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NARRATIVE KNOWING
Narrative and Storytelling Resources in Art Therapy
"People are story tellers by nature"¹

Introduction

Art Therapy is a way of “knowing in doing”. It facilitates “knowing” in two primary ways. The first way is quite simple and straightforward: through simultaneously articulated art that is inexpressible in words. The second way is far more complex: at the verbal or non-verbal interaction between the patient and the therapist, through all forms of art that can only be expressed at this interface.

Drawing and narrative (or story-telling) have long been successful partners because human beings seek meaning in all they do or enjoy: "Narrative is the primary form by which human experience is made meaningful".² In addition, Bruner asserts that the "narrative gift" is profoundly intercultural, a predisposition that all people, in all cultures, develop from an early age: "We are so adept at narrative that it seems almost as natural as language itself".³ "We think in images. We thought in images before we had words. We could recognize mother before we could say mama".⁴ "Art therapy has approached visual images as narratives which say things about the people who make them".⁵

For research in Art Therapy to be evidence-based, it must be realized through one or more of the recognized art forms. I see these many art forms as constituting real narrative. I refer to the art forms as "visual narratives representations".

The term visual narratives representations expands on Lieblich who stated that investigation of any research questions "can use narratives"; and that "the narrative (itself) can be investigated by researchers as their research object".⁶ What criteria must a study based on visual narrative art representations meet in order to be considered valid? I refer to Denzin and Lincoln who say: "The visual narrative tells many different stories at the same time as it mixes and combines multiple images. Visual narrative, however, is not complete without narrative support through dialogue and language."⁷ A visual image narrative allows us to "listen beyond the words".⁸ The therapeutic advantage of storytelling in art-therapy-based research is the way it creates knowledge that connects "head to heart".⁹ An image can be subversive. It can create a "narrative" or "counter-narrative" complementary to the dominant one of words. The distancing or intermediating element of art can be helpful in interactions of inequality or of conflict.¹⁰ Through telling their stories, patients create empathic bonds between the wounded story teller and the wounded healer.¹¹ Storytelling in Art Therapy reveals the connections between deeper layers of the soul through a patient's body actions, while he or she makes "signs" in their art work.

Narrative Art Therapy Research

"Art therapy is a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages".¹² The American Art Therapy Association, (AATA), bases its definition of Art Therapy on Ms. Malchiodi's definition.

¹ Lieblich et al ,1988

² Polkinghorne, 1988

³ Bruner, 2002

⁴ Wadson, 1980

⁵ McNiff, 1998

⁶ Lieblich, 1998

⁷ Denzin and Lincoln, 2000

⁸ DeVault, 1990

⁹ Sarasema, 2003

¹⁰ Dokter, 1998; Liebmann, 1996

¹¹ Frank, 1995

¹² Malchiodi, 2005

Art has the potential to change lives in profound ways. When words are not enough, we turn to images and symbols to tell our stories. And in telling our stories through art, we can often find a path to health and wellness, emotional repair, recovery, and, ultimately, transformation (International Art Therapy Organization, IATO).

Expression in Art Therapy is by definition the "externalization of internal thoughts and feelings".¹³

Narrative in Art Therapy refers to art made during a therapy session or treatment and that tells a story.

"Narrative therapists are in the business of changing peoples' life stories. Narrative researchers are in the business of studying those stories from a scientific perspective".¹⁴

There are different approaches to art therapy. Here I will discuss the Phenomenological Theory in Art Therapy of Mala Betensky. I was trained as an Art Therapist in this approach and have found over the years that there is a deep connection between narratives and the Phenomenological Approach to Art Therapy.

Phenomenological research explores the meaning, structure and essence of the lived experience of any given phenomenon for a person or a group of people.¹⁵

In Phenomenological Art Therapy, the therapist asks "what" or "how" questions and refrains from asking "why" questions. The therapist encourages the patients to describe their "here and now" experiences. The patient interprets and reveals the deeper meaning of his or her experiences with the guidance of the therapist.

