital media during the session and creating the imagery simultaneously – an advantage of the computer era. In the next example images will be created and used in a more “traditional” way.

2.5.4.4 Telling stories using the fotodialogo method

As educators we may look at the arts as tools in the meaning-making process of teaching and learning; as artists we make tools that educators and learners use to build knowledge (Ramos, 2006:1).

The FotoDialogo Method was developed to assist (underprivileged) adult female learners with literacy difficulties to tell their life stories, and thus to assist them in engaging in a process of self-discovery and personal empowerment. The method commences with interviews and conversations during which participants reveal significant themes. Once the researcher, in collaboration with the participants, has identified the themes, he will prepare a series of pictures designed to stimulate further discussion of the themes which have been identified. These pictures and conversations are the projective techniques aimed at inspiring the participants to relate their stories to the group, and, thus, the sociocultural context within which the participants live is sketched in more detail. In this way more effective strategies of coping with the major difficulties shared by all participants could emerge (Ramos, 2006).

As illustrated by the next example neither pictures nor images need always be used to assist others. We may use them on a large scale to foster self-understanding, and to facilitate a very private journey into deep self-issues.

2.5.4.5 Mural-making and self-understanding

Biddulph (2005) discusses mural-making as a means of fostering self-understanding. He explains how he made a very large poster in order to work through issues regarding his sexuality within an educational setting. He used specific sites and photographed images that were significant to his narrative. He then enlarged these images in black and white using a photocopier, and proceeded to make a collage of the images on a large sheet of paper. While he was engaged in the construction process – at times in the presence of others – he was bombarded with questions, and it would seem that to him the entire process, from beginning to end, was a personal journey or exercise which invited internal and external dialogue.

Video plays an integral part in the research process in this study and the next section will consider briefly how other authors view the usefulness this aid.

2.5.4.6 Employing video as a therapeutic medium

Sharry, Hampson and Fanning (2004) discuss video feedback within the strength-based scenario and describe certain examples of the way in which video technology may be utilised to act as a constructive mirror for clients. They suggest and also prove how video technology is ideal to teach parents how to cope with the problematic behaviour of their young children. Video footage may be taken within the parent-child context and then (immediately), at an opportune moment during intervention, the therapist will analyse the situation. The parents will then be shown a particular video clip in order to highlight issues that could be helpful during the parent-child encounter.

According to Sharry et al. (2004) the advantages of using video during the therapeutic process include the following:

- Exceptions may be highlighted.
- The feedback is immediate and concrete.
- Video encourages reflection and positive self-modelling.
- The witness group is expanded.

During the research process of this research project video was not employed in the format sketched above, but rather used as a medium for the purpose of recording. At the end of the process these “technological memoirs” were then transformed into a “movie” that depicted the collective journey that had been undertaken, complete with professional editing and music to accompany the scenery or imagery. The next section will focus on the issue of self-modelling that is made possible by video applications.

2.5.4.7 Video self-modelling

According to Dowrick (1999) people are becoming more accustomed to seeing themselves on video in unrehearsed everyday life occurrences, and these spontaneous images on the screen may be beneficial to the person viewing his own image on the screen. Dowrick (1999) maintains that

planned self-modelling – or intended video appearances – may be very powerful if certain procedures are followed and there is effective postproduction (editing).

Dowrick (1999) states that children and adolescents become empowered when exposed to positive self-imagery on a screen, and such self-modelling impels them to activate their potential.

Video self-modelling may be helpful in the following ways:

- It facilitates the learning of a new skill – within the individual’s capacities – and raises the emotional energy levels of the individual.
- It increases the exposure to a latent skill that is often inactive.
- It may facilitate the transition to a new life sphere.
- It helps the individual to determine his purpose in life.

A self-modelling [video] tape requires creativity and some competent editing. First, the psychotherapist identifies the skill the child does not have in his or her repertoire, recognizes its importance developmentally, and describes it. The next step is to stop thinking as a clinician and plan the video as would a movie director (Dowrick, 1999:333).

Self-modelling as an intervention in psychotherapy entails videoing the client in an adaptive behavioural setting, and then carefully editing the video footage in order to present to the client a “movie clip” that reveals the positive personal adjustments made by the client – the evidence is on the screen and the client may view it repeatedly in order to assimilate the personal growth.

Common procedures that may be used comprise the following:

- *Feedforward.* This procedure displays a carefully planned and edited video segment that reveals something the client wishes to master.
- *Positive self-review.* This procedure showcases the expertise of the client in respect of skills already mastered.
- *Video feedback.* This procedure reveals segments of therapy at the very moment they transpired. According to Dowrick (1999), this procedure may be damaging if it reveals only behavioural blunders made by the client during therapy and omits instances of positive self-growth.

