Towards, wellbeing: creative inquiries into an experiential arts-based healing practice in Aboriginal contexts

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2009

Publication details
Miller, JC 2009, 'Towards, wellbeing: creative inquiries into an experiential arts-based healing practice in Aboriginal contexts', PhD Southern Cross University, Lismore, NSW.
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TOWARDS WELLBEING

Creative inquiries into an experiential arts-based healing practice in Aboriginal contexts

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Thesis declaration

I certify that the work presented in this thesis is, to the best of my knowledge and belief, original, except as acknowledged in the text, and that the material has not been submitted, either in whole or in part, for a degree at this or any other university.

I acknowledge that I have read and understood the University’s rules, requirements, procedures and policy relating to my higher degree research award and to my thesis. I certify that I have complied with the rules, requirements, procedures and policy of the University (as they may be from time to time).

...........................................

Judith Christian Miller

Date: .................................
Abstract

This research project is located in the context of Aboriginal health and education, and in particular, emotional and social wellbeing, recognising the critical need for effective mental health services and resilient, well-trained workers in the field of mental health.

Mental health is understood to include a broad spectrum of conditions with extreme and chronic mental illness at one end and resilience or wellbeing at the other – the so-called ‘soft end’ of the social health spectrum. While recognising that the lines of demarcation between one category and another are grey, my thesis addresses the problems at the latter end of the spectrum: problems of excessive pain; the grief and despair caused by dispossession, loss of place, family and identity; and the deep frustration, humiliation and anger that results in family violence and child sexual abuse, intergenerational substance abuse, neglect and poor physical health. It is my position that very many Aboriginal people who need to make changes in their lives in order to feel well and functional in the world are not suffering from a Western disease but from the transgenerational consequences of colonisation. In recognition of the notion that Aboriginal wellbeing is everybody’s business, this PhD research project represents my response to these consequences.

While popular assumptions are made about the relevance of art to Aboriginal health and many Aboriginal people testify to the fact that their engagement with art (writing, drama, dance, music and visual art etc.) has brought about significant change in their lives, there is no available research in Australia that supports the development of an arts-based approach to learning/therapy/wellbeing that has, for reasons that are well understood, the potential to suit the needs of Aboriginal people.

Addressing this gap in the research, I inquire into an experiential, arts-based, emotion-focused, narrative-orientated, constructivist approach to healing in the tradition of humanistic psychology, which emphasises the importance of an emancipatory, client-centred processes that facilitates the development of awareness, creativity, clarity of expression and critical reflection. The position I take breaks with the traditions of the biomedical model and conforms to the now widely held view that psychology and
counselling treatment programs for Aboriginal people must address the whole person, emotionally/spiritually, mentally and physically, responding to the individual in his/her sociopolitical and historical context. Expressive arts therapy, the multi-modal approach to healing explored in this thesis, lays claim to these intentions.

In this project, I locate myself as the researcher/practitioner whose life-stance is expressive of the phenomenological principles of experiential learning and reflexivity. Accordingly, I have drawn on a number of closely related research methodologies all of which, I argue, are consistent with phenomenology and Indigenous, participatory research practices: critical action research, art-based research and phenomenological research methodology. These modes of inquiry are linked through principles that value subjective experience and allow for a diversity of ways of knowing. Embracing an expanded field of ways of knowing respectful of Indigenous epistemologies is at the core of the arts-based therapy program under investigation.

Expressive arts therapy, in this research project, was delivered in two modes: one was a series of nine full-day group workshops conducted over an academic semester; the other was a series of ten intensive individual therapy sessions with three participants conducted over the period of a year. The participants or ‘co-researchers’ were drawn from the College of Indigenous Australian Peoples and the Education and Art departments at Southern Cross University. Three mature-age Aboriginal students who had engaged in the Masters of Indigenous Studies program emerged as the core participants who, having contributed to the development stage of the project, followed the program through the group workshops to the final interviews at the end of the series of individual sessions.

This thesis is, in part, an illustrated narrative of the in-depth work the core participants did with me in both the context of the group and individually. It invites the active participation of the reader. Insights into the nature and impact of expressive arts therapy are offered through a focus on the lived experience of the three core participants, their reflections on the program and their observations of the changes they made in their lives. An important parameter that I set, determined that the ultimate voices of authority were to be those of the participants. I was not at liberty to look for meanings that went beyond their experience and understanding.
I argue that the experiences of expressive arts therapy re-presented in this thesis demonstrate that expressive arts therapy is in principle consistent with current approaches to Aboriginal psychology and counselling currently recommended by Aboriginal professionals and spokespeople in the field of Aboriginal health. Furthermore this body of work demonstrates that expressive arts therapy is a culturally appropriate intervention grounded in a creative process that has the potential to facilitate healing and change in the lives of people suffering from the long-term consequences of damaging childhoods.

It is my hope that this approach to healing will be further researched and developed and, with culturally appropriate terms of reference, adapted to a wide variety of existing community services – rightfully, Aboriginal and Torres Strait Islander practitioners working for the wellbeing of their own people.
Acknowledgements

This research project has been achieved with the support, encouragement and professional assistance of a number of people. I would like to honour their valuable contributions that have made the process of research and writing not only possible, but a rewarding experience.

Pat Anderson, whose work as director of Danila Dilba, the Aboriginal medical service in Darwin was but one of many roles she has played in a life given to the wellbeing of Aboriginal people, gave me the initial impetus to undertake this research project. Her invitation to participate in an arts-based healing project at Danila Dilba that was expressive of her aspirations offered me a glimpse of her vision and challenged me to seek a way to contribute to the field of Aboriginal and Torres Strait Islander emotional and social wellbeing.

Tamalpa Institute, Marin County, California and the work of its director, Daria Halprin, has also been an inspiration that has contributed substantially to my capacity to respond to the challenges of this undertaking. My time spent at the Institute provided me with invaluable resources and I am mindful of the fact that Tamalpa offers its training programs because of the life-long commitment and integrity of all who have contributed to its development and maintenance.

Professor Judy Atkinson, the Director of Gnibi, The College of Indigenous Australian Peoples, Southern Cross University had the vision that opened the way for me to undertake this research project. Because of her belief in the value of the arts as a basis for an approach to healing and her commitment to development in the field of Aboriginal emotional and social wellbeing, I had access to the College, its students and its resources and was given the support and encouragement necessary to initiate this research project.

Rie Korsten, whose lifelong commitment to her work as a therapist and counsellor has always been an inspiration, has given me tremendous support in every possible way throughout the whole process. She has at once acted as friend, sounding board and informal supervisor. Her belief in this work and in my capacities and her deep understanding of the process experiential approach to psychotherapy have been
crucial in affording me the space to explore possibilities, make discoveries, check my assumptions, affirm my understandings and gain valuable feedback.

My constant companion, throughout the last four years, has been my laptop, which was given to me by my brother, Dr Campbell Miller. Nothing could have been accomplished without it so, on a daily basis, I have appreciated this gift.

Many friends, in fact, have contributed in a number of varied ways and I would like to mention four in particular. I cannot imagine the last three years of this project without the knowledge that I was welcome in the homes of Laura and John Turner, Judy Kean and Blair Wood. Their friendship and generous hospitality has sustained me throughout a research process that has necessitated a lot of travel and many changes of location.

The good spirited and patient technical assistance given to me within Gnibi by Ross Arnett has been of great value. He solved many of my computer difficulties and helped me create the large-scale diagrams included in the thesis: Figures 5.1 and 5.2. These contributions and those of The Southern Cross University Library staff and the Graduate Research College staff have been constant reminders of the fact that a research project within a university is a team effort. The know-how and interpersonal skills within this team contributed substantially to my capacity to sustain the effort necessary to bring this research project to completion.

Janette Philp’s transcriptions of all the recorded interviews and individual sessions were absolutely essential to the research process and to my maintaining the clarity of the voices of the participants throughout this thesis. I appreciate Gnibi’s making this service available to the project and Janette’s skill as well as her generous and cooperative spirit.

To have had my thesis proofread professionally by John Revington I experienced as a privilege. It was reassuring to have such a keen eye cast over every sentence and, in the final stage of the writing process, I felt supported by the careful attention he gave to my work.

I am especially grateful to Dr Kath Fisher of the Graduate Research College at Southern Cross University. Her supervision has been invaluable. She has been my teacher, facilitator, guide, editor and critic. Her personal integrity, warmth, open
mindedness, and intellectual rigour have enabled me to draw together the many strands of my research project and present them as a communicable whole, a PhD thesis.

Finally, my deep gratitude goes to all of the research participants without whose courage and commitment this thesis would not exist. Working with them was a mutually enriching journey of privilege, love and trust. Thank you.
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This is a thesis that engages with matters that concern Aboriginal people. As the writer, I ask the Aboriginal reader to accept that I, a non-Aboriginal person am truly sorry for what is and has been imposed on you by the culture that has dominated Australian society for the last two hundred years. I ask of the non-Aboriginal reader to keep in mind that it has not been my intention here to ‘talk about’ but rather to ‘bear with’. It is my hope that all of us who live in Australia today will learn to listen and to talk to each other so that we may discover the humanity common to us all and together find ways to undo some of the terrible damage done since this country was colonised.

1.1 Background to the research topic

1.1.1 A situation in the public’s eye

The transgenerational consequences of colonisation are reported throughout the media on almost a daily basis and have been for a very long time. And yet the surge of media interest and the shocking headlines throughout the middle months of 2007 made it appear as if Australians were hearing of ‘Our shame’ (Ravens & Cavanagh, 2007) for the first time. In an article in The Northern Territory News, the health and welfare advocate Pat Anderson, who with Rex Wild QC wrote Little Children are Sacred, the report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (Anderson & Wild, 2007) is quoted as saying:

This is a problem that has developed over 200 years and it has gotten worse and worse. I don’t think governments … have been aware of the depth of the problem (Ravens & Cavanagh, 2007 p.27)

This apparent lack of awareness is surprising given that the wellbeing of Aboriginal children, Aboriginal disadvantage, sexual abuse, violence and Aboriginal health have made headlines in every form of the Australian media for many years. Nothing that has emerged in this recent swell of attention to the plight of Aboriginal people is new.
In a paper presented to the Australian Historical Association Conference at the University of Sydney in 1998, George Morgan (1998) offers a glimpse of white middle-class attitudes to Aboriginal people in nineteenth century Sydney. Citizens were concerned about the Aboriginal camps in and around the city. They were seen ‘as a source of moral danger’, of ‘sly grog’ and ‘illicit sexual activity’ (Morgan, 1998 p.10) and there were moves to close them down:

Mr. Henson (Member for Canterbury) reported to Parliament in 1886 … He said he “need not point out the undesirable state of things that might result from the existence of a native encampment in such close proximity to the city” and that “scenes of a disgraceful character had already occurred there and … steps should be taken to prevent these people becoming a nuisance and a disgrace to society (New South Wales Parliamentary Debates, 1886 cited in Morgan 1998).

Norman Swan, on the ABC Health Report in November 2005 (ABC, 2005), interviewed Sven Silburn and Eve Blair who had participated that year in the largest ever study of wellbeing of Aboriginal children and adolescents in Western Australia. It was conducted by the Curtin Centre for Developmental Health at the Telethon Institute for Child Health Research in Perth. One part of the study was an inquiry into the extent to which stress within the home-life and life circumstances of Aboriginal children is affecting their health and development. Silburn stated that with respect to the worst life stress events affecting Australian families today, their study showed there is a thousandfold difference between Aboriginal and non-Aboriginal families and, contrary to expectations, the situation is worse in the urban environment than in rural communities.