Individual Elements of Patients' Art-making:

A symbol is an object or thing that has meaning beyond the thing itself. A symbol can be universal, like the shape of the heart, or individual for the patient himself. The predominant elements are colour, line form, shape form, space, value, composition, texture, and background, and concrete or abstract styles. Artists and patients use these tools to create all visual art representations.

The setting in Art Therapy is the time and place where either the patient or a subject is located, or where the story is happening.

The subject is who or what the artwork is about. It can be a story, an idea, a person, an emotion or a feeling.

Visual Images as Narrative Representations

A. Narratives of Identity and Life Stories

Identity is an inner story replete with all the trappings of narrative form: settings, scenes, character, plot, and themes. "The stories we tell are such because they reflect the stories we are".¹⁶ The object of narration, according to McAdams is "to integrate disparate aspects of the self as it unfolds in time".¹⁷

Three Case Studies:

1. The "Embryo" story¹⁸

Orly was a blind 11 year old girl. She got Art Therapy sessions because she was having problems interacting socially with her peers. At the first few sessions she refused to talk about her problems. She told me that everything was fine, that she had friends in class and on the internet and that she didn't know why the school counsellor had suggested to her parents to try therapy for her. After some meetings she saw that she could talk with me in confidence. So she asked me if she could do some art work using the "Papier Mache" Technique. At first she wanted to create a bird but while sculpting the bird she asked me if I had children. I answered that I have three children, that two of them were married and that soon I would become a grandmother because both my daughter and my son's wife were pregnant. When I told her my personal narrative, the "bird" turned into a baby that looked like an embryo (figure 1). While making the physical "baby" (I had to help her in some details because she was totally blind), she began to tell me her story. She was born as a normal baby but at the age of 3 she was diagnosed with a tumour on the optic nerve. She was sent to a hospital in the United States and was operated on there but the operation

¹³ Riley, 1999

¹⁴ McAdams and Janis, 2004

¹⁵ Mertens, 2005

¹⁶ McAdams, 1993; Randall, 1995

¹⁷ McAdams, 2004

¹⁸ Harpaz, 2011

failed and she became totally blind. Trying to improve her quality of life her parents sent her to a rehabilitation centre. Orly was taught there how to be as normal and independent as possible. The life tools she received there and



Figure 1

in her home helped her to cope and be resilient. She also learned to manage her everyday activities as a teenage girl. Through making the visual image, which, because she was blind was clinically significant, she could narrate and tell me about her emotional rebirth. She came to accept her identity as a blind girl. "Giving birth" metaphorically to the "embryo" was symbolic in another way: her mother was a midwife in hospital.

Another issue concerning her identity related to her first name. Orly's parents had changed her name during the operation from Noa to Orly which means "my light" in Hebrew. Name-changing when someone is very ill is a well-established custom in Jewish tradition. Orly wanted to take back her first identity by returning to the name Noa and to the normal state before the operation. By creating the sculptured embryo she gave birth to her new self as a blind girl.

After she finished the "baby" sculpture she created her family members and insisted on taking all the art sculptures home.

2. A Teenager's Story

Ron was 15 years old. He had emotional problems, learning disabilities and ADHD (Attention Deficit Hyperactivity Disorder) and was receiving medication (Ritalin). During therapy sessions he suffered from anxiety and sometimes mentioned thoughts of suicide. All four of his grandparents were Holocaust survivors. His proximity to the Holocaust probably was one of the sources of his anxieties.

The narrative I want to discuss here concerns his sexual identity. Ron's father wanted him to be very masculine and a football player. Ron is a very good-looking boy albeit somewhat feminine. He is delicate and sensitive both physically and emotionally in a feminine way. He tried to behave like a "man" by smoking, drinking and being with girls (without sexual intercourse). In contrast to his troubled relationship with his father, he was very close to his mother and, as a result, was somewhat childish for his age. For example, he was afraid to stay alone in his house. One day when he and his family were on vacation abroad, he was alone in the swimming pool and felt that a man was staring at him. Ron interpreted the situation as a sexual interaction but the man didn't touch him physically. Ron ran from the pool and told his mother about the incident but he felt that his mother didn't believe him. His mother was quite controlling, in general. The next day Ron was standing near the family's car and his trousers fell down. At the same moment he again saw the man from the swimming pool watching him. Ron was afraid; but he was more disturbed by feelings of shame. Ron told me this story after many therapy sessions (figure 2). He didn't want to reveal the secret but "the secret" was represented in his art work such as this image of his body and these "Papier Mache" mountains (figure 3). He also made clay images that he watered with a watering can.