In the data collection process in this study video recording will be done and postproduction will entail creating a collage of positive images or clips of the learners. Some elements of the arts-

based process will almost render the finished product in the *feedforward* mode because the learners will be exposed to positive images of their futures. Learners will also be exposed to positive statements and desirable future elements which they themselves have chosen. The way in which video will be employed is reminiscent of a “cinematic” experience in which the pupils videographed are the actors and “heroes”. This calls to mind elements of video therapy (Milne & Reiss, 2000) or cinematherapy (Sharp, Smith & Cole, 2002) during which the therapist makes use of a specific movie (one that may be rented). The client will view the movie after which certain interventions will be linked to the screening, for example, the client may be asked which characters most resemble him or are the least like him. In this study there will not be any diagnostic work carried out in respect of the learners – as is usually the case with video therapy or cinematherapy – the cinematic screening of the data collection process will merely be a joyful celebration of who the learners are, and will be followed by a worksheet to consolidate the experience.

The next section will look specifically at the way in which the arts experiences are structured and handled in group contexts.

2.5.5 Arts experiences in group contexts

2.5.5.1 Orientation

According to Wetz (2004:69), “the arts have a key role in promoting affective education and young people most at risk of exclusion can benefit from an involvement with them”. He explains an approach that was adopted at his school that celebrated activities such as dance, drama, gospel choirs, sports and visual arts programmes in order to provide troubled youth with the opportunity to succeed at something that would allow for personal success and recognition. The school staff assisted the youths to find an activity that would ensure success. Wetz (2004) cautions that the arts are challenging and demanding, and reveal uncomfortable issues. It is important to note that learners gain a sense of esteem from being valued in some art form or acceptable activity and that this could impact on their self-experiences. The group arts approaches discussed in this section are listed in **table 2.5**.



Table 2.5: Group arts approaches

Specific approach	See
An art therapy group setting in a psychiatric hospital	2.5.5.2
An outdoor clay group sculpture in a therapeutic centre	2.5.5.3
Self-boxes for groups with trust difficulties	2.5.5.4
Playback theatre and group communication	2.5.5.5
The use of music in group work and group learning	2.5.5.6

The following three sections (2.5.5.2 – 2.5.5.4) will describe three scenarios (with regards to the media used) in terms of which art therapy expressions may be used in different groups – as suggested and explained by Liebmann (2004).

2.5.5.2 An art therapy group setting in a psychiatric hospital

After they had introduced themselves the five patients were asked to spend 15 minutes doing spontaneous drawing. When the drawings had been completed the therapist served refreshments and thereafter each patient had to draw on one page representations of the past, the present and the future. Once the drawings had been completed the patients shared their pictures with the others in the group (Liebmann, 2004).

2.5.5.3 An outdoor clay group sculpture in a therapeutic centre

A group of five clients (or patients) were given clay and asked to model a tree that represented their lives. This activity took place out of doors and they were able to incorporate any objects they had found, for example, stones, leaves or sticks. Once the individual sculptures had been completed their meanings were explained by the relevant sculptors. Thus an opportunity was created to share deep feelings and connotations (Liebmann, 2004). According to Wadeson (2000) the scent and tactile qualities of clay are attractive to most people; clay also allows for moulding and remoulding, and may be cut, torn and pounded. It is an ideal medium with which to represent strong emotions.

2.5.5.4 Self-boxes for groups with trust difficulties

The therapist provided the group with a pile of boxes of varying sizes and shapes and the usual art materials. The group members had to use a box in order to illustrate the way in which their outer

selves differ from their inner selves. Once the boxes had been completed a time was arranged for revealing the outer and inner selves to the other group members. According to Liebmann (2004), the three-dimensional quality of the boxes allows a type of personal engagement that would not be possible with a two-dimensional artwork.

The following sections (2.5.5.5 – 2.5.5.6) will consider the expressive (dramatic) arts and their possible applications within a group setting. As the reader will detect it is not always possible to separate the “making” therapies from the “performing” therapies, because these two types of therapy are most often used in combination.

2.5.5.5 Playback theatre and group communication

According to Chesner (2002) playback theatre is characterised by simplicity and immediacy. During the seventies John Fox developed playback theatre as a form of non-scripted theatre. It is a form of ritual theatre that is performed in the moment and involves collaboration between the audience and the players. This collaboration is facilitated by the conductor (or master of ceremonies).

The conductor asks a member of the audience to share a personal narrative. Once the person has told his story the conductor turns to the cast of players with the words: “Let us watch”. The players perform the account which has been related using virtually no words and no props – except for a few elementary items such as cloth and boxes. They rely on body movements and the musical instruments at the disposal of the musicians. Each individual actor or player imparts meaning to the verbal account and in so doing, the actors and the audience build a meaning-making spontaneous sculpture of the narrative. Playback theatre is not regarded as a therapy and is most often incorporated into psychodrama or dramatherapy. As a procedure, playback theatre offers the individual an opportunity to be heard and to be performed in the collective in a context in which it is truly relevant (Chesner, 2002).

2.5.5.6 Using music in group work and group learning

MacIntosh (2003) explains how she uses techniques gleaned from music therapy and applies these techniques within a group setting in order to assist victims of sexual abuse. She maintains that music is a valuable form of nonverbal expression and allows the unspeakable to be spoken.