The Sydney Morning Herald stated, in July 2005, ‘Race chasm still yawns’ (Lamb, 2005) and later in the year, ‘The Clock is Ticking. Aboriginal leaders say only immediate action will remedy the appalling state of remote communities in the Northern Territory’ (Murdoch, 2005) where conditions are, ‘Worse than Somalia’ (Koch, 2005).

In mid-2006 the newspapers and the television and radio news bulletins were reverberating with the latest stories of ‘Rape, drunkenness, violence and poverty inside Australia’s camps of shame’ (Skelton, 2006) and we were reminded by The Weekend Australian that ‘Politicians are struggling to come up with solutions to the violence’ (A Wilson, 2006b). In May 2006 The Weekend Australian declared in large bold print, ‘Male rape rife among Aborigines’ (McKenna, 2006) and in the same
week *The Sydney Morning Herald* stated that according to statistics and compared with non-Aboriginal children, ‘Aboriginal youth face twice the risk’ of sexual assault (Dick, 2006). Also in *The Sydney Morning Herald*, Devine (2006 p.13) commented on ‘A culture of violence that must change’. Among the numerous articles and many reported opinions expressed during this intense upsurge of media interest, we heard the tired voice of an elder from central Australia, ‘Local women have been speaking out about the violence and drunks for years’ (2006a). And the high-profile Aboriginal academic, Marcia Langton, was reported as saying: ‘Aboriginal women have been screaming for police help on this issue for 30 years. Is it ever going to happen?’ (Rothwell, 2006).

But the media has continued to report ‘A sickening lack of progress’ (Waterford, 2007) as the public face of Aboriginal Australia has become entrenched in the minds of us all as one of hopelessness and despair. Recently, a reporter for *The Australian* (Ashleigh Wilson, 2007) called ‘Territory abuse a national tragedy’ and in February 2007, Dr Mukesh Haikerwal, the president of the Australian Medical Association was quoted as saying:

> The numbers around indigenous health are shocking on every single parameter and it’s actually worse than not just the OECD but the rest of the developing world as well (Catalano, 2007).

I cannot begin to imagine what it feels like to be Aboriginal and exposed to the Australian media. Marcia Langton gives us some insight:

> The crisis in Aboriginal society is a public spectacle, played out in a vast reality show through the media, parliaments, public service and the Aboriginal world. This obscene and pornographic spectacle shifts attention away from everyday lived crisis that many Aboriginal people endure: or do not, dying as they do at excessive rates.

> This spectacle is not a new phenomenon in Australian public life, but the debate about indigenous affairs has reached a new crescendo, fuelled by the accelerated and uncensored exposure of the extent of Aboriginal child abuse (Langton, 2008).

Almost nothing is heard in the public arena of the survivors; the healthy individuals and families and the many Aboriginal and Torres Strait Islander service providers, the leaders, the professionals and academics and the creative entrepreneurs who, against tremendous odds, are seeking to address the tragic situation that exists within their communities and across the country, the legacy of Australia’s recent history.

In white Australia, of which I am a member, a lot is read and heard, but in my
experience, little is understood about the suffering of Aboriginal and Torres Strait Islander people raised in either remote communities or in and on the margins of Australian towns and cities. I have searched through the literature on Aboriginal affairs and in particular Aboriginal health and am confronted again and again with the complexity and seriousness of the problem and the need for the kind of research that points in new directions and offers insight, understanding and hope. Consistent with the title given to the *Social and Emotional Wellbeing: South Australian Strategy for Aboriginal and Torres Strait Islander People*, ‘Aboriginal Health – Everybody’s Business’ (South Australian Aboriginal Health Partnership, 2005), I conclude that the current situation demands a response from every Australian.

### 1.1.2 The consequences of colonisation

It is established in the literature that Australia’s history of colonisation has much in common with that of many other developed countries (Meyer, 2001; Moreton-Robinson, 2000; O’Shane, 1995; Smith, 1999). Price (1963; G. Price) and Baker (1983), studied the impact of colonisation on Indigenous groups in Australia and New Zealand, the United States, Canada and South Africa. They identified three periods in the history of the impact of colonisation on the relations between the coloniser and the colonised. The first was invasion and the second, the ‘intercession of well-meaning but often ethnocentric and paternalistic, philanthropic and religious groups’ (Atkinson, 2002 p.58). The third period is that in which the governments of the day reassessed their responsibility to Indigenous needs. These reassessments resulted in state interventions that intruded into Aboriginal lives, creating dependencies and dysfunctions. Atkinson (2002), studied the effects of transgenerational trauma on Aboriginal Australians. Her research supports Price and Baker’s disaster theory, demonstrating that the last period of the impact of colonisation has proven to be as damaging as the first two and has had the effect of retraumatising Aboriginal people.

The misuse or abuse of power characterises each period identified in Australia’s history of colonisation. Systematically, the dominant culture has created a disempowered, disenfranchised Aboriginal population:

> Within these three periods, principles of systematic power and control of others prevailed, facilitated by three main types of power abuse or violence: overt physical violence, covert structural violence, and psychosocial domination (Baker, 1983). These forms of violence are often used inter-actively, both at the personal level and in political groups. Across
generations, Indigenous families and communities have been severely affected (Atkinson, 2002 p.59).

Recognising that colonisation has a devastating and ongoing impact on the culture and social structure of an Indigenous people leads me to comment on the nature of this disadvantage and how, according to recent thinking, it relates to Aboriginal health and Aboriginal mental health in Australia.

1.1.3 Aboriginal health status related to disadvantage

Based on data collected in the 1980s, the *Overview of Aboriginal Health Status in NSW* (Thomson & Briscoe, 1991) indicated the seriousness of the situation:

The limited data available suggests that their [Aboriginal people’s] health status is well below that of other residents of NSW and comparable to that of Aborigines in other parts of Australia (Thomson & Briscoe, 1991). Brackets not in original text.

According to this report, figures relating to death rates and life expectancy, literacy levels and school attendance, unemployment, poverty, substance abuse, domestic violence, homelessness and social welfare dependence were all indicators of widespread disadvantage throughout Aboriginal communities. It became abundantly clear through this report and many others that the health status of Aboriginal and Torres Strait Islander people was related to the social and economic disadvantages they experienced. And as stated in Thomson’s report, these disadvantages related directly to Aboriginal dispossession that is characterised by poverty and powerlessness.

This situation of disadvantage persists. A recent report, *Indigenous Disadvantage*, by Gary Banks for the Council of Australian Governments, (Lamb, 2005), states there is a positive trend in education and employment figures, but the social indicators show little or no progress. Banks reported there are more victims of violence and incidences of self-harm, increases in child protection rates, and increases in imprisonment, particularly of Aboriginal women. Homicide is six times higher among Aboriginal people and imprisonment is eleven times higher than it is for non-Aboriginal people. Life expectancy figures show a gap of 17% between Aboriginal and non-Aboriginal populations and infant mortality is three times higher in Aboriginal Australia than it is for the rest of the population.

In numerous current documents put out by the health departments of states and
territories across Australia, the health status of Aboriginal Australians is consistently linked to disadvantage. In 2006 the head of Australia’s treasury, Ken Henry, nominated Indigenous deprivation as one of Australia’s most important remaining economic challenges. Henry fears, however, that the solutions needed might be ‘simply too confronting to command wide-spread community support’ (Martin, 2006). And in the words of Tom Calma, the Aboriginal and Torres Strait Islander Social Justice Commissioner:

Failure on Indigenous health is our national shame. Ending the cycle of disadvantage is Australia’s greatest challenge (Calma, 2006).

These words echo the situation made clear seventeen years before when the Northern Territory Department of Health and Community Services stated:

Improving Aboriginal health as part of efforts to overcome Aboriginal disadvantage more generally, poses the greatest single challenge to the Northern Territory and its health care system (National Aboriginal Health Strategy Working Party, 1989).

1.1.4 Aboriginal mental health status

The seriousness of the health problems among Aboriginal people was reflected also in reports on Aboriginal mental health in 2005. Aboriginal Health – Everybody’s Business (South Australian Aboriginal Health Partnership, 2005) acknowledges the many healthy and supportive Indigenous communities, families and individuals whose resilience and strength gain too little public recognition. This report expresses concern that successes are so easily obscured by the constant barrage of pictures of ‘substance abuse, unemployment, third world health status and generational poverty’ (2005 p.3). But this recent document also recognises the devastating impact the current social, economic and health issues continue to have on the spiritual, cultural and emotional wellbeing – the mental health of very many Aboriginal Australians.

In 2005 the Human Rights and Equal Opportunity Commission (HREOC) submitted a report to the Senate Select Committee on Mental Health (Human Rights and Equal Opportunity Commission, 2005). Referring to mental health at the national level, it states:

Despite a policy framework often described as world leading, and particular successes in legislative reform, ten years after the HREOC [1993] inquiry, we continue to see reports describing a situation of ongoing crisis (Item no.10).

The HREOC (2005) also reports:
There is still much to be done in order to improve and advance the social and emotional well being of Aboriginal and Torres Strait Islander people who, for a variety of reasons, experience poorer mental health relative to non-Indigenous Australians (Item no.91).

We can conclude on the basis of the literature that the mental health of Aboriginal and Torres Strait Islander people is to be seen in the context of not only general health but against the backdrop of the destruction of culture, against the resulting conditions of disadvantage and poverty, dislocation and social upheaval, family breakdown, disempowerment and despair: the transgenerational consequences of colonisation.

These conclusions are further supported by the work of Vicary and Westerman (2004) who, on the basis of their professional experience and research, write of the effects of past health policy on generations of Aboriginal people. With reference to information from the Aboriginal Legal Service of Western Australia (ALSWA, 1995), and the work of Swan and Raphael (Swan & Raphael, 1995), they list the psychological reactions to the cumulative effects of the numerous issues associated with colonisation. These include:


1.1.5 The Stolen Generations: revealing the need for healing

The victims of policies that resulted in Aboriginal children being removed from their families, Vicary and Westerman suggest, exemplify the problems listed above. Recommendations that emerged more than a decade ago from the many discussion groups, conferences and reports that developed in association with the term, The Stolen Generations, brought this issue to the fore and into the public arena. The Royal Commission into Aboriginal Deaths in Custody (Johnston, 1991) gave weight to the recognition that there was a need for action when it reported that 43 of the 99 Aboriginal people whose deaths were investigated had a background of removal and institutionalisation (Karu, 1995).

The Going Home Conference, held in Darwin in 1994, was organised by the Karu Aboriginal Child Care Agency. It brought together the ex-resident groups from eight institutions in the Northern Territory and Central Australia. Over six hundred
Aboriginal people who had been removed from their families and institutionalised as children met as a group for the first time. Barbara Cummings, one of the organisers of the conference and the author of *Take This Child: From Kahlin Compound to Retta Dixon Children’s Home* (Cummings, 1990) spoke of the outpourings of grief of the people that attended that conference such that it was necessary to enlist extra help and appoint special support people to be on hand as one speaker after another, making their stories known for the first time, were overwhelmed with grief (Cummings, B. pers. com. 7 September 2005). It was accepted that Aboriginal people needed to communicate the effects of their forced removal from their families: the institutionalisation, the generational exile from their homelands and the isolation in urban areas. As more and more Aboriginal people came forward to tell their stories there was a sense in which a floodgate of pain, frustration and anger had burst open. There was a great deal of concern about how all this emotion could be handled. Consequently, among the issues to be discussed by the Stolen Generations Reference Groups located in all the major centres across the Northern Territory was the need for funding to provide counselling assistance for those people affected by the separation policies (Human Rights and Equal Opportunity Commission, 1997; Karu, 1995).