Making art in several media, like painting and sculpting, helped Ron to reveal his narrative and identity, the shame he felt about himself as a teenager boy, not only in the incident of his pants falling down but generally, and whether to see himself as a masculine boy or to self-identify through his more sensitive and feminine behaviour.



Figure 2



Figure3

3. A Divorced Woman's Story.

Nataly was a pretty woman in her 30's. She was very assertive and successful. She had a good, loving, and wealthy family. Like the boy in the previous story, she was a third-generation Holocaust survivor. She married a man from a troubled family. She helped him find a good job and supported him while he was studying for his degree. When she was pregnant with their son, her husband had an affair with a woman from his place of work.

During the Caesarean section giving birth to her son, Nataly was in a life-threatening condition. The operation had complications and she was sent to the Intensive Care Unit. At that time her husband, as she sarcastically called him, "my dear husband", was spending his time with his mistress. After she recovered from surgery, her husband told her about his relationship with the other woman and that she was pregnant with his child. Nataly threw him out of their house and asked him for a divorce. He wanted to continue his relationship with both women. Nataly was deeply hurt emotionally. Her identity as a beloved, assertive, and successful woman was dashed to pieces. The betrayal was intolerable. In therapy sessions she tried to find her identity again and return to a life story she could comprehend because her ex-husband had stopped her normal life narrative. She worked on a sheet of paper 1x1.20 meters (figure 4). She started by putting layers of acrylic colours on the paper. She used broad strokes from the top to the bottom and from one side to the other. Then she chose an image of a baby from Ann Geddes' photography book and glued the image of the baby to the paper. Then she wrote "MEKIMI", a word from a Hebrew prayer meaning "may God lift me up".

In her art making Nataly could throw her anger and rage onto the sheet of paper. Then she could find her inner self as a child and recreate her identity in a new "narrative" with hope for the future.



figure 4

B. Women's Narratives

Interpretation of visual-image narratives is useful essentially for understanding how women construct and negotiate their gender identities through drawing and recounting their stories. Researchers speak about women as agents in their own stories.¹⁹ "Women's narratives indicate a continual negotiation and development of female's identity and expose the multiple ways such narratives function through gender relations in everyday life."²⁰

Sidonie Smith and Julia Watson describe how narrative research can work with graphic narratives like photography and painting and consider them to be autobiographical elements.²¹

¹⁹ Berger and Luckman, 1996; Brown, 2007a; Gergen, 1985

²⁰ Blum, 1998

²¹ Smith and Watson, 2010

Women's Narrative Data

I connect visual images as "small stories"²² to the above-mentioned insight of Sidonie Smith and Julia Nelson. They are about personal experience and single past events. These visual images sometimes reveal under-represented narrative data and can provide a needed meeting point for visual narrative analysis and visual narrative inquiry in art therapy-based research as proposed by Georgakopoulou.²³

Multiple representations of gender enter into women's personal narratives as they talk and draw about self-image, dress codes and body-image. Some issues represented in women's art are: fear of physical and sexual violence, spatial restrictions and constraints, physical and sexual experiences, motivations, opportunities and changing attitudes to both gender and universal inequalities.

Women's Visual Narratives as Autobiography

In a session of drawing using the collage technique, Miriam drew a woman (figure 5). She explained that when she was an art student at the age of 18, the art students had to work with abused women. There she met a girl who had been raped by her cousin and subsequently had been forced by her family to marry a man much older than her. The husband continually menaced her. Because of his violence she ran away from her home and went to a women's shelter (figure 6).



Figure 6



Figure 5

Miriam decided to make the main issue of her art project the Muslim man and his perception of a woman's virginity. Even today, as a married woman in her 30's and a mother, she continues to be occupied by Muslim women's narratives and keeps drawing and sculpting images concerning Muslim women and their body image.