MacIntosh (2003) provides some examples of ways in which the process may possibly be conducted. Here follows a list of a few of her novel exercises in order to provide a glimpse of what may possibly transpire within the group setting:

- Before clients attend the sessions they are asked to bring with them a favourite piece of music. The (non-threatening) introductory session allows each member of the group to play the chosen piece and state why it is personally significant. This allows the members an opportunity to become familiar with each other and with the scenario.
- Breathing and voice-toning techniques are taught and include aspects of singing training that relaxes the group. The participants experience their voices and this allows them to feel anchored before being led to deal with difficult emotional matters.
- Improvisational song writing may facilitate the expression of deep feelings and emotions.
- Group drumming and chanting may accompany individual efforts.

According to MacIntosh (2003) techniques such as those listed above may foster closeness within the group, increase self-esteem and aid anger-management. She notes that considerable humour is always necessary when dealing with deep issues.

Stephens, Braithwaite and Taylor (1998) explain a model that illustrates how hip-hop music may be used for small group HIV & AIDS prevention counselling for African American adolescents and young adults. Their approach is culturally relevant and addresses the educational and health needs of the target population. It also stimulates cooperative learning. The adolescents listen to the pre-selected songs (that deal with HIV & AIDS). Initially, discussions are based on the content of the songs and then gradually linked to severe life-threatening issues pertaining to HIV & AIDS. In this method art is employed as an appropriate lure to attract the attention of adolescents. There are four sessions – each with a definite protocol and objectives – and the hip-hop music features in each session. During the fourth session the participants are guided to reach closure in respect of the learning that has taken place with the aid of the hip-hop music.

Section 2.5.6 will discuss the narrative arts activities that will be employed in the data collection process in the study. An attempt will be made to position these narrative arts activities within

examples found in literature in order to reveal the similarities and differences that may become evident.

2.5.6 Positioning narrative arts research activities within the examples from literature

The design of the research data collection process was carried out without the help of any sources. While the researcher obviously possessed “latent” knowledge of therapeutic techniques and other novel approaches he chose to design his own activities so as to be able to “boast” that the approach was truly unique (supposedly). However, the “boastful” attitude was short-lived because, while carrying out literature searches, he discovered activities that led to the realisation that there is truly nothing new under the sun. Many of his uniquely designed or tailor-made activities were mirrored in literature although perhaps with a slightly different focus. **Table 2.6** lists the activities that will be used in the data collection process (on the left) and those activities found in literature that are similar (on the right).

Table 2.6: Data collection narrative arts activities and similar activities in literature

Narrative arts-based activities in this study	Arts-based activities in literature
<p>1. Group graffiti wall The group documents their collective and personal journeys on the graffiti wall as the process develops over the ten week period. The wall is seen as the record of the group as the process unfolds.</p>	<p>Liebmann (2004) explains how young women with eating disorders created a wonder wall in art therapy. They cut out a small T-shirt in paper, wrote messages on the T-shirt which they then stuck on the wall. The aim was to break the unproductive silence that prevailed.</p>
<p>2. Individual identity collage Each pupil makes a positive collage of personal attributes and symbols.</p>	<p>Landgarten (1993) explains a collage task that allows the client to choose any pictures from a pile and, after these pictures have been pasted onto a large blank sheet, the client then writes next to each image any connotations that enter the mind.</p>
<p>3. Individual future map A short visualisation exercise precedes this activity. Each pupil makes a symbolic map of how he sees the future, or wants the future to unfold.</p>	<p>Liebmann (2004) explains a similar activity termed <i>lifeline</i> that requires the client to draw his or her life as a line, roadmap or journey. Another example by Liebmann (2004) requires the client to create a landscape and then relate it to the personal self.</p>
<p>4. Group sculpture (dream tree) The group members reflect individually on their major dreams, share these dreams with the group, and then add a string of beads (each bead representing a major dream) to the wire tree, so that all the dreams together form one shiny dream</p>	<p>Liebmann (2004) explains how a group may create a three dimensional community. A pile of junk materials and art materials are made available to the group, and they have to work together to create a small-scale city or any other landscape that they call a community. It usually takes a whole afternoon to</p>



glittering tree.	complete the assignment.
5. Individual externalising cartooning This involves a visual representation of the verbalisation of the problem in the narrative therapy sequence. Each pupil portrays his major challenge as a cartoon character.	Keeling and Bermudez (2006) explain how participants created sculptures as representations of those problems of theirs which had been identified. Ball, Piercy and Bischof (1993) used a similar cartoon approach. Barton and Bischoff (1998) explain how rocks in box may be the ideal objects to facilitate the externalisation of self-issues or problem elements. Clients receive a box with 12 to 18 smooth clean rocks and then participate in a ritual of labelling each rock and removing it from the box. The client continues until the box is empty.
6. Individual prophetic photographs Each group member brings props that enable him to represent the future as he perceives it and the photograph is taken in the presence of the other group members.	Fryrear (1983) explains photographic self-confrontation in a phototherapy group setting. A series of twelve photographic activities take place within the self-confrontation scenario. The first photograph is a self-portrait which is taken in the presence of the group. The dressing up element of the prophetic activity in the research study calls to mind an element of the costume play therapy process as described by Marcus (1993). Exotic costumes are used to assist older children to enter into play therapy mode.
7. Group and individual video appearances Throughout the process video recording snippets are taken of group interaction and, in one exercise, each group member speaks a motivational one-liner to the video camera.	Novy (2003) (a drama therapist) explains how two pre-adolescent boys with difficult personalities were captivated by the movie making technique suggested by her and how they co-operated in creating their own personalised movie.
8. Individual matchbox summaries Each group member illustrates the points of major self-growth on the inside and outside of a matchbox.	Farrell-Kirk (2001) explains how a “collective” memory may be constructed. She used this technique when she had to leave her internship site. She decorated a shoebox and left it open for others to place letters, objects or memoirs in it. In this way she would always remember the people with whom she had worked.
9. Group ball construction The group process is concluded with a reflection that reveals the positive contribution to the world of each member. This contribution is first verbalised and shared with the group and then illustrated on the ball.	Hanney and Kozlowska (2002) discuss the process of creating illustrated storybooks (as a whole family) in order to facilitate the healing of a traumatised child. The separate episodes are later linked to form a tangible book. Another example that could be used in this context is the work by Sassen, Spencer and Curtain (2006) in terms of which girls made body tracings of each other and then connections between their own body