In 1995 The Human Rights and Equal Opportunity Commission (Northern Australian Aboriginal Legal Aid Service, 1996) conducted a national inquiry into the effects of the removal of Aboriginal children from their families and communities. The Inquiry visited all the states and territories in Australia and took evidence from groups, representatives from many institutions, health professionals, academics, the police and many individuals. This material validated ‘the stories of generations of Indigenous people who until now have carried the burden of one of Australia’s greatest tragedies’ (Karu, 1995):

> Indigenous families and communities have endured gross violations of their human rights. These violations continue to affect Indigenous people’s daily lives. They were an act of genocide, aimed at wiping out Indigenous families, communities and cultures, vital to the precious and inalienable heritage of Australia. The Inquiry’s recommendations are directed to healing and reconciliation for the benefit of all Australians (HREOC, 1997 p.33).

The fact that the report urged Australia to undertake the process of healing these broken relationships reiterated an already established reality. There was a chronic and urgent need for healing strategies that Aboriginal people could use in order to address
their critical situation. In addition to recommending people be given access to personal files and information that would help them trace their families, support in returning to country and the kind of justice that would address social and economic disadvantage, the Inquiry recommended that the federal government fund Aboriginal mental health programs to deal with the effects of forcible removal. Much more attention, the report said, needed to be paid to prevention and early intervention to reduce the numbers of Aboriginal people in mental hospitals and prisons (p.25). Also the Inquiry found that existing approaches to mental health were inappropriate for Aboriginal people and a more ‘community based’ and ‘holistic’ approach was recommended.

1.1.6 The holistic approach to health

What has emerged in recent years is the recognition, not only of the relationship between disadvantage and health, but of the interconnectedness of disadvantage, health in general and mental health:

> It is widely recognized that tackling the underlying causes of Aboriginal health problems holistically, and providing health services within a primary health framework are the most appropriate community and health sector responses to the Aboriginal health problem (Northern Territory Government Department of Health and Community Services, 2003).

The uniform treatment of symptoms or diseases in isolation from the attitudes, emotions and circumstances of the individual has been discredited, for example by Dudgeon (Dudgeon, Garvey, & Pickett, 2000), and there has developed, in the rhetoric of state and territory government health departments, a recognition of the need for more ‘holistic’ approaches to health.

What is central to a holistic approach is not only the practice of extending the focus of health into a wider field of interrelated concerns, but the notion of treating the whole person, recognising the interconnectedness of body, mind and spirit as a total entity in healing (Jagtenberg & Evans, 2003). Accordingly, the terms ‘holism’, ‘holistic’ and ‘whole of life’ have come into common usage in the literature related to Aboriginal and Torres Strait Islander affairs. At the simplest level they refer to the need for an integrated response from all government departments to a wide range of interrelated problems experienced by Aboriginal and Torres Strait Islander people. Eve Blair stated in the interview on the ABC’s Health Report referred to above:
I think the main message for government and non-government organisations is that the problem with health in Aboriginal young people is not just the problem of the health department, it’s a problem for all government departments including housing, infrastructure, education, family and children services and justice as well as health (ABC, 2005).

However, Aboriginal people who have made public their concern for the health of their people have recognised the importance of this ‘whole-of-life’ approach since the 1980s. In 1989 The National Aboriginal Health Strategy Working Party (1989) produced an Aboriginal health policy which for the first time articulated for government the understanding that health for Aboriginal people was not just about doctors, hospitals and disease but encompassed issues relating to dignity, justice, self determination and control over the environment. The National Aboriginal Health Strategy was based on the understanding that health is, as is quoted in many subsequent documents, ‘not just the physical well-being of the individual but also the social, emotional and cultural well-being of the whole community’.

‘Holistic’ approaches to health have become equated with ‘Indigenous approaches’ and there has developed a belief that ‘holism’, in some way, is embodied by Aboriginal people (Lutschini, 2005). With this has grown a sense that Indigenous health and wellbeing problems must be met by Indigenous solutions. In 1995 the National Aboriginal Health Strategy (NSW Department of Health, 1995) reiterated the importance of a holistic approach to health and emphasised the need for culturally appropriate ways to deal with Aboriginal problems. It stated, ‘Aboriginal solutions to family violence and sexual assault are holistic, spiritual and culturally specific.’

With reference to the work of Hunter (1993), Vicary and Westerman (2004) confirm what has been repeated throughout the Aboriginal health literature of the last two to three decades: people’s behaviour, their state of mind and wellbeing are related to the whole of their lives, their histories and their current circumstances:

[S]ome behaviours and mental illness (e.g. depression and anxiety) may be reactions to racism, dispossession, disadvantage and perceived oppression (Vicary & Westerman, 2004 p.2).

Vicary and Westerman therefore emphasise the importance of programs that recognise the socio-historical-political factors that have contributed to the lack of emotional and social wellbeing in the Aboriginal and Torres Strait Islander Australian population.
1.1.7 A new mental health vocabulary

Since the 1993 Burdekin Inquiry (HREOC, 1993) recognised the long-term impact colonisation had had on the mental health of Aboriginal people, currency has been given to the words needed to express the relationship between people’s wellbeing and their experience of life. From that period on, state and national health reports, strategic plans, frameworks and evaluations have incorporated the new terminology.

A relatively recent Australian Indigenous Healthinfonet report suggests positively that the now-common usage of the related term, ‘emotional and social wellbeing’, is evidence of a development of new understandings within the field of mental health and there is much in the literature to support this view. According to this report, wellbeing is now understood to encompass a broader view of mental health than is implied by traditional psychiatric definitions:

The recent use of the term ‘emotional and social wellbeing’ reflects an increasing understanding of the need to recognize the Indigenous holistic concept of mental health among mainstream services and policy makers (Australian Indigenous Healthinfonet, 2003).

And the HREOC 2005 report referring to the Evaluation of the Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan (Young, 2001) states:

Four years ago, emotional and social well being was generally not distinguished from mental health. Today it is seen as a rich, complex and holistic way of understanding well being which has a mental health dimension. At the very least, the Action Plan has played a major role in raising the profile of emotional and social well being amongst mental health professionals (Human Rights and Equal Opportunity Commission, 2005).

According to Lutschini (2005) however, information regarding the source or clear definitions of terms such as ‘whole of life’ and ‘holistic’ cannot be found within the literature. His research indicated there is a lack of in-depth understanding of what a ‘whole-of-life’ approach to treatment or healing could be, which, he suggests, may have contributed to the disappointing outcomes of the many health strategies worked on over the last three decades. In spite of developments, I argue, there remain many unanswered questions regarding what this term does encompass and how exactly this ‘broader view of mental health’ should shape and determine the nature of mental health interventions.
1.1.8 Identifying the ‘social health’ area

There is indicated in some of the literature a distinction between the terms ‘mental health/illness’ and ‘emotional social wellbeing’. *The Evaluation of the Emotional and Social Well Being (Mental Health) Action Plan* (Young, 2001) makes this distinction. However it points out that mainstream mental health professionals do not have the resources to focus on emotional and social wellbeing, suggesting that this ‘social health’ area continues to be regarded as the ‘soft’ end of the mental health spectrum.

In many instances it has been difficult for emotional and social well being issues to develop a profile within mainstream mental health units, which explicitly state that their focus continues to be on moderate and severe mental illness (Young, 2001).

While the *National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being 2004–2009* (Social Health Reference Group, 2004) distinguishes between ‘social and emotional wellbeing problems’ and ‘mental illness’, it states ‘the two interact and influence each other’ (p.3), recognising that in reality there are no clear distinctions between them. However it lists what social and emotional wellbeing problems (social health problems) might result from:

- grief; loss; trauma; abuse; violence; substance misuse; physical health problems; child development problems; identity issues; child removals; incarceration; family breakdown; cultural dislocation; racism; and social disadvantage (p.3).

These problems may also be the original underlying causes of what has emerged as extreme and chronic mental illness; a condition that may have been avoided had appropriate intervention, education or support been available early in life. Hence the document emphasises the need for both effective prevention and early intervention in the context of a broad ‘holistic’ framework of socio-economic and cultural factors, including land, ancestry and spirituality. It recognises the need for specialised services, counselling and social support, ‘incorporating spiritual, cultural, traditional and contemporary approaches as well as collaboration with mainstream practices (p.8).

1.1.9 The service providers

While acknowledging, as the literature indicates, that culturally appropriate and prevention programs and treatment for Aboriginal people in the mental or ‘social
health’ area continue to be either non-existent or seriously inadequate (Vicary, 2002), it is not my intention to disregard or undervalue the achievements of the many programs that have recently sought to address these deficiencies in ways that are sensitive to cultural concerns. *The Regional Aboriginal Integrated Social and Emotional (RAISE) Wellbeing* program in South Australia (Fuller et al., 2005), *The NT Aboriginal Mental Health Worker Program ‘Working Both Ways’* (Robinson & Harris, 2005) and programs developed by *beyondblue* in various states and territories are examples of effective partnerships between Aboriginal and mainstream services, government departments and tertiary institutions that have been and are addressing mental health problems, improving access to mental health care and supporting service providers. Rather, I identify below a gap that exists in the available research and I seek to address an aspect of a complex and challenging situation. In doing so, my aim is to make a contribution to the work already being done. I recognise that there are Aboriginal professionals and many community-based organisations throughout Australia that are responding in various ways to the enormous challenges posed by the health status of Aboriginal and Torres Strait Islander people today.

I also continue to be mindful of the fact that I am non-Aboriginal. As Vicary and Westerman (2004) make clear, culturally appropriate strategies for dealing with Aboriginal and Torres Strait Islander emotional and social wellbeing problems will be ‘grounded in the issues associated with colonization’ (p.2). It follows that cultural sensitivities and the culpability of white Australia with respect to the consequences of colonisation, raise questions regarding who may rightly respond to these problems. Is it appropriate for non-Aboriginal people to intervene in this field of social health? Can Aboriginal people ever accept practices from the dominant culture as able to contribute adequately to education and training or see non-Aboriginal practitioners as capable of the empathy necessary to the development of effective relationships within the therapeutic context?

I would argue, on the basis of my experience as a non-Aboriginal person, that working with Aboriginal people requires of one a level of critical self-reflection that is at once demanding and rewarding. Engaging authentically and respectfully with difference opens the way to meeting people where they are. One has to be willing to learn from the other and when necessary, be led. But in the context of Australia’s history, one’s own attitude will not be sufficient to establish mutual trust. However a
recent study of Aboriginal mental health beliefs conducted by Vicary and Westerman (2004) indicates that the mental health or wellbeing needs of Aboriginal people may be responded to by well-informed and culturally validated non-Aboriginal practitioners who are willing to collaborate with Aboriginal consultants or co-workers. The Aboriginal participants in Vicary and Westerman’s study believed that:

Western and Indigenous psychology must work in harmony to provide the most efficacious treatment while simultaneously building resilience in Aboriginal individuals, families and communities (p.6).

This report also indicates the need for research in this field in that it reiterates the demand for an understanding of the notion of ‘wellbeing’ that is much broader than that of ‘mental health’ as it has been understood in the Western tradition.

A well-trained Aboriginal workforce would circumvent many of the difficulties inherent in the involvement of non-Aboriginal professionals in Aboriginal mental health services. In the *HREOC Submission to the Senate Inquiry on Mental Health* (2005) one of the key strategic directions for social and emotional wellbeing is listed as:

Building a skilled and confident [Aboriginal] workforce able to provide mental health and social and emotional well being services within the Aboriginal Community Controlled Health Sector (Human Rights and Equal Opportunity Commission, 2005 p.11).