Looking at Miriam's drawings, we see that she is the agent of her own life and of her narrative performance of that life.²⁴ We see in her art work (figure 7), drawing and sculpture, the changes in her narratives through the colours, lines, space, background, composition, shapes, and materials. A good example of materials is the fishermen's net which being transparent and having many holes metaphorically represents the hymen. In contrast to the net as a virginity symbol, the female image is shown as quite seductive and sexually tempting in most of her drawings. We can see also how the female image changes from "abused" to a strong woman with masculine features (figure 8).

²² Georgakopoulou, 2006

²³ Georgakopoulou, 2006

²⁴ Hyvärinen, 2006a, p. 30; see also Ricoeur, 1984, p.55



Figure 7



Figure 8

Drawings of Women's "Body Images"

Here are drawings made by two religious Jewish women. One was born on a non-religious kibbutz. In her youth, she was not religious at all but became religious as an adult (figure 9). In Hebrew "Hozeret Betshuva" means to return to one's faith through repentance. The drawings of the body image show that she is relaxed "in her body" but still maintains physical modesty by the restrained drawing of the dress and by not drawing the facial elements.



figure10



Figure 9



figure 11

The other woman was born to a religious family but as a teenager rebelled and became not religious (figure 10). She went to India, and became involved with pagan moon worship. After their marriage her husband became religious and she followed him. In her body image drawing we see that she sees herself as very relaxed. The third eye indicates spirituality. She told the women's group that she does not need external boundaries to keep her physical integrity because the religious laws in the Jewish tradition keep her safe.

Although the two women are religiously different (one follows the "Habad" customs and the other follows the "Breslav" customs) they enjoyed the art experience in drawing their body images.

Next we see an image of a young, single Muslim woman (figure 11). First she drew herself wearing a Hijab on her head. Then she added a veil on her face. In everyday life she doesn't wear a veil on her face but she told the other women in the group that she should do so in order to "be a good and loyal" woman to her family and culture.

In contrast to Miriam she is not the agent of her own life. Her narrative is that she does what is expected of her even though she is occupied by doubts regarding her identity as a woman.

Drawings Representing "My body" Boundaries

We investigate a woman's narrative according to her ability to represent herself in creative work. One art therapy intervention is to ask her to draw a body. We may alternatively give her a template of a body. In either case we ask her to draw the outline around the body. After that they can continue painting the whole body schema. Janine is a very beautiful woman. She is married and has children. She lives in a village and works at a factory. She told her story to the women's group. She has many problems because men usually look at her in a way that means they want to seduce her. In her fundamentalist society, women are always blamed first if they are tempting or abused. Janine expressed her perception about the boundaries in her life by drawing the outline of the body in red and black (figure 6

12) while the body schema remained white and innocent. On another sheet of paper she wrote these words about her feeling: death, rape, fear, and harassment.



Figure 12



Figure 13

Another example is the drawing in which there are zigzag lines around the body schema (figure 13). I analyse the drawings using the phenomenological features: the colours, where the outline is placed in relation to the body, the lines, how the women maintain the outline and how they express their fears of being raped or murdered. Here are more examples of how Muslim women draw their perception about the boundaries around their bodies. We see the colours they used, where the boundaries are placed in relation to the body, the lines they used, how they keep their boundaries, and how they express their fears of being raped or murdered.

Visual Images Narratives of Trauma, Abuse and Grief

Arthur Frank observes in “The Wounded Storyteller” that 'self-stories' have become a recognizable form of popular culture. They include illness stories, spiritual autobiographies, stories of sexuality and gender identity, and survivor stories of inflicted traumas such as war, captivity, incest, and abuse.²⁵

Grief and Bereavement

Rachel didn't tell the women's group she is a bereaved mother but when she drew a collage they noticed the eyes were very sad and hiding "something" so she told them her son had been killed while in military service (figure 14). She does not want to be identified as having the narrative of a bereaved woman because the bereavement narrative in Israel is very complicated.