	tracings and those of the others. Eventually, because of its sculptural elements, the exercise grew into a collective installation art work.
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The section that follows will illustrate how various authors have successfully combined the narrative and the arts-based components in practice or in recent research.

2.5.7 Narrative and the arts combined in practice and research

2.5.7.1 Orientation: the usefulness of art for narrative externalisation

The seminal article by Carlson (1997) will serve as the introduction to this section. Carlson (1997) illustrates how art (therapy) may be used meaningfully in narrative therapy. He specifically uses art therapy (singular) as the art component – one would traditionally link this to the fine art expressions such as drawing, painting and sculpture – but, as the researcher was reading his article the realisation dawned that other arts therapies may also be “read” into his essay. The guidelines and insights he applies to art therapy in combination with narrative therapy will be outlined and it is important that the reader see the information as applicable to all the arts therapies (at least for the purposes of this research project).

Carlson (1997) summarises the usefulness of art therapy in terms of three principles, although he acknowledges that these principles are not exhaustive. These principles are, firstly, art therapy affords the possibility to expose hidden self-elements and foster self-expression, secondly, it facilitates a unique relationship between the client and the therapist and, thirdly, it allows the client an honest opportunity to capture a self-portrait. These qualities of art therapy, as outlined by Carlson (1997), may be seen as complementary to the list discussed in section 2.5.3. The key elements of narrative therapy involve the following: firstly, that people are handicapped by dominant negative personal stories that isolate them from more positive lived experiences, secondly, the hidden negative story needs to be exposed so that the more worthy aspects of self may emerge and, thirdly, the therapist and client are co-constructors of the new, worthier narrative.

According to Carlson (1997) narrative therapy and the art therapies share similar attributes or beliefs, namely, the idea of “recapturing” buried aspects of self-expression or lived experience, the therapeutic relationship is a co-construction, and the client is seen as a positive person with

creative abilities. The usefulness of art (or the arts) lies in the opportunity that is afforded to facilitate a visual externalisation of either the negative dominant story or the positive worthier account, or both. Many other relevant self-issues become evident and tangible, and the conversation within narrative therapy is enriched through the visual stimulation. Carlson (1997) illustrates how he used art in narrative therapy with Misty and her family in dealing with the destructive effects of Misty’s anger on their relationships. Misty made remarkable progress – as did the family – through a series of drawings through which she externalised her anger.

The following sections will consider how the arts and narrative aims may be combined in practice and have been combined in recent research projects. The topics covered in this section are illustrated in **table 2.7**.

Table 2.7: Combining narrative aims and the arts

Specific narrative arts combinations	See:
Externalising problems through art and writing	2.5.7.2
Children’s drawings and creating storybooks in family therapy	2.5.7.3
Drama therapy and filmmaking with pre-adolescents	2.5.7.4
Artistic narratives during pregnancy	2.5.7.5
Art therapy and art-making for women with breast cancer	2.5.7.6
Narratives of art-making in chronic fatigue syndrome/myalgic encephalomyelitis	2.5.7.7
A relational-cultural approach to using art therapy in a girls’ group	2.5.7.8

2.5.7.2 Externalising problems through art and writing

Keeling and Bermudez (2006) report on a research project they conducted that involved 17 participants who were engaged in innovative (arts and narrative) externalisation exercises and journaling. In order to gain sufficient understanding of the experiences of the participants the principal researcher underwent the same exercises. The interest in this approach Keeling and Bermudez (2006) gathered from their discovery in their clinical work that some problems are too abstract for clients to relate to, and they realised the need for more concrete externalisations.

The process in which the participants engaged involved four stages. Firstly, they received the instruction to create a sculpture that would represent their problem as identified; secondly, they had to answer 11 open-ended journal questions to help them ascertain the extent of the negative

influence exerted by the problem; thirdly, they had to answer another set of journal questions that would assist them to identify resources and investigate positive outcomes, and they also had to write a letter to the problem; and, fourthly, they concluded with a reflective journal entry that focused on their concept of personal change and the effectiveness of the procedure (Keeling & Bermudez, 2006).