This report identifies over thirty centres, universities and colleges across Australia that are offering courses and programs relevant to Aboriginal health and wellbeing. As Aboriginal educators have sought to address issues related to Aboriginal wellbeing, there has been a significant development of educational curricula for mental health workers (p.11). The Djirruwang National Indigenous Mental Health Pilot Project at Charles Sturt University, courses offered by The Aboriginal Health Unit at Curtin University of Technology and the Master of Indigenous Studies (Wellbeing) program at Gnibi Southern Cross University are examples of this curriculum development. Further to this growth, there has been the emergence of the kind of consultative research necessary to develop understandings regarding culturally appropriate practice as exemplified by research being done in Western Australia (Casey, 2000; Roe, 2000; Vicary, 2000a). This is of particular relevance to practitioners trained within mainstream Western educational institutions.

The *HREOC Submission to the Senate Inquiry on Mental Health* recommends that non-Aboriginal practitioners, counsellors and therapists seek guidance and
supervision from Aboriginal co-workers in order that they develop the skills and gain the knowledge necessary to work effectively with Aboriginal individuals, families and communities (p.8). To this end, there is the opportunity for non-Aboriginal psychologists, psychiatrists, mental health workers and counsellors to undertake programs developed by organisations such as the Indigenous Psychological Services linked to the Psychology Department at Curtin University (Westerman, 1997, 1998; Westerman & Wettinger, 1998). Other bodies, such as The Royal Australian and New Zealand College of Psychiatrists, The Institute of Mental Health Services from the Queensland Government Health Services, Medicine Australia (2006) and the Australian Psychological Society (2004) offer advice, principles and ethical guidelines for working with Aboriginal people.

In spite of these developments and more government and community initiatives than it is possible to acknowledge here, research literature contributing in a systematic way to the development of the substance of programs addressing the area of Aboriginal social health, healing or emotional and social wellbeing is difficult to find. In 2000 Atkinson (2000) completed a research project that encompassed an inquiry into the cultural and individual processes of healing from trauma. In the concluding chapter of her thesis she emphasised the need for further research in this area.

While all the literature continues to suggest that Australia needs programs and interventions that are ‘holistic’ and ‘culturally appropriate’, we can conclude that research into Aboriginal emotional and social wellbeing or social health is in its infancy. At a time when ‘evidence-based practice’ is a term that is gaining currency in the fields of psychology, psychotherapy and education, there is little to indicate that we have a well-founded understanding of what is effective in bringing about change in the lives of Aboriginal people who suffer the consequences of circumstances over which they have had and continue to feel they have no control.

1.2 Identifying the research gap

1.2.1 Summarising the need

It is evident that the consequences of colonisation are far reaching and continue to the present day in numerous forms of dispossession and disadvantage. The relationship between health, mental health and disadvantage has been established and the urgency
of the need for healing among the Aboriginal and Torres Strait Islander people of Australia is widely recognised. Attempts have been made to understand the implications of a ‘whole-of-life’ approach to health. ‘Social and emotional wellbeing’ is now a term in common usage, as are ‘holistic’ and ‘spiritual’ and ‘culturally appropriate’ and in many health sectors mainstream practitioners are trying to come to an understanding of the implications of these terms. Qualified Aboriginal practitioners, researchers and trainers emerging in various fields of health are contributing to growing understandings, and in addition to the advice given through the various established medical and psychiatric organisations, Aboriginal leaders, well placed to offer guidance, have written about strategies for working with Aboriginal people in the counselling and therapy contexts (Dudgeon, 2000a; Dudgeon, Grogan, Collard, & Pickett, 1993; Phillips, 2000; Westerman & Vicary, 2000).

In the context of Aboriginal mental health, ‘emotional and social wellbeing’ is a term covering a wide spectrum (Social Health Reference Group, 2004). I take the position that a lack of wellbeing may present as a spectrum of debilitating internal states, including severe mental illness. Along this spectrum are states that present as unhappiness or deep and abiding sorrow, compulsive behaviours, social isolation, self-harm, anti-social behaviour, a lack of confidence, or the inability to maintain a relationship, hold a job or sustain oneself in a position of responsibility. In the strategies put forward by government departments in response to the problems of severe mental illness, much of the emotional and social wellbeing spectrum has been neglected.

I resist the notion that professionals in any one particular field of social practice have the monopoly on knowledge regarding human suffering or best practice in response to it. There are very many contexts in which healing takes place. A wide variety of people are implicated directly in the wellbeing needs of Aboriginal and Torres Strait Islander people, as is the case for all groups of people within a country of diverse cultures: a medicine man or a healer, a health or youth worker, a nurse or a doctor, a teacher, a social worker, a church group, an arts advisor or any number of service providers and counsellors may respond in the appropriate way at the right time and make a difference. But also, a parent or an elder, a sibling, a neighbour, one’s hairdresser or a friend may meet the needs of a person in a crisis. The interrelatedness of all aspects of a healthy society implicates everyone in the wellbeing of others, or,

I suggest it is the breakdown of the network of supportive relationships that necessitates the existence of professionals in the field of social health and generates the need for research and the development of effective and culturally appropriate interventions and training. Stated most simply, I argue that people need to be offered the opportunity to re-learn how to heal themselves and how to contribute to the healing of others. All available statistics and reports on Aboriginal wellbeing indicate that to date, there is insufficient knowledge or understanding of how best to do this.

It is not my intention, however, to undervalue the contributions made to Aboriginal wellbeing through the endeavours of many individuals, agencies and organisations operating throughout Australia. Of the many contributions, the most relevant, in relation to my discourse, is that of the arts.

### 1.2.2 The arts and wellbeing

In this section I briefly examine the link between the arts and health, a topic that could in itself be the basis of another thesis. A great deal of anecdotal material exists that relates the arts to health, resilience and wellbeing, examples of which I give below. As is demonstrated by the *Project Evaluation Report* (Holmes, 2007) of the Milpirri Festival at Lajamanu in the Northern Territory there are high levels of accountability where arts companies such as Tracks Inc work with communities on arts projects supported by various industries. Milpirri for example, was supported by Rio Tinto Services Limited, Newmont Asia Pacific and, indirectly, the Australia Council, necessitating comprehensive reports of the outcomes. Beyond these kinds of evaluations however, there appears to be little in-depth academic research into the relationship between art and health. Nevertheless, art practice and community arts projects are often intended to be, and popularly accepted as, beneficial to health and wellbeing.

The notion of a ‘whole-of-life’ approach to wellbeing is not only addressed within the fields related to health, but arises also in the context of the arts and their role in contemporary Aboriginal culture. The way in which we, in non-Indigenous cultures, compartmentalise issues concerning health, education, social cohesion and the arts may serve our economic and political systems, but as a study of the performing arts in
the Northern Territory by the Human Services Training Advisory Council (HSTAC) (2004) makes clear, when we are dealing with Aboriginal communities we cannot pretend that these areas of human activity are not interconnected. For the purposes of clarity within the report referred to however, activities were somewhat artificially divided into three clusters: artistic, social and commercial. But it was recognised that, ‘[i]n reality, the clusters are linked and interconnected’ (p.25).

While this is only one study conducted in one part of Australia, it serves here as an example of how the performing arts are seen in relation to health and wellbeing. The researchers for this report were reminded again and again that not only is art pursued for its own sake, for enjoyment and for commercial purposes, it is consciously engaged with as a means of promoting health and wellbeing at both the individual and community levels:

The arts are the means by which we talk to ourselves and the wider world about who we are. In this sense, Indigenous performing arts talks to other Indigenous peoples, the wider community of the Northern Territory, and the rest of the world (p.27).

Furthermore the researchers discovered, through their meetings with Aboriginal producers and performers, that there was a keen awareness of the connection between their own health and wellbeing and the community’s health and wellbeing. They actively sought to improve outcomes across all areas of personal and community life:

Indigenous performing arts activity in the social cluster often seeks to improve outcomes in education, health, community cohesion, and cultural maintenance including intergenerational relationships (p.30).

The HSTAC report refers to an analysis of a community arts project called ‘Slow Tucker, Long Yarn’. This involved a number of communities in the Katherine area in 2003 and came about as a result of requests from community elders concerned about community health and cultural strength. It states the following:

When the project started, the focus was on an arts, health collaboration, but it became evident early in the project that there was much more involved than just those two connections. Art is like the underlying soul of the community, whose survival and wellbeing is dependent on the health, environment, education and the culture. Without art, the community doesn’t exist, it comes from and is influenced by the environment, it keeps the community healthy and happy, it encompasses the cultural boundaries, an integral part of daily and future life (Lewis & Nankivell, 2003 p.14).

In summarising the social value of the performing arts in the Northern Territory over the last thirty years, the HSTAC report acknowledges their contribution to building
self-esteem, self-respect and social cohesion; to maintaining culture; motivating people to attend school; to learning new skills and looking after their health; and to reducing substance abuse and the crime rate. While formal research data is not available to substantiate these claims, there are many indications that the performing arts, through music, dance and theatre, are making a difference.

It should be remembered, however, that the work intended to nurture the arts in Aboriginal communities is in fact reinstating the role of art in culture, a project that is necessary because of what colonisation has destroyed. I take the position that the dichotomy that exists between art and life, or the spiritual and the secular, that has denied to all but the so-called ‘talented’ the right to creative expression in Western culture, is one of many unfortunate consequences of colonisation. The dualism characteristic of traditional Western European thinking (Grosz, 1994) reflected in the education systems and cultural practices has torn apart the fabric of traditional Indigenous cultures (Meyer, 2001; O'Shane, 1995). In spite of this, the arts continue to be deeply embedded in traditional culture in some remote communities (Wright, 2000) and as stated by Jon Altman, ‘When culture is strong, health is good’ (Altman, 2000 in Wright 2000 p.43). There are also examples of performing arts projects helping people reconnect to their culture with pride such as the Milpirri Festival referred to above. It is a celebration of culture in both traditional and contemporary forms. Using dance, music and visual arts, the Festival is building the capacity of Warlpiri communities in the remote Tanami desert area of the Northern Territory (Holmes, 2007).

Many professional Aboriginal artists from all parts of Australia speak of finding healing through painting, writing or performing their personal stories or performing the stories of others. David Pearce, an Aboriginal actor, found ‘his heart becoming whole again’ as he performed ‘Bullbar Tours’, a work written by an Aboriginal playwright, Eva Johnson and her co-writer Catherine Fitzgerald:

I experienced the overwhelming feeling of being full of health: physically, mentally and spiritually (Wright & Morphy, 2000 p.43).

Wright (2000), in her article on the relationship between art and health, refers also to the opinions of Djon Mundine, a high profile figure in the field of Aboriginal art and a former art coordinator at Ramingining in Central Arnhem Land. His views on the role of the visual arts lend support to the HSTAC report but with reference to a
different area of the arts. Beyond the advantages of the income it can generate, Mundine believes art gives artists and their community a sense of empowerment and pride. Furthermore, he suggests that when Aboriginal art is shared with the wider Australian and international audience, it makes a substantial contribution to cross-cultural understandings and to Australian national identity. The value of the many art centres, arts projects and artist-initiated collaborations in Aboriginal communities across Australia cannot be easily measured but on the basis of a wealth of anecdotal evidence, it can be assumed that the communities directly involved as well as the wider Australian community have benefited in ways that support the notion that there is a significant relationship between wellbeing and the arts (Wright & Morphy, 1999):

Art and Crafts centres are very important to Indigenous communities. The centres are a focus for maintaining our artistic culture and our sense of identity (Clark, 2000 p.V in Wright 2000).

While the HSTAC report gives weight to this widely held view that somehow the arts are good for individuals and communities, the visual and performing arts do not address directly the questions that relate to the role of the arts and the creative process within the context of a therapeutic approach to Aboriginal wellbeing. Nevertheless, there have been many individuals and organisations that have conducted art-based programs for Aboriginal people based on the assumption that participation in creative activities is somehow therapeutic.