Figure 14



Figure 15

Malkinson, Rubin and Witzum suggest that there is collective bereavement and commemoration in Israel. The "culture of bereavement" in Israel developed as "collective bereavement" by the contribution of complementary relationship in the attitude toward loss as experienced by both the individual and society.²⁶ Although Rachel didn't want to talk about her narrative of bereavement she could not hide it in the collage drawing.

²⁵ Frank, 1995

²⁶ Malkinson, Rubin, and Witzum, 2000

Jonatan's drawing of the Cemetery²⁷

Jonatan was 11 years old when his twin brother suddenly died at home in his presence. Jonatan drew the funeral scene at the cemetery a few days after the funeral (figure 15). The narrative of bereavement is very direct in his drawing because of the recent experience of his brother's death. He could draw but could not talk about his feelings at that moment. As Jonatan was a child at that moment and because of his brother had died at home and not as a soldier he was more direct than Rachel was in his representation. He showed no connection to the "collective narrative of bereavement".

Sexual Abuse and Rape in the Sand Tray

The sand tray as a method of therapy can be traced back to child psychiatrist Margaret Lowenfeld who utilised sand and water in combination with small toys to help children express "the inexpressible" after reading an observation that H.G. Wells' had made in 1911 that his two sons would work out family problems playing on the floor with miniature figures.²⁸

"Sand tray" is a treatment approach, an intervention, and an assessment tool for trauma that provides a unique, safe, and protected environment to allow the client to reconstruct the trauma story".²⁹ One advantage of using this method is that there is a processing of tactile, nonverbal experience. This processing promotes awareness of deeply personal emotional issues within a safe, therapeutic environment. The patient's special arrangement of miniature figures in the sand tray reflects the patient's inner world; and evokes spontaneous metaphors and narratives that provide non-verbal understanding of the trauma story. As the patient becomes able to speak, the therapist encourages the patient to relate the story in a manner similar to the Six-Part Story-Making Technique (6PSM) that I will discuss later. The therapist asks questions like: Can you tell me about your tray? Could you make up a story about the images in the tray? Is your image representation in the tray? Are there other figures in the tray?" "What figure or image has the most power? What is your image representation doing or saying to the other images? We may offer the patient the chance to move the miniatures and to change the scene. An important purpose of the questions is to indirectly reduce the trauma. The woman who "drew" this picture could not use words to tell about the rape and sexual abuse of "the little girl".

Sharon was a married mother in her 40's. She was a professional photographer. She showed me some of her own, personal photographs and I noticed they were very dark. She played with the light alternating light and shadow. At first she told me she made those photographs after her mother was diagnosed with breast cancer. At this point I thought she was processing her fears about her mother's illness and possible death. After a while I suggested that she try working through her problems by using the sand tray. She put a miniature of a little girl in the sand tray (figure 16); then added a snake and figures representing bullies which were sexually abusing the "little girl"(figure 17). The scene in the tray was very clear but Sharon could not talk about it and she began to giggle. Later on she remembered that she had experienced abuse as a child and couldn't do anything to stop it. So her trauma did not begin at her mother's illness; it began many years before. Helplessness was the bridge between the two conditions but as an adult she could change the miniatures' roles and place them, both metaphorically and emotionally. By these changes and self-control she was able to reconstruct her story with new understanding.



Figure 16



Figure 17

Abuse, Rage and Violence: Daniel Modelling Clay Sculptures³⁰

²⁷ Harpaz, 2011

²⁸ Lowenfeld, 2004

²⁹ Gil, 2006

³⁰ Harpaz, 2011

Daniel is 10 years old and studies in a special-education school. He sculpts human figures and then throws them on the floor and cuts them with scissors in an uncontrollable, impulsive rage (figure 18, 19). He tells stories about a father who wants to kill his son and asks the son to kill other people. At the same time the son in the stories wants to kill his father. While the boy was telling the stories, I wrote them on sheets of paper. At every session he asked me to "retell the story "we" wrote. Daniel's parents were divorced and he lived with his mother and sister. After an evaluation by the social worker about domestic violence, Daniel was being treated at a psychiatric clinic because of his violence, aggressive tantrums, and suicide threats. One day he went to the seashore with his father, his sister, and the father's girlfriend. The father entered the water and began to cry for help, but the children didn't pay attention to him because they were used to his playing with them by making frequent fake cries for help. The father drowned and after his death Daniel stopped creating these "human figures".