Keeling and Bermudez (2006) maintain that their findings revealed that all of their participants – with varying degrees – perceived the tangible externalisation of their problem as helpful. The journaling and its reflective approach, plus the continual interaction with the “presence” of their sculpture in their homes, facilitated a willingness on the part of the participants to deal with their difficulties, rather than ignoring and avoiding them. According to Keeling and Bermudez (2006) this study reveals the potential of concrete externalisations when joined to personal reflections that continue over a period of a few weeks and, as such, artful externalisations enrich narrative approaches.

The next section provides insight into the degree to which value should be attached to the drawings of children and how these drawings may be incorporated into a meaningful storybook.

2.5.7.3 Children’s drawings and creating storybooks in family therapy

Looman (2006) discusses a developmental approach to understanding the drawings and narratives of those children who were displaced by hurricane Katrina. She states that children’s drawings need to be understood within their developmental context, and the use of art as a medium to assist children to externalise their feelings may be seen as an added layer of assessment in the primary care setting. The art approach is particularly meaningful in ascertaining the effects of traumatic experiences on the lives of children. She made the following recommendations after she had shown and discussed drawings done by children affected by hurricane Katrina:

- Whenever possible children should be pressed for explanations of their drawings because this acknowledges personal importance and cements meaning-making.
- It is important to consider the context of the child’s drawing within the developmental and social milieus, and to be open to a diversity of meanings.

- When children's art reveals emotional difficulties or severe depression it is vital that the children be referred to mental health professionals.

Hanney and Kozłowska (2002) discuss the usefulness of illustrated storybooks in family therapy in facilitating the healing of traumatised children. According to Hanney and Kozłowska (2002) illustrated stories lend a structure to the therapy sessions and engage children meaningfully in therapy. These stories embrace the child's unique narrative, verbal abilities, anxiety levels and traumatic arousals. The focus on the visual component reduces anxiety and highlights personal positive competencies, and, within the family therapy context, fosters understanding and strengthens attachment.

A brief description of the process as outlined by Hanney and Kozłowska (2002) will now follow. All the work carried out in the session is done on A1-size sheets that will eventually be bound to form the book. The family in therapy receives various media with which to create the stories, and the basic dominant "rules" are that no one may change another's drawing, the story commences at a point of minimal anxiety for all, each page represents a segment of the family's (agreed upon) story and writing may be added to images. The art therapist (a facilitator figure) assists the family and negotiates with the family members regarding troublesome issues that need to be fitted onto a page. Once a page and its images have been created, the therapist asks questions about the images and the family interactions that accompanied the making of the page. The creation of the storybook may become a family celebration and a record of family adjustments. This procedure may also be used effectively with married couples working through issues (Hanney & Kozłowska, 2002).

In section 2.5.7.4 a novel approach is employed by a drama therapist who succeeds in bringing the narrative to life by means of video and film-making techniques.

2.5.7.4 Drama therapy and filmmaking with pre-adolescents

Novy (2003), a drama therapist working within the narrative frame, relates her success with two pre-adolescent boys using movie making as a technique to engage two very difficult personalities in therapy. The reason why this example is cited is because it illustrates the interlinking between



modalities, a spirit of collaboration and the effects of self-modelling on two pre-adolescent boys. The background of Novy's (2003) therapeutic setting will be sketched briefly in order to display the supportive roles of different modalities and techniques. The specifics of the therapy process that was followed will then be discussed

The setting is a child psychiatric unit that involves preadolescents in an after-school project. The behavioural difficulties of the preadolescents were hampering both their scholastic progress and normal family functioning. A team of specialists including a behaviour therapist, a pet therapist, a parent group art therapist, a social worker, a drama therapist and a psychiatrist all provided input in the lives of pre-adolescents who attended the after-school programme.

Novy (2003) focused her report on the work she carried out with Ben and Andrew over a 25-session drama therapy process. Initially she experienced great difficulty with these two boys who seemed obstinate and cold in respect of the dramatic exercises and hostile towards each other. Novy (2003) discovered that they were very responsive in the art therapy sessions, and decided to incorporate the making of personal items into her drama therapy session. This approach bore fruit. Progress was slow but, according to Novy (2003), the breakthrough came when she introduced a video camera. Andrew and Ben had to make a movie together, and their nonverbal stances changed to more verbal stances. They eventually even established a friendship.

When Novy (2003) introduced the movie-making idea the two boys were immediately enthusiastic about the prospect. The video camera seemed to focus their work efforts and made self-modelling possible – though without their being aware of it. The drama therapist and the boys took turns to do the filming because, as one was acting or building a scene, the other had to assist. The opportunity to make a movie removed the problem-ridden story connected to the boys. They had to take on the roles of *co-script writers, artistic directors, actors playing various characters, film technicians/cameramen, and lighting and sound technicians* (Novy, 2003:204) which allowed them an opportunity to enjoy total artistic freedom. When the movie had been completed the boys derived great pleasure from viewing their artistic skills and their self-expressiveness as actors in their collaborative effort. The two boys decided against having the “usual narrative” audience and,

instead, wanted to watch the film themselves, which they did several times – they seemed to find this very affirming, and thus they became their own “narrative audience” (Novy, 2003).