1.2.3 The arts in approaches to healing

Art is included in a wide variety of undocumented projects in schools, communities, hospitals and prisons. While there are some reported projects, I have not found evidence of systematic research that could contribute to understanding the role of art in the many attempts that have been made to help, teach, heal or rehabilitate Aboriginal people in the area of social and emotional wellbeing. The majority of positive reports are those of art projects conducted in Australian prisons. A national and international literature review conducted from the Department of Criminology at the University of Melbourne indicates that of the nine culturally relevant methods frequently used in Aboriginal offender programs in correctional settings, seven are arts-related (Jones, 2001).

While many art programs in prisons are product-orientated and skills-based, others are specifically designed as a therapeutic process. For example, Ending Offending –
Our Message (W. Hunter, 1999), documents a project in which participants, through using art and music, explore and share their stories about drinking, offending, culture and community.

Ken Canning (2004), an academic and cultural advisor at Jumbunna Indigenous House of Learning at the University of Technology, Sydney, writes of successful arts programs conducted for young offenders in prison. Speaking from his own experience he states:

> My own writings from a prison cell had a great impact on my view of myself, not only in terms of finding different mechanisms of expression [rather than that of violence] but the discovery of intelligence (Canning, 2004 p.43).

Canning writes also of the role of art ‘as a means of discovery of the self’ and ‘of building self-esteem’ having found, from his personal experience and that of other young Aboriginal offenders with whom he has worked in the prison system, that those who have practised art on the inside have a greater chance of survival on the outside. Like the many others who have used art in this context, I do not have hard data on which to base claims regarding the therapeutic value of art-based programs used in prison. Nevertheless, on the basis of my own experience, which I refer to in Chapter 2, I add my voice to the many who have worked effectively with art in juvenile detention centres and prisons. Creative expression provides people with a means by which they can access what is real for them and, in telling their stories, make sense of their lives.

Wright (2000) recognises the value of art as self-expression, seeing it as ‘a vehicle to express complex emotions and experiences that do not lend themselves to being expressed in other ways’ (Wright & Morphy, 2000 p.44). She cites the experience of Ian Abdullah, a well-known South Australian Aboriginal artist, who found that expressing himself through his art was a way of communicating and overcoming his frustration and anger.

A PhD research project was conducted in Western Australia by the art therapist Susan Mason working with institutionalised mentally ill Aboriginal patients. Unfortunately the results are under an embargo and cannot be published. However, Mason (2000) discusses the use of art in her therapeutic approach to Aboriginal seniors in an article included in Working with Indigenous Australians: A Handbook for Psychologists (Dudgeon, Garvey, & Pickett, 2000):
[Art therapy] provides a safe and secure environment in which clients are supported to express any issues that are important for them in order to achieve a sense of meaningfulness in their lives (Mason, 2000 p.431).

Mason’s practice over many years and her research with Aboriginal seniors has led her to have confidence in the potential of art therapy as ‘a catalyst for change’ (p.431).

In 2001, Danila Dilba Medical Services in Darwin, Northern Territory, investigated the possibilities of incorporating a variety of art therapies into the range of services that the Emotional and Social Wellbeing Unit offers the Aboriginal communities in and around the city. Consistent with the recommendations of the Bringing Them Home national inquiry (HREOC, 1997) and the findings that emerged from the Going Home Conference, their vision statement in 2000 made the point that they should:

Develop healing strategies for the Stolen Generations, those family members left behind, the young people of today and the future of people of all ages still feeling the impact (Danila Dilba, 2000).

To this end, a pilot program of art, drama and music therapies was offered to the staff, the Aboriginal health worker trainees and the clients of the health service. It was hoped that these creative therapies, once trialled, might supplement the existing services offered by the social worker and counselling team of the Emotional and Social Wellbeing Unit. The director and members of the board of directors believed that these art-based therapies could prove culturally appropriate and effective ways of meeting the wellbeing needs of the service’s client group (Anderson, P. pers. com. August 2000). Regrettably, the four consultant therapists employed for this project, of whom I was one, were non-Aboriginal and at the end of the project there were reports filed but no trained Aboriginal people available who could further develop what had been introduced through the pilot program. There were, however, Aboriginal participants who, as a result of their experience of the project, wanted accessible training programs in the area of the arts-based therapies and were frustrated that it was not available to them.

At the Aboriginal Health Unit at Curtin University of Technology there is now a healing arts training program available to people of Aboriginal or Torres Strait Islander descent. This Graduate Certificate in Indigenous Healing Arts is building on existing knowledge and skills of Aboriginal health workers and may prove to be a potential source of valuable research.
1.2.4 Addressing the research gap

While assumptions are made about the relevance of art to Aboriginal health and many Aboriginal people testify to the fact that their art practice has brought about significant change in their lives, it is difficult to find research that would lead to a better understanding of how or why. Currently, there is no available literature that explores the role creativity or imagination plays in the process of healing. There is no research that might support the development of an art-based approach to learning, resilience and wellbeing that has, for specified reasons, the potential to suit the needs of Aboriginal people. This research project is a contribution to addressing this lack of evidence.

Atkinson’s (2000) research program included the use of painting, writing, dance, drama and story telling. But these expressive modalities were not the focus of her inquiry and in the final chapter of her thesis she states:

Research should be conducted into the value of alternative therapeutic approaches using art, music and dance with traumatised groups particularly with Indigenous groups drawing on and complementing their own cultural knowledges, practices and skills for healing (p.361).

As outlined in the previous section of this chapter, emotional and social wellbeing is a field of health that includes the extremes of mental illness. The lines between one category and another within this field are grey, but it is recognised that attention to Aboriginal mental health involves services resourced sufficiently to respond to the full spectrum of mental health needs from extreme illness to the so-called ‘soft end’ of social health. I take the position that the critical and chronic nature of this whole spectrum is directly and indirectly indicative of the transgenerational consequences of colonisation.

This PhD research project represents my response to these consequences. I am putting forward an innovative, holistic and experiential approach to healing which I argue, through the experience of the project’s Aboriginal research participants, has the potential, with ongoing research, to make a positive contribution to the existing social and emotional wellbeing services offered to Aboriginal and Torres Strait Islander people.

Grounded in expressive arts therapy and the constructivist, narrative-based psychotherapies, this approach is open to ways of knowing that go beyond orthodox
Western views. The recent literature on Aboriginal health reiterates the widely held view that social and emotional wellbeing programs must address the whole person, emotionally/spiritually, mentally and physically, and respond to the individual in his/her socio-historical-political context. Expressive arts therapy, which is discussed in later chapters, lays claim to these intentions.

It is made abundantly clear by the HREOC Submission (2005 Items no. 86, 87) that there is a critical need for effective services and serious problems of access. But the Submission also stresses the urgent need for resilient, well-trained workers to respond not only to the problems of extreme mental illness but also to social health problems; the emotional and social wellbeing needs of individuals and communities.

Training programs in the field of arts-based therapy would offer career opportunities to Aboriginal people with interests across the broad fields of research, art, drama and music, Indigenous studies, counselling, social work, psychotherapy, psychology, mental health and teaching. With further research undertaken by trained Aboriginal practitioners, bringing their own cultural understandings to their practices, a truly Australian Aboriginal approach to art therapy could emerge. I suggest that such an approach should develop in conjunction with other psychotherapies and the frameworks of healing that already exist within Aboriginal communities; their shared goal being deeper understandings of the processes that bring about healing and change.

It is my hope that the approach to expressive arts therapy put forward in this study will be further researched, developed and adapted to a wide variety of existing community services – rightfully, Aboriginal and Torres Strait Islander practitioners working for the wellbeing of their own people.

### 1.3 Overview of the thesis

Having located my project in the context of Aboriginal social health or social and emotional wellbeing, and identified the gap in research in this field, I proceed in Chapter 2 by locating myself, the researcher/practitioner. I give an outline of my life in so far as it has contributed to my understanding of what has brought me to this study. It is an account of a life lived experientially and the emergence of a life-stance based on action and reflection expressive of phenomenological principles and those
that underpin critical action research.

In Chapter 3, I present a brief discussion of British and American art therapy, the arts-based therapy practiced through the Melbourne Institute of Experiential and Creative Arts Therapy and the narrative-based psychotherapies. This serves to provide a context in which to position expressive arts therapy and identify its existential-humanistic origins and postmodern concerns. The chapter includes a discussion of the emerging theoretical framework for expressive arts therapy and concludes with a description of my practice as it was expressed in the research program of this project.

Chapters 4 and 5 address the research methodology. The attention given to this section of the thesis is indicative of the emphasis I have put on establishing the validity of the approach I have taken to research in this project. I argue for its place within the mainstream of established methodologies. Chapter 4 is a discussion of the underlying principles of phenomenology, of Indigenous research, critical action research, art-based research and phenomenological research methodology. These closely related methodologies are shown to be linked through principles that value subjective experience and allow for a diversity of ways of knowing. The processes of reflexivity are shown to be central to both the chosen methodology and the practice it was designed to investigate. Chapter 5 describes how these principles were applied to the design, the research procedures and the handling of data.

Chapter 6 introduces the three core Aboriginal participants, giving accounts of their childhoods: the backdrop to their adult lives. Their memories, in addition to their statements of what they hoped to change by participating in the program, provides an understanding of what the participants brought to the study. While their stories are tragic, their good will, courage and resilience offer the hope that Aboriginal people can transcend the consequences of colonisation: the entrenched disadvantage and transgenerational suffering I have outlined above in this introductory chapter.

In Chapter 7, I introduce Phase 1 of the research program and discuss the series of full-day group workshops that I conducted twice a month over a five-month period. My descriptions of and reflections on the expressive work and the reflections on the core participants give insights into the nature and impact of the program demonstrating how it served to raise awareness and the capacity for reflexivity.

In Chapters 8, 9 and 10, I trace the development of the work the three core
participants did with me in Phase 2 over the period of a year. This account gives us a unique opportunity to gain insight into the life-worlds of three mature-aged people who understand what it means to be Aboriginal in Australian urban contexts. At the same time, Chapters 8, 9 and 10 give the reader access to the process and outcomes of a program in which an approach to expressive arts therapy is delivered in the context of individual therapy sessions. A brief comparison of this mode of delivery of expressive arts therapy with the group workshops as experienced by the core participants in Phase 1 concludes this section of the thesis.

In order to protect the participants and honour my commitment to confidentiality, there is an embargo on Chapters 8, 9 and 10. Application for access to this material can be made through me, but will be given only with the permission of the people involved.

In the final chapter I draw together the strands of this research project as I set out what I claim it can contribute to the fields of research and of emotional and social wellbeing in the Aboriginal health and education sectors. The chapter includes my reflections on the outcomes and on the phenomenological methodology I developed in response to the question that emerged as the project evolved. This section is followed by the participants’ conclusions regarding the appropriateness of expressive arts therapy to the needs of Aboriginal people. I conclude the thesis by articulating the position I take regarding expressive arts therapy as a soundly based approach to learning and a therapeutic intervention with such potential to be of value in the Aboriginal health and education fields that it offers hope in a landscape currently viewed by many with anxiety and despair.
CHAPTER 2

LOCATING THE RESEARCHER/PRACTITIONER

My approach to expressive arts therapy and the method by which I investigated it in this research project are based on an education tempered by the experience of living, my trust in the innate wisdom of all emancipated beings, my sense of the relatedness of all things and my ideological and optimistic conviction that human beings have a capacity for resilience and the potential for change. This chapter outlines my professional and personal development as it relates to a worldview that is expressed here through an experiential, art-based approach to learning, healing and wellbeing and a participatory research methodology in which I have cast myself in the role of researcher/practitioner.