Figure 18



Figure 19

There can be more than one explanation about why Daniel lost the attraction for creating "human creatures". Maybe it was because he felt guilty about his father's death and thought he was to blame for his father's drowning. Another explanation of his behaviour could be because the story had become the reality and he no longer had reason to be afraid of his father. I don't know for sure because after the Mourning Period (7 days in the Jewish tradition) he left school and went to another town.

D. "Narrative and knowing" –Six-part Story-making Technique

Both verbal and visual representations can be assessed by the Six-Part Story-Making technique (6PSM), a projective technique using structure to help the client create a new, fictional story which can be used in psychotherapeutic assessment or treatment.

Lahad and Ayalon elaborated the "BASIC-PH" model of coping and resilience, defining six modalities: Belief, Affect, Social, Imagination, Cognition, and Physiology. The patient constructs the "BASIC-PH" through narrative representations and the therapist constructs the "BASIC-PH" through narrative analysis.³¹

In the six-part story-making technique, the narratives are guided. The therapist asks the patients several questions. Some questions may be: What is the story about? What has happened or/will happen in the story? Who is the main character? Who are the other characters? What are the characters in the story thinking and doing? What is the setting? What is in the background? How will facial expressions, clothing, and symbols help tell the story? What is the action of the story? What happens first? What happens next? How does the story end?

Another version that I prefer is based on Lahad and Ayalon's "BASIC-PH" model. I prefer this intervention is because it works very well with children. It also is a rapid method of diagnosis and intervention which I can use both verbally and visually. There are many ways to use this method visually, among them the sand tray, drawing, and metaphoric cards. In the version I prefer, the therapist asks the patient to:

1. Choose a hero (real or imagined).
2. Decide what the hero's task or purpose is.
3. Think about a person or thing that can help the hero.
4. Describe who or what disturbs or interrupts him.
5. Describe how the hero copes.
6. Choose an ending for the story.

Geula was in her 40's, married and had children. She lived in a Kibbutz and worked as dental assistant. She was very shy and did not talk a lot in the women's group. She had very low self-esteem and told the group she wanted to

³¹ Lahad and Ayalon, 1992

be a doctor but was afraid she would fail in her studies. When she worked with the "BASIC PH" model the story she revealed a childhood trauma.

Here is Geula's 6PSM:

- The hero is a swimmer.
- The hero's task is to jump to the deep water and to swim there.
- The swimming coach helps the hero.
- The hero's efforts to continue swimming in the turbulent, deep water and to breathe interrupt him.
- The hero copes through faith and the belief that he would manage to survive and be resilient; to let go and to be a part of the water; and by wearing suitable clothes for staying in the water.
- The story ends as the hero jumps perfectly into the water, and overcomes his fears and difficulties.

My Analysis of Geula's story:

- Physiology is represented by swimming, jumping, and doing
- Cognition is shown by doing things to change and understanding the situation.
- Imagination was not represented
- Social is represented by the swimming coach
- Affect is shown by the hero's fears
- Belief is shown by faith and belief

Drowning had been the traumatic event of her childhood. Geula could not tell the story of her traumatic experience spontaneously. The traumatic narrative showed up after the 6psm intervention. When she was aware of her narrative she could act to make a change in her life. She took a swimming coach and began swimming again.