Sections 2.5.7.5 – 2.5.7.7 deal with narrative arts experiences that pertain to elements such as bodily experiences, awareness and long-term illness.

2.5.7.5 Artistic narratives during pregnancy

Hocking (2007) discusses how she, as an art therapist, employed artistic narratives to record the self-concept (development) of three women during their second pregnancies – an interest that had been initiated by her own pregnancy. During each interview – that coincided with each of the trimesters of pregnancy – she supplied the participants with various art media, such as watercolours and pastels, and instructed the participants to draw something that had been specified and that related to the discussion that had preceded the art making.

Once the artwork had been completed the art therapist and researcher focused her questioning on the artwork and led the participant in a process of reflection. The artwork thus became a crucial or central element in building the narrative of the participant. At the end of the process the researcher placed all the artworks in succession before the participant and a final process of self-reflection ensued. The important aspect of this project is that the participants, during the artistic narrative process, engaged with the images they had created. The images these women produced shared archetypal Jungian similarities and corresponded with the specific phase of the pregnancy (Hocking, 2007).

2.5.7.6 Art therapy and art-making for women with breast cancer

Collie, Bottorff and Long (2006) used a narrative view of art therapy and art-making in their work with 17 women with breast cancer, and maintain that visual artistic expression revealed potential as a psychosocial avenue for these women. The researchers wanted to establish how women with breast cancer valued their experiences of art-making (without a therapist) and art therapy (under the guidance of an art therapist). An analysis of the “artistic narratives” of the women revealed four dominant storylines, namely, art-making and art therapy were viewed as a haven, the establishment of a clearer perspective, the achievement of greater emotional clarity, and the

enhancement or revitalisation of the self. Art therapy and art-making were instrumental in combating the image of being nothing more than a cancer patient with scarcely any prospect of future life. The art processes were helpful in reducing threats to existence, encouraging bold living in present life, and nurturing the possibility of living well into the future.

Öster, Magnusson, Thyme, Lindh and Åström (2007) conducted a similar research project that aimed at ascertaining the effect of art therapy on women suffering from breast cancer and whether art therapy was beneficial in boundary strengthening. The study involved 42 women undergoing treatment for breast cancer – 20 attended art therapy and the remainder were in the control group. Those who attended art therapy sessions scored significantly higher on the Coping Resources Inventory (CRI) because they appeared to value their personal-social resources higher than those in the control group. The researchers studied the narratives of the participants who attended the art making therapy – most of the members of the active group and the control group kept diaries (Öster et al., 2007).

The aims of the art therapy process were to provide each participant with the opportunity to reflect and to become involved in self-expression, to be supportive in assisting the participants to restore their body images, and to reduce stress and strengthen coping strategies. Each session involved exposing the participants to experiences with art media, making art, displaying the artwork, reflecting and commenting on the artwork, and integrating the experience into the self. The art exercises utilised included life-size body outlines and free painting (Öster et al., 2007).

The researchers state that their analysis revealed that the participants in the art therapy programme were able to strengthen their personal boundaries against others – more so than those in the control group. According to the researchers, art therapy was a tool that assisted the participants to “reject” traditional views of women that viewed women as “powerless” and therefore afforded women less boundary protection. The art therapy process allowed these women to discover their personal strengths and imbued them with energy and new abilities, which, in turn, opened up a new course of possible action. These women (who underwent the art therapy process) maintained that the art therapy, combined with the narrative aspects of the research,

allowed them to verbalise their situations, it made their personal “predicament” clearer to themselves, and it moved them closer to other people (Öster et al., 2007).

2.5.7.7 Narratives of art-making in chronic fatigue syndrome/myalgic encephalomyelitis

Reynolds and Vivat (2006) investigated the effect which art-making as a leisure activity had on the narratives of three women who suffered from chronic fatigue syndrome/myalgic encephalomyelitis. The participants (some of whom had endured the debilitating effects of the syndrome for years) were supplied with art materials and they created art independently at home – with no formal art therapy scenarios. They then took part in in-depth interviews at a later stage. Art-making offered these participants an opportunity to fill empty days, and to develop their social and artistic selves whilst gaining insight into cathartic self-expression.

Reynolds and Vivat (2006) maintain that the value of art-making for these participants lies in the fact that, firstly, the art-making re-established meaning and quality in a life that did not seem to encompass improvement in physical health, and, secondly, the products of the art-making – which could not be seen as curative – testified that a life, with an alive self, was being lived in the face of a severe physical reality. The value of art-making as a leisure activity for those with a physical handicap is further emphasised by Reynolds and Vivat (2006) when they state that, after years of suffering and dejection, the introduction of art-making activities “revived” the participants.

The next section deals with the application of the arts in group work, and, although the researchers involved did not include narrative as a key word in their article, the decision was made to include it in this section of the chapter, because the “cultural” aspect of their “relational-approach” does imply that there is a dominant story at work within the group that needs to be probed into or altered slightly. Section 2.5.7.8 will make it clear that the arts activities trigger personal narratives and somehow either enlarge or alter or affect the behavioural patterns of the group which are embedded in the group narrative.