2.1 Researcher/practitioner: the practice

The legitimacy of the ‘practitioner/researcher’ has, in recent years, gained acceptance within the humanities and social sciences (Carr & Kemmis, 1986; Ivanitz, 1998; Reason, 1993, 1994), disciplines that have sought to address the perceived dichotomy between practice and research (Kemmis, 2001). Many professions support this endeavour. One example is the movement in the psychotherapies away from an emphasis on experimental comparisons of large groups of patients towards an emphasis on identifying the needs of specific individuals with their own particular sets of problems (Lambert & Asay, 2004). This patient-focused research is conducted in the context of routine clinical practice in which therapists seek to integrate treatment evaluation methods into their own practice (Asay, Lambert, Gregerson, & Goates, 2002). Others include experiential inquiry, as practiced in creative arts therapy (Lett, 2001), art-based inquiry, as practised in expressive arts therapy (McNiff, 1998, 1999), and research in the fields of education and social practice, all of which have explored the possibilities of practitioner-based research. They have rejected the notion that research should be conducted only by people working exclusively in academic or research settings (Asay, Lambert, Gregerson, & Goates, 2002; Lambert & Asay, 2004) where a distance is maintained between the researchers
and the ‘subjects’ of their inquiries. This separation, long accepted as essential to the scientific objectivity of all academic research, has been bridged by researcher/practitioners from disciplines that no longer seek to justify their research practices in the language of someone else’s definition of suitable criteria (Fisher & Phelps, 2006). Contributions to knowledge have come about through the development of theories based on the action and critical reflection of teachers, managers, educators, therapists, counsellors and facilitators researching their own practices. Their approach to research locates them within the Habermas tradition built on his dictum that ‘in a process of enlightenment there can be only participants’ (Habermas, 1974). As this tradition has been concerned with empowerment, it has been of particular interest to people undertaking projects in the context of social justice and human rights, Indigenous education and the women’s movement.

The role of researcher/practitioner does, however, draw attention to the researcher in an unprecedented way, requiring an account of his/her own position, a transparency of intent, and therefore the presence of the researcher made explicit in the thesis. Accordingly my role in this research project requires of me that I examine the ground on which I stand, reflect on how I came to it and, in articulating my position, make myself, in the context of my research/practice, as transparent as possible. To this end there follows a retelling of a selection of events that contribute to an understanding of my approach to expressive arts therapy, supporting my claim that this practice, its philosophical framework and the methodology I have chosen for this study, are congruent with my personal world view.

2.2 Researcher/practitioner: the person

At the age of five I began school. Written in stone over the school entrance were the words, ‘Learn by Doing’. In many ways this motto was taken seriously in this well equipped school typical of New Zealand city schools of the 1940s and 50s. It offered many opportunities to learn within a basic education that included music and painting, weaving, dancing and drama and a wide range of physical activities. There were large playing fields, tennis courts, a gymnasium and a swimming pool and extensive gymnastic and sports equipment. There evolved, during the years I was at primary school, an emphasis on group work, cooperation, communication and leadership. Had my parents supported my full participation in the social life of the school, I would
have learned much more from what that early schooling offered. Instead I learned that I was different and cast myself as a leader who had to be right and a performer more comfortable on stage than in the back row with my peers. As I remember it, I moved on to secondary school with little social confidence, tremendous physical fitness and the blind optimism characteristic of a child of apparent privilege.

In 1959 I began a career as a teacher. By being in the classroom, I learned what to do in response to the needs of children put into my care. Having been trained at Ardmore Teachers’ College, Papakura, New Zealand, I was seen as a well-qualified and able teacher, and expected to cope with any situation and every type of child presented to me. Following my probationary year, my school gave me children who were regarded as ‘underachievers’, ‘disturbed’, ‘maladjusted’, ‘hyperactive’, ‘welfare’, ‘retarded’, ‘disruptive’, ‘aggressive’, or just ‘naughty’. They were in the school’s ‘too hard basket’ and I had the license to try anything I thought appropriate.

This freedom proved to be a great gift, as I discovered the inexplicable power of creative expression; in the context of a trusting relationship, it transformed behaviour. I saw that in some way telling a personal story and being really listened to, dancing, painting and acting out made an observable difference to a child otherwise locked in some form of unarticulated pain.

There was no formal academic rigour to my observations, but in essence, I worked in a way that foreshadowed my subsequent adherence to the basic tenets of action research as a method of inquiry. I planned, experimented, observed and reflected. I paid careful attention to the children and was willing to be led by them, often making mistakes but repeating what seemed to work. If behaviour changed for the better, if a child was demonstrably happier, more communicative and more able to participate and share with others, we had done something right. And if a child developed a love of learning and made excellent academic progress, that was a bonus because it brought me professional kudos, assuring me the continued freedom to work and explore with children, their parents and their teachers.

At teachers’ training college I had majored in educational psychology, art, art education and music. With little analytical awareness of theory, I blended my education with what I had learned as a child and who I had become as a young adult. I worked with children intuitively rather than prescriptively and the understandings on
which my practice was based were developed experientially and in response to
situations as they presented themselves.

My first experience of teaching Maori children in New Zealand in 1961 was the
beginning of a long journey towards an understanding of how dominant cultures both
wittingly and unwittingly destroy Indigenous identity. I had always taken Maori
people for granted with little thought of their experience of life. As a child I had
learned at Sunday school, ‘Red and yellow, black and white, all are precious in his
sight’ and thought that covered the Maori people I knew lived somewhere in New
Zealand. When I was at secondary school, my family moved north to an area with a
Maori population. I met Maori children for the first time. We played basketball
together and I admired their physical skill. We travelled and sang together on school
sports trips and I loved their voices and ability to harmonise. As a family, we had
holidays in Rotorua and I liked to visit the ‘touristy’ places where old Maori women
with tattooed faces and beautiful feather cloaks could be seen against the background
of steaming mud pools and erupting geysers. To my embarrassment years later, I had
been proud of ‘our Maori people’.

Something significant shifted in my perspective as a young teacher when one day a
little Maori boy hid his lunch from me. ‘Why won’t you show me your lunch?’ I
asked trying to solve the mystery of a missing lunch. He looked down in what
seemed like shame and in a small flat voice replied, ‘It’s Maori bread miss.’ This
small incident contributed substantially to my growing mistrust of institutions and of
authority. How could a clever child with already four years of state schooling be so
ashamed? I began to ask questions and look at my own culture in a different way.
There is no end to this inquiry, which has given me some insight into why Indigenous
people all over the world have had to struggle for a sense of personal identity and the
right to define themselves.

There has been a lot about my culture that I have questioned. I was born in New
Zealand into a small, white, post-colonial, middleclass, fundamentalist Christian
world; to be perfect and separate were the ideals built into my very Western mind-set.
This environment allowed no alternative ways of thinking; mind conquered body,
reason overcame passion and light dispelled darkness. The dualism inherent in both
the Christian and the Platonic traditions were lived out in my family as if they were
intrinsic to human nature. There was right and wrong and ‘we’ were right. We were
white as opposed to black, Western as opposed to Eastern, protestant as opposed to
catholic, saved as opposed to lost, in the world but not of the world. Such was the
strength of that early conditioning that, at the age of thirteen, I wrote in the front of
my bible my favorite quotation: ‘I am the Almighty God. Walk before me and be
thou perfect’ (2 Corinthians 6:17). That was how I intended to live my life. In the
words of the philosopher Elizabeth Grosz, the dichotomisation of my world was
effected from its very beginning (Grosz, 1994 p. 5).

Not surprisingly, my adolescence lasted well into my twenties, maybe longer. I
became aware and troubled by the huge distance I perceived to exist between myself
and most other people. I had left home, no longer enjoyed the few close relationships
of my childhood and was moving away from the Christian church. Finding myself ill-
equipped to fit in anywhere led me to investigate the difference between what I really
thought and felt and what I appeared to others to be thinking and feeling. I discovered
that I had a mask rather than a face and I set myself the task of allowing my face to
become expressive of me, undoing what I had learned from that familiar demand,
‘Take that look off your face.’ This fuelled a life-long preoccupation with what lies
beneath the surface of appearances: a desire to find the essence of things; a forerunner
to my interest in phenomenology.

The early experiences of teaching motivated me to undertake further study in
educational psychology at university in Auckland and later in London. The three
years I spent as an English literature major at Auckland University in New Zealand
were sheer pleasure while my four years as a psychology major were painful. The
Department of Psychology taught unadulterated behaviourism and, not unlike the
schools I had taught in, put the ramifications of so called ‘abnormal’ human
behaviour into the ‘too hard basket’. Mainstream psychology had taken on the
methods of the natural sciences and was concerned primarily with proving its validity
as a science. While the work we did at university on the history of psychology, on
sensory processes, perception and learning was interesting and informative, the
department, consistent with the behaviourist movement of the time, was preoccupied
with prediction and control. Instinctively, I rejected this approach to the world, the
concept of behaviour modification and any of the programs underpinned by it.

Consequently, I completed my first degree with no sense at all that I had achieved
what I went to university for. I had wanted to be better equipped to deal with so-
called ‘dysfunctional’ children. But large, white Norwegian rats suffering from experimental neurosis were much more appropriate to the psychology of the day. It never captured my imagination. Instead, I was drawn to the work of the humanistic existentialists like Abraham Maslow, Carl Rogers and Fritz Perls and surrounded myself with all the concerns of the human potential movement of the 1960s.

Suffering from bouts of frightening depression and carrying tremendous tension in my neck and shoulders and the burden of my virginity, I came to the realisation that I needed to shed as much as possible of my early conditioning, explore issues of belief and self-acceptance and learn how to deal with an embedded sense of being separate from everything. Putting a pack on my back and removing my watch, I boarded the *Achille Laura* and sailed away. I wandered around Europe, the British Isles, some parts of America and the Pacific Islands. I had periods of formal study and attended numerous workshops. I spent time with many different kinds of people on either side of many political and historic divides, had a wide variety of work experiences, wrote and painted and fell in and out of love repeatedly. Thus I began to experience myself as being in and of and with the world.

As a typical student of the 1960s and 1970s, I sought to understand the nature of authority and power. I had a passion for Shakespeare and the English theatre and I read the writings of Bonhoffer, Tillich and Bishop Robinson in theology, of Neill in education, Paulo Freire in sociology, and the poetry of Cummings and T.S. Eliot among many others. God was not up there but down here, the ground of our being. Then she was dead. The schools had no walls, and the only viable belief system became that of not knowing and a commitment to authenticity.

As a New Zealand-trained teacher, I found it very easy to get work. But my formal training had little to offer in such places as a trilingual alternative school in the hills behind Athens or in schools in the East End of London. I had to find solutions to near-impossible situations as I was confronted, for example, with forty-six five-year-old Londoners who had to be locked in to be kept at school, had no idea that milk comes from cows, called their mothers’ clients ‘uncle’ and believed in the ‘ghosties’ in the ‘drain ‘oles’.

Sixty per cent of the children in a London school where I taught were from Africa, several didn’t speak English and many of the white children came to school barely
dressed and often hungry. I was large, white, different and panic-stricken and in the first week in this school, could not even get a hearing. I would have given up if the second week hadn’t been mid-term break. I went to the south coast of England and stared at the sea in shock for several days and then came back with a suitcase of the best possible children’s literature, a few cushions and a resolve to never raise my voice.