Dysnarrativia Narratives of Autistic and Abused Children

Dysnarrativia' describes the documented inability to construct self-narratives by those suffering from amnesia, autism, severe child abuse or brain damage. The lack of ability to achieve narrative construction seems to be correlated with identity disorders.³² Many young children do not have the ability, or are not at a level where they have sufficient vocabularies to express themselves verbally. They do, however, have the ability to express themselves through drawing. Art enables the child to create a visual vocabulary where he or she may relate stories and experiences.³³ Art Therapy succeeds by addressing the stresses of children whose abilities to visualize and symbolize are damaged by disturbances.³⁴ Vygotsky argues that children's drawings in general are representations of a story.³⁵

Children's Narratives

Children's drawings schemata and verbal stories include everyday-life narratives, fantasy, imagination-based narratives and sequential narratives. In their primary years, children experience rapid development of verbal story schemata and verbal narrative, indicating a strong story-telling interest.³⁶ Art expression stimulates narrative. Studies during the past decade underscore that art is not just a "right brain" activity, but actually a "whole brain" activity that stimulates storytelling. In fact, research with children indicates that drawing while talking about an emotion-laden event can actually stimulate two to three times as much narrative than just talking alone.³⁷ When a child tells a story, he not only means or feels something that refers to an event; most importantly, he **DOES** something. This is important, especially in situations of violence, abuse and trauma, because in those situations he has no opportunity to be in control. Here is an example of a drawing my son drew in January 1990. At that time the country of Israel was under missile attack. There was the fear that some missiles would be chemical. In his drawing we see the frightened eyes under the gas mask (figure 20a , 20b). Drawing was his way of **doing** something because as a child he could not stop this

³² Eakin, 1985

³³ Hibbard and Hartman, 1990

³⁴ Stronach-Busche, 1990

³⁵ Vygotsky, 1978

³⁶ Kellman, 1995; Eisner, 1972; Pitcher and Prelinger, 1963

³⁷ Malchiodi, 2011

attack. Like adults, children use visual narratives as a means of constructing their interior, psychological world.³⁸ Furthermore, Kellman suggests a narrative-investigation model that includes three modes of investigating visual narrative.³⁹



Figure 20a



figure 20b

The first refers to narrative as description. The child makes art and describes the narrative of the here- and- now, day to day details of their lives. It is also a way to share their own experiences with those of other children as similar art representations

The second refers to narrative as invention. The child uses art making to invent things by thinking and as a way to express his hopes and dreams. Through drawing he can create new circumstances and be in control of them .

The third refers to narrative as a way of negotiation. The child draws to create stories through which he or she can come to terms with reality. Narrative as negotiation also helps when the child draws himself as involved in complex issues like spatial location and community structure. These drawings describe the child's attempts to map himself in a physical or psychological space.

The examples I want to present are drawings made by a 6-year-old girl. In the first drawing, she draws a princess, a fairy and a palace (figure 21). The princess lives in the palace and has a "good life". In her "real life", she lives with her family in a very poor social milieu.



Figure 21



figure 22

The little girl's second drawing narrates and describes a big fire that burned her house and the firemen who came to help the family (figure 22). In this drawing we can see reflection about her mental, physical, and psychological space. In this model we can easily see that it is divided into three parts: the castle, the fire, and the rescuing firemen. As we see in these drawings, this girl used all three narratives options-description, invention, and negotiation. The first drawing can be understood as a description of princesses and fairies in the manner of other children her age. It can also be understood as an invention narrative describing what she hopes for in her life. The second drawing is clearer as a negotiation narrative which she uses to tell us about her internal self and fears. Usually, however, we cannot separate sharply the narrative in children drawings.

³⁸ Kellman, 1995

³⁹ Kellman, 1995

Summary

“Telling our stories transforms our lives. A healing narrative renders personal experience concretely, authentically, explicitly and with a richness of detail”.⁴⁰ The visual narratives and case studies sighted here demonstrate negotiation between subjective meanings, sense of self and identity as the stories unfold.

Visual and verbal stories in Art Therapy are reconstructions of a person’s experiences as remembered and told at a particular point in their lives, to a particular researcher/therapist and for a particular purpose.

This all has a bearing on how the stories are told, which stories are told and how they are presented or interpreted. They do not represent ‘life as lived’. Rather, they are our representations of those lives as told to us therapists by our patients.

“A story is never complete, the stories will continue and develop and next time can be told again, maybe in different perspectives”.⁴¹

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⁴⁰ DeSalvo, 1999

⁴¹ Jude Brigley, “Approaches to the Study of Stories from Wales”

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