2.5.7.8 A relational-cultural approach to using art therapy within a girls' group

Where argument and political advocacy are generally based on one side striving to prevail over another, creative expression can help us suspend points of view, establish empathy with adversaries, embrace the unknown, take risks by opening to what is feared and despised, step outside established identities, and experience how partnerships with the most unlikely figures can generate surprising and insightful outcomes (McNiff, 2007:393).

Sassen, Spencer and Curtain (2006) tell of their approach in using art therapy, which they call *art from the heart*, as a connection-fostering group activity to facilitate better understanding and empathy for each other within a group of culturally diverse urban middle school girls. The primary aim of this approach was eventually to enable the girls to differentiate between those relationships that foster connections and those that foster exploitation.

The art activities used included designing nametags for each other, deciding on a name for their group, making a group banner, making clay figures, writing a play for the figurines, creating posters and large sculptural works, compiling a book of collages that recorded the progress of the group and deciding on a simple written story to accompany the book, and making body tracings of each other. Although these artworks remained at the school the group book was colour-copied and each girl given a copy (Sassen et al., 2006).

Making art together with others and expressing our deepest emotional concerns within an attentive and supportive environment also enable us to transcend the alienation and sense of "not-belonging" that feeds the negative effects of the shadow on our personal lives (McNiff, 2007:394–395).

In order to illustrate how the researchers set about involving the girls in the art group activities, the procedures for the body tracings will be explained in accordance with the descriptions given by the researchers. A large piece of paper is placed on the floor, one girl lies on the floor and another girl traces her body outline. Those girls who feel uncomfortable with the activity may ask another girl simply to draw her body outline while she poses. Once the tracings have been completed the large body outlines are fixed to the walls of the rooms and the girls are able to add words and colour to their "wall bodies" (Sassen et al., 2006).

Once each girl has filled in or decorated her body tracing by adding the necessary additional material, they are each given streamers (the party type) so that they may visually link elements of their paper bodies to elements of other paper bodies which they perceive as similar or relevant. This activity creates a party-like atmosphere of colour that makes it possible for the girls to make visual connections between themselves and others who differ so radically from them. At the end of the procedure photographs may be taken to capture the festive connections. Sassen et al. (2006) maintain that the interactive nature of art projects facilitates a context that allows people an opportunity to explore interpersonal conflict or disconnections, and to celebrate new connections that, prior to the art-making sessions, had seemed impossible. This statement by Sassen et al. (2006) corroborates the following statement of Speiser and Speiser (2007:362): “The arts are able to reach below the surface to allow for the development of respect for differences and an opportunity to creatively investigate and understand issues of peace and justice.”

The above-mentioned quotation that hints at possible peace within relationships as facilitated within the colourful narrative arts scenario concludes this chapter.

2.6 Conclusion

A brief **integrative summary** of the principal narrative and arts aspects that were covered in this chapter will now be given according to the chapter layout – starting with the narrative component and ending with the arts.

2.6.1 Narrative

Narrative therapy is, in its essence, therapeutic storytelling and allows the client an opportunity to be heard. This therapeutic privilege reflects the cultural changes that have taken place with regards to telling stories. Most people do not live in the traditional extended family scenario where time is invested in regularly relating personal narratives. It is the therapy room, rather than vibrant social interaction, which now facilitates the personal narrative presented by the client – the protagonist in search of meaning. This personal narrative is constructed according to a linear frame that allows the incorporation of fragments of personal history, and the therapist assumes the role of the privileged narrator (see 2.2.3).

Apparently narrative therapy is not the “postmodern cure” that may easily be believed, but is rather an offshoot of family therapy – which existed long before postmodernity – and acquired its postmodern link when it adopted postmodern philosophical stances which are revealed during narrative diagnosis. The emphasis on the client’s strengths, the view that the client and therapist are in partnership and that meaning has a constructionist element, and that the story form of meaning is valued all stem from family therapy (see 2.3).

The aim of narrative therapy is to uncover the lost resources within the person and his milieu by revealing the true nature of the problem through externalisation. With the assistance of a narrative therapist the negative influences of the problem are uncovered and terrains identified where the influence of the problem is minimal. The basic narrative process entails telling the story, allowing alternatives to emerge, adopting a worthier story, making the implementation of the new story known and inviting support (see 2.4.3).

A prominent feature of the narrative methodology is the externalising privilege it affords the client, because it allows an opportunity to engage with the problem from a new perspective and without emotional entanglement. It creates a space between the client and the problem and, through externalising conversations, the client realises that his identity is actually aligned with the lives of others who share similar dreams and hopes – a reconnection with the interpersonal environment may be initiated (see 2.4.5). This connection with the cultural or interpersonal landscape is further enhanced by the involvement of the appreciative audience who accompanies the client (see 2.4.6).

We will now summarise the core elements pertaining to the arts in section 2.6.2.