For several weeks I did nothing but read quietly on the floor in a corner. Before too long the children who wanted to listen disciplined those that made it difficult and after a while it was possible to start making music. These children had rhythms in their bodies that I had never felt. Soon we could include painting as one of the daily activities without the brushes being used for weapons or the paint containers as pee-pots. Eventually it was possible to introduce language. But the difference between that isolated young woman screaming in desperation in the midst of the chaos of forty-five equally desperate children and the one twelve weeks later that lay reading in a heap of affectionate children or drummed along with them or sang with them or cuddled them all at the end of a day, was huge. And I believe it was they who taught me.

Each time I had accumulated enough money I put my pack on my back, crossed the English Channel and hitch hiked my way to another country. I explored the work of Wilhelm Reich and the schools of Bioenergetics and Biodynamics that came after him. I investigated the holotropic work of Stanislof Grof and many other non-mainstream thinkers and practitioners. I explored the writings of Krishnamurti, losing myself for months in translations of everything he had said.

More significantly, I listened to anyone who would talk to me and threw myself into demonstrations that surged through the main cities of Europe. I was fascinated by the social structure of European society, investigated Euro-communism and became one with thousands of bodies, pushing and jostling, dodging rubber bullets and crying into handkerchiefs, the air thick with the sting of tear gas. It didn’t matter that I had only a superficial understanding of what people were fighting for. I expressed my being human and here on the planet – being a part of something much larger than myself.

There were periods when I withdrew. I spent long, timeless afternoons on the banks of old rivers like the Thames. I watched heavy barges slowly pushing their way up-
stream through water that was thick with the city’s waste. Tiny insignificant people scurried like ants back and forth across their decks. Brown waves sloshed along the river’s edge as the barges disappeared. In the rainy greyness of afternoons beside these rivers, I shed, at least for a while, the burden of my individuality. Free from the demands of what is generally regarded as a normal lifestyle, I followed my imagination into different realities. Through painting and writing, through foolhardy social experiments and memorable encounters, through regression, simple relaxation, sustained deep breathing, the exploration of my dreams, endless journal writing and occasionally with nothing more than enough time to reflect, I experienced a rich variety of ways of looking at the world. Sometimes what was most real was a world that was more timeless than linear. Sometimes there seemed no boundaries between myself and other people, myself and other things, between here and there, now and then. There were fleeting moments when I felt truly with and of the world.

Eventually, I wanted to know if I could find out what loneliness meant. What was the bottom line of being human? To this end I rented a room in a house built into the stone wall that surrounded the ancient city of Monemvasia in the south of Greece. The back of the house was in ruins but the front was standing and opened out on to the top of the wall over the arched entrance to the city. It commanded the uninterrupted view of the sea, from the jagged rocks far below to the full extent of the horizon. Monemvasia had once been the ecclesiastical centre for the whole region and, because of its high and solid surrounding wall and the determination of its people, held out for four years against the Turks who eventually starved the inhabitants into submission.

But for about thirty old people in black and a few architects from Athens who dreamed of restoring the city to its former beauty, the town was now deserted and in ruins. High above it stood an acropolis and the wind-blown skeleton of a Byzantine church surrounded by dry grass, large sun-warmed smooth rocks and the scattered remnants of the pillars of a fallen temple.

Monemvasia proved the perfect place to be alone for long enough to learn something of what it means to be lonely. Nobody I knew, knew where I was and I was assisted in my determination to isolate myself by the villagers’ distrust of foreigners and the conflict between Greece and Turkey over Cyprus which made communication impossible and held up mail for months on end.
For a number of weeks, conversations I had with people in my head persisted. But slowly these voices fell silent and something essential within me drained away. It was then that I came to the realisation that we don’t exist in isolation. This experience created in me a heightened awareness of my surroundings. I was in love with an incredibly beautiful world but little by little, I began to feel that I did not exist at all. After several months I came to the understanding that for me to be human I needed to be in relationship – in dialogue with others.

One evening I joined an old Greek woman dressed in black sitting on the stone wall looking out to sea. We didn’t speak. She shared her watermelon with me and we sat together peacefully spitting our pips out into space as the evening turned into night. In that simple interaction I experienced again my own being in the world, in relation to another.

I travelled to America and went into therapy with the senior bioenergetic therapist associated with the Institute of Bioenergetics in New York. He was a very competent practitioner whose quiet strength gave me the rare privilege of exploring the extremes of my emotional world. Working long hours as the hostess for an Italian restaurant on Broadway covered the exorbitant fees for therapy while grounding me in the reality of everyday life in a world of amazing diversity: black, white, Jewish, Hispanic, rich, destitute, gay, lesbian, transvestite, transsexual, straight, bible-banging and colourfully or tragically mad.

Having a passion to know and understand experientially what various institutions and schools of thought offered, I tried out a number of related therapeutic practices. Mostly, I wanted to understand what it meant to be human and test all my assumptions about life and who I was. I wanted to know what of my learned behaviour and attitudes could be changed and what facilitated that. I wanted to know what made living meaningful and, above all, how I might sustain a sense that I belonged in and with the world and with others in the truest possible sense.

Everything I discovered was incorporated into my personal life: the way I travelled and how I operated in my professional life. In classrooms in England, Greece, Italy, Portugal, America and New Zealand, and in my evolving practice as a counsellor and therapist, I shared my passion to stop and look.

In the mid 1970s, I worked with a group of children and their parents running an
alternative school in New Zealand based on the work of A.S. Neill (1968). We called into question all forms of authority and competition, and had the freedom to live and learn, adults and children together, without the constraints required to run large schools with high classroom numbers and inflexible timetables. There I was able to further develop my practice as an arts-based therapist. With the support of the parent body, I had the freedom to build the school around play and drama and many forms of visual art. Family conflicts, social and emotional problems and communication difficulties within the school were all approached through creative expression. While we were free to spend a lot of time with these activities, we were able also to deliver above-average levels of achievement in the areas of education required by the Auckland Education Board’s body of inspectors. And we offered teaching practice opportunities to student teachers from Auckland University and the teacher training colleges in the area.

During that period of experimentation and shared learning, I operated from the core belief that life is synonymous with learning and learning is about relationship. I found that creative expression cultivates awareness in people and that through the arts children made sense of their feelings. It was possible to learn to live together creatively rather than destructively. And I discovered in children a wisdom, a resourcefulness and a love of knowledge that flourished in a stimulating environment of responsibility, freedom and trust.

The ideals of the alternative school were high and it was much easier to sustain them in a community of shared values outside the mainstream of education. But I believed sincerely that the holistic and emancipatory approach to learning explored in that school should be for all children.

In a New Zealand Intermediate school I carved out the position of school counsellor. From the beginning of my teaching career I had believed that when children came to school they did not leave their emotions at the gate and that there should be the time and the place within school life for the growth in understanding of emotions and their appropriate expression. I created such a space and the school developed a policy that allowed children access to it when ever necessary. Again I had the valuable freedom to be creative and developed a practice in which I used whatever was effective, working one-on-one with children or with children in the context of their peer groups, their teachers or their families. I discovered again that as children gained confidence
and trust and found their voices, they developed the capacity to stop and look, and to reflect, demonstrating that they had insight into their own behaviour and what determined the choices they made. They learned to manage their anger, how to act instead of reacting, showing an understanding of the relationship between choices and consequences and their own roles in effecting change.

Children were referred to me through parents, teachers, the local police, the Psychological Services Department or came for help of their own accord. All that work, every group and individual session, was carefully documented with the intention of publishing because at that time in New Zealand counselling was only just emerging in some progressive secondary schools and meeting with considerable resistance at the level of government. Unfortunately a school fire destroyed the demountable in which I worked and all my records were burned and the service disbanded.

In 1980 I moved to Australia. I returned to university and in time become a practising artist, a choice that had been many years in the making. This reinforced my understanding that art has the power to reveal. An art practice is a journey of discovery that from time to time gives access to a kind of ‘knowing’ that is unique and vastly broader than that which is known through the intellect. In the past I had painted, but here I found my creative expression through sculpture and installation and it led me into a long period of exploration of the human condition; ways of seeing; the power of the uniform and of institutions; the nature of time, of interfaces, borders and skin to the space between; between inside and outside, land and sea, one culture and another, subject and object, now and then, male and female, self and other. This brought me to new understandings of the elusive and dynamic nature of relationship and its centrality to existence.

My life straddled part-time employment and my work in the studio. The latter influenced my work as an arts-based therapist and counsellor, and this in turn enriched my practice as an artist. I saw both activities as a way of life – ongoing processes of exploration and learning.
2.3 Working with Aboriginal people and the transgenerational consequences of colonisation

Over a period of twenty years I worked with Aboriginal people in many contexts: with Aboriginal children within the state school system, with mature age Aboriginal and Torres Strait Islander students within the university, with teenagers in prison, with the staff and clientele of an Aboriginal medical service and its associated detox unit and with men and women in positions of responsibility working in health, education, and the public service.

I don’t believe that Indigenous people have a monopoly on pain. However, relatively few of us located within a dominant culture will have experienced the insidious consequences of colonisation that are made evident again and again as Aboriginal people share their stories. I can say from my own experience that I know of their suffering. I have listened and I have born witness and I know that it is so.

I have seen and worked with many courageous Aboriginal service providers who struggle with their own histories and, suffering intensely from work overload, feel they cannot find the time to attend to their own mental health needs. An example of a young Aboriginal woman occupying a managerial position in a large and complex organisation may serve to demonstrate, in a simple but positive way, that appropriate support can be made available. At a time when this manager was exhausted by the demands of her job, her team was challenging her leadership and her Aboriginal superiors were too bogged down with their own difficulties to offer support. The work conditions were such that attention was given only to the most severe crisis. Feeling stressed and ‘stuck’, she sought assistance from me as a locum counsellor and we made the time after work to address her needs in what was for her a personal and professional crisis.
In this painting the young woman was focusing on her early experience of school, a time when she had felt the opposite to her current feelings. School had been a refuge from her very abusive home circumstances, so in this session, I directed her thoughts to a positive time in her childhood. In her painting (Figure 2.1) she found a place in her school grounds where she as a little girl often spent time with a very special teacher, a person who had cared enough to meet with her and read her stories under this big old tree. The place was magical, safe and full of wonder. Here the little girl had had some of her first most treasured experiences of what it felt like to be alive, to be met by another human being, to be safe and free to be herself. Here, her imagination had been awakened. Spending time with the feelings evoked by this painting, remembering that part of herself and bringing it back into being, gave her the resources she needed to deal with her current workplace situation. From her more integrated whole self, which included her free, exuberant, imaginative childlike being, she discovered she could make the decisions that needed to be made in her managerial position and with a good night’s sleep, face her team again.

An Aboriginal student studying at university sought help when his bouts of binge drinking threatened his studies and the stability of his family: his wife and five young children. Through acting out and giving respectful space to the many voices within him that needed to be heard, he discovered what his excessive drinking was about and found the freedom to bring it under control. Another man from the same student group had come to university after having spent most of his life in detention: his early childhood in an orphanage; his later childhood in a juvenile detention centre; and his late teens and early twenties in prison. In the process of his stopping and looking and
listening to himself, he came to the realisation that he was still in prison – now, one of his own making because having never learned to trust anyone, he isolated himself and kept his colleagues at a distance with a powerful and threatening silence.

A man came to an Aboriginal medical service for help. He had tried to take his life on four occasions and I met him first on the day after his most recent attempt. He had never made art but discovered, through painting and performance, that there was a part of him who wanted to punish his parents for leaving him in hospital alone when as a child he had had open-heart surgery. What came out in a performance was, ‘I’ll die. Then you’ll be sorry.’ Recognising that as a mature man he was still acting this out, he began to own his feelings and to take responsibility for his behaviour. Two life-size paintings depict his move from what he experienced as his contracted and imploded self (Figure 2.2) to a new experience of his expanded self (Figure 2.3).