2.6.2 The arts

Arts-based research uses artistic expressions (artworks or performances) to gain new insight and generate new meanings that would have been neglected had it not been for the arts component. The nature of the arts-based experience allows participants to assemble dynamic, multidimensional sets of understandings, and researchers are thus afforded the opportunity to work with enriched data. Even though arts-based research experiences deliver rich texts the experience could yet also be uncomfortable, because, as Springgay (2002) warns, the arts-based elements could cause

dissonance and destabilisation because they overturn traditional research perspectives in certain cases (see 2.5.2.1). The nature of arts-based research could constitute a problem to those outside the arts and the definitional confusion that surrounds the term **creativity** could also contribute to the negative reception that might be afforded arts-based work (see 2.5.2.2) The language that arts-based researcher employ could perhaps be perceived as too “whimsical” (see 2.5.2.3).

Even though the arts may lead to ambivalent perspectives and dissonance there do, nevertheless, exist many positives. The arts therapies have proved helpful if we consider the benefits that they have made available. These benefits include the following (see 2.5.3):

- Cathartic experiences.
- The awakening of creativity that may also awaken spirituality.
- Early psychological wounds may be healed.
- Metaphors may be crafted which may transcend communication barriers.
- Opportunities for projection which allow the client to disclose personal material in an affirming environment are afforded.
- Rituals that may establish a healing frame for personal ceremony.
- Symbolism that affords the client the opportunity to express difficult personal matters.
- Self-knowledge may be enhanced by the self-reflective function of the arts.
- Unconscious issues are revealed to the conscious mind by the serendipity of the arts therapies.

The arts are ideal vehicles to facilitate the teaching of difficult issues because they enable us to transcend communication barriers and to engage in visualisation (see 2.5.4.1). Structured exercises that employ a combination of artwork, worksheets and workbooks are ideal to facilitate the self-narrative and the development of self when working with children and adolescents (see 2.5.4.2). “Picturing” that has been made possible by digital photography, magazine images and video may all be effective ways of engaging people to participate in therapy and activate the personal narrative (see 2.5.4.3 – 2.5.4.6). Self-modelling is an important benefit which arises from working with video and, apart from allowing the client an objective screen image of self, it could assist the client to learn new skills and to become aware of latent skills. It may even afford the client the opportunity to awaken to personal destiny (see 2.5.4.7).

Group arts experiences allow people or clients an opportunity to reconnect with others and to terminate social alienation by experiencing validation from others (see 2.5.5.1). Group arts experiences vary in format, location, clientele and media, and may take place, for example, in hospitals (see 2.5.5.2), outdoors (see 2.5.5.3), in theatres (see 2.5.5.5) or in music rooms (see 2.5.5.6). The approaches are unique and structured or designed to suit the clients. There are numerous examples in literature of instances where the group arts therapist has changed the course of the therapy (halfway into the process) due to group growth or implosion.

Narrative therapy may be enhanced by the art therapies because the aims of narrative therapy and the arts may be aligned. Both are characterised by similar attributes or beliefs, namely, the notion of resurrecting buried aspects of self-expression, the therapeutic association is a co-construction, and the client is perceived as a positive human being with creative talent (see 2.5.7.1). Successful narrative and arts combinations may be found in practice and in research and include scenarios such as:

- Compiling a family storybook to help traumatised children (see 2.5.7.3).
- Film making with troublesome preadolescents (see 2.5.7.4).
- Using the arts to learn about the narratives of pregnant mothers (see 2.5.7.5).
- Engaging the arts to improve the narratives of those suffering from an illness (see 2.5.7.6 – 2.5.7.7).
- Employing multiple art therapy activities to impact on the relational narrative of a group of schoolgirls in discordant interpersonal relations by teaching them about growth-fostering relationships (see 2.5.7.8).

2.6.3 Final reflective comment

It appears that the combination of narrative and arts may be very powerful in its “simplicity” and its “complexity” as a methodology because it offers the opportunity to involve the therapist, counsellor or teacher and the participants or clients wholeheartedly. Speaking as an artist and an art teacher (as “defined” by my current professional context) I must admit that it is a pity that life is so fast and the academic work so ever-important, because I am able to picture in my mind’s eye that the children with whom I work could and would be changed if only there were time enough to walk with

them and listen to their stories – as we engage in the “messy” business of making the arts come alive!

Before I start perpetuating another “myth”, by sounding too much like a “fanciful” artist let me consider certain aspects that I gleaned from this chapter that could impact on my data analysis or the interpretation of the **rich** arts-based narrative texts. As I engaged with the text of this chapter the following questions presented themselves – hopefully the answers will emerge when I work with the data.

- How meaningful will the externalisation exercise be to Grade 9 learners?
- Will the participants in my study be able to uncover clear, specific personal strengths as they engage with the narrative arts activities?
- Will they experience the narrative arts process as helpful or will it merely be another school “thing”?
- Will the participants be able to deal meaningfully with the “mythical”, metaphorical and symbolical elements of the process?
- How will they experience the (video) self-modelling aspects?
- If I bear in mind the benefits of the arts may I expect to witness cathartic moments that could result in spiritual awakenings?

In the light of the above-mentioned information presented in the conclusion I position myself as an art “helper” who believes in our creative capacities as human beings, and our potential to work colourfully, independently and collectively to solve the puzzle of a negative personal story. The possibilities of achieving personal narrative success seem so much greater if only we could externalise our issues through the avenues that the arts make available to us.