Figures removed due to copyright restrictions

Figure 2.2

Figure 2.3

An Aboriginal woman with a leadership role in university was suffering from work overload and the retraumatising effects of constant association with Aboriginal people in crisis, compounding her own burden of pain. In the course of an initial meeting and in the process of drawing she explored the childhood feelings, which were very alive in her when she came for help (Figures 2.4 and 2.5). By the end of the sessions she was ready to remind herself of the resources she had to draw on as an adult.
Of the many Indigenous children with whom I worked at a juvenile detention centre over a period of four years, every one had experienced the deaths or disappearance of significant people in their lives. Most of these children, I discovered, first broke the law in the year in which they had suffered such a loss. A story drawn from my work...
Chapter 2: Locating the Researcher/Practitioner

at Don Dale Juvenile Detention Centre is an example of this situation. An Aboriginal boy brought up in an urban environment presented to the education unit as a quiet, compliant, non-communicative, non-reader who surprised everyone with his occasional outbursts of rage. At first he was willing to paint if I worked with him alone. We pretended he was painting as a very little boy to help him overcome his total lack of confidence. After several sessions he began to tell me what his paintings were about thereby inviting me in to share his story. In the tradition of expressive arts therapy, the process of painting, his engagement with his story and telling it through this imaginative and creative process was of central importance. But I had recorded what he said and documented his paintings and so presented him with his own story in the form of a small book as he was released from prison. He was willing for his story to be used if it could help someone else.

Figure removed due to copyright restrictions

Figure 2.7: I am 4

I am four or five. I am at home. This is my house. It's a good house because it’s fun. Mum and Dad are inside watching TV. They get on and don’t fight. I'm in the garden with my sister and my brother. He's ten. He's always kind to me. He looks out for me. I want to be like him. My sister is kind too. She's eleven. We are playing tip-chase. We often play together. Mum will cook dinner and then call out to tell us to come in. Sometimes Dad cooks too. Dad's a big good-looking guy - and kind. Mum's short. She used to take me for a walk in the pram. I really like her. She's got long black hair. We've got lots of food. I'm the favorite because I'm the baby. I'm playful, happy, little bit cheeky, little bit shy, noisy sometimes. I laugh and talk a lot. I would like to stay four always because it's fun and Mum is here.
Figure 2.8: I am 9

I am nine and this is our new house. Mum and Dad, my older brother, my sister all came here. It's a smaller house. But Mum went away and never came back. She didn't tell me why. Dad didn't tell me why. She didn't say goodbye. I just came home from school one day and she was gone. Dad went to look for her in the car. But he didn't find her. Maybe they were fighting. I don't talk to Dad about it or my sister or to my brother. I feel sad. Dad's changed. He's got older and sadder. Now my older sister is going away.

Figure removed due to copyright restrictions

Figure 2.9: I am 14

I am fourteen and I'm angry. I'm at the bus stop near my house. My eyes are red. When I'm angry my eyes are always red. My head feels like it's bursting. Someone made me angry. He told me off for no reason. He said stuff like, 'Go away!' He shouted, 'Fuck off!' He said I was a little black cunt and other bad stuff. I don't know why he told me to go away. Maybe he
thought I had done something like breaking into a car. But I hadn't then. He said I was no good. He didn't say why. It wasn't fair. So I was swearing at him and told him to fuck off. I said, 'I didn't do nothing!' He just kept telling me to go away. He looked like he was going to hit me. I was sitting down on a bench by myself near the shopping centre. He came at me and I picked up the rubbish bin and threw it at him. It hit him and hurt him a bit and he started running. He was a young white man. I've never seen him before. After that I went home. But I didn't tell no one.

Figure 2.10: I am 15

I'm nearly sixteen and I am in Don Dale. My fifteen-year-old self is older, taller, heavier, quieter and sadder - not so cheeky - more friends - still shy. He doesn't laugh so much any more. Mum's gone now and I'm locked up. Dad's got a new partner. She had a daughter and a son - my step-brother. I really liked him. He died this year - hit by a car - he was seventeen. I hate being locked up. The worst thing is I have to do things like cleaning up. I have to clean the toilet. The toilets are yuck. They're not so bad at home. But here they are yuck! The boys don't use them properly. They pee everywhere. This is the last time I'm going to be in here because I'm not going to steal anymore. I reckon I could say that to my friends and maybe they're say they won't too. I've got four weeks and two days left to do here. I'm counting down. I'm changing a bit. I ask myself, 'How are you feeling?' Sometime I answer, 'Good,' sometimes, 'Angry,' often, 'Sad.' I'm sad because I am locked up. But I been sad for a long time = a couple of years. I started feeling sad when Mum left. I started shop-lifting about then. My older sister gets angry when she's hurt. My brother gets angry when he's hurt.
All of the detainees I encountered at the juvenile detention centre came from homes in which either drugs or alcohol or gambling or all of these were a problem and where they had witnessed or suffered from domestic violence and sexual abuse. Predictably, many of these children had parents or grandparents who were of the Stolen Generations; in most instances parents were not living together and many children had relatives in prison.

If I were to make one generalisation about the lives of these children it would be that they had learned to cover unexpressed pain and grief with anger. Again and again I found that they had never shared their stories. They carried a burden of loss and grief that had rarely if ever been expressed. They had lost mums and dads, nans and pops, a loved brother, a special aunt, or a best friend. Many had suffered more than five significant deaths in their short lives, often under traumatic circumstances and it would seem they had had no support in dealing with their loss. Eventually, most often because of their anger, they were dealt with by a system that seems compelled to punish in the belief that by reacting harshly it can successfully reshape behaviour.

Living and working in urban areas of Australia has given me first-hand experience of Aboriginal children, families, men and women, leaders, educators and academics who continue to suffer the far-reaching consequences of colonisation on a daily basis. I do not have first-hand experience of outback Australia; only the stories of people who came to the city from remote Aboriginal communities and the information that has been available to all of us for so long.

The last twenty-five years have taught me a lot about the long-term consequences of childhood abuse the intergenerational and transgenerational nature of which is widely recognised and described in the literature (Atkinson, 2000; de Graaf, 1998; Dube, Anda, Felitti, Edwards, & Williamson, 2002; Ney, 1988; Oliver, 1993; Ralph, Hamaguchi, & Maria, 2007; Raphael, Swan, & Martinek, 1998; Renner & Slack, 2006), to cite only a few. Almost all the Aboriginal people I have encountered professionally were abused as children as were their parents before them. But I have also learned that there are approaches to therapy that have the potential to be effective and appropriate in dealing with a wide range of emotional and social wellbeing problems that manifest as inappropriate and unlawful behaviour, a lack of confidence, unhappiness, compulsions, the breakdown of family, community and professional relationships and poor performance or burn out in the workplace.
There are so few Aboriginal practitioners available to meet the need and all the psychotherapies currently practised by white professionals have been developed within the context of Anglo-American and European cultures. The literature review of this thesis makes it clear that culturally appropriate approaches to Aboriginal mental health and social and emotional wellbeing are accepted as the only way forward. It is also apparent that there are significant relationships between art, culture and health and as attested to by a multitude of personal stories, between the creative process and healing. It follows that we need to develop arts-based Aboriginal approaches to therapy; practices that are researched, owned, developed and practised by Aboriginal people.

I was determined to find a way to work in partnership with Aboriginal people to research an appropriate practice and work towards the development of a training program using my own practice as a starting point. Having made this decision, it was apparent to me that I should first seek a professional development training program for myself, one that would give me the opportunity to further examine my own approach to therapy, broaden the base of my practice and locate it in relation to other contemporary practices.

I put aside my work as a studio and exhibiting artist and focused all my energy on my work as an arts-based therapist. Accordingly, I applied to Tamalpa Institute, California for a place in their experiential intensive training program: ‘Body Mythology and Self Portrait Explorations’, and being accepted, travelled to California to study. This experience was both affirming and rewarding and I returned to Australia to find a research community.

Undertaking the role of a researcher, I was confronted more than ever before by the fact that I am non-Aboriginal. I accept that I look, listen, feel and think from the framework of my own white life-world and must inevitably be seen as white and middleclass. One of my primary commitments in undertaking this project therefore, has been to be mindful of my whiteness and maintain an awareness of the sensitivities around research that involves Aboriginal people. It has been necessary for me to keep alive a healthy respect for difference, resisting any tendency to make assumptions about the research participants in all aspects of their lives, their interactions with me and their engagement with the project. In short, the researching of my own narrative had to be an ongoing process so that my history and conditioning and my needs and
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drives were as much as possible mediated through critical reflection throughout the whole project.

It is however my history, education, needs and drives and all that has emerged in the fertile spaces between others and myself that resulted in my engagement with the concerns outlined in the first chapter and the particular practice that I brought to this inquiry. The expressive arts therapy tradition on which it draws is outlined in the next chapter, locating it among the Anglo-American psychotherapies that have emerged over the last seventy years. It was brought to this study to be examined as a starting point, to be modified and adapted to meet the wellbeing needs of Aboriginal people. If it is adopted and further developed, it is my hope that a practice will re-emerge in a framework that contains the values of Aboriginal people and takes account of Aboriginal terms of reference. In the next chapter however it is described within its own evolving terms of reference and in relation to other established psychotherapy practices.
CHAPTER 3

LOCATING THE PRACTICE

The research project that has given rise to this thesis was a search for a psychological model, a technique or a body of practical information that would assist in the development of a culturally appropriate approach to working with Aboriginal people. My response to the Aboriginal health situation outlined in Chapter 1 has been to explore the nature and impact of an arts-based therapy in the hope that I can demonstrate that it has the potential to make a positive contribution to the developing field of Aboriginal emotional and social wellbeing.

Expressive arts therapy, as it was conceived and developed in the US is, of the many approaches to psychotherapy, the most relevant to this research project. Because it is not well known in Australia, in this chapter and in Chapter 4, I throw an unusually wide net across related practices and academically accepted bodies of thought (see Figure 3.1) as I argue for a place within the mainstream of the human sciences for a practice otherwise located on the margins of the field of psychotherapy.

In the first section of this chapter, I locate expressive arts therapy in the very broad field of the psychotherapies, identifying the elements that distinguish it from the American and British art therapies and the art therapy practised and taught in Australia. Experiential and creative arts therapy, which is also practised and taught in Australia, is identified here as closely aligned with expressive arts therapy, sharing a number of fundamental frames of reference.

Secondly, I refer to the existential-humanistic and post-modern thinking that has been influential in the development of the professions that, because of their common origins, are in principle most closely aligned with expressive arts therapy and the approach that I bring to this study. According to the view I take in this thesis, the existential-humanistic tradition is sympathetic to the demands of a ‘whole of life’ approach to wellbeing, inclusive of non-Western knowledge, emancipatory in its intent, and in principle, respectful of Indigenous concepts of illness and healing. Thus, the core principles of this tradition are currently recommended within the field of psychology and counselling for Aboriginal people. Therefore, I argue here for the
compatibility of the values and intentions of these otherwise diverse approaches to individual and community wellbeing.

The traditions of thought that gave rise to expressive arts therapy have also influenced many of the narrative-based psychotherapies. In the third section, I discuss the constructivist therapies that are linked by their interest in the role of the narrative in the therapeutic process. I identify the research findings that have in recent years lent support to the assumptions on which many of the humanistic, client-centred therapy practices have been based. Of these, I focus on process experiential psychotherapy because, of all the constructivist, narrative-orientated therapies, it shares much common ground with expressive arts therapy and is in many ways consistent with my practice which is under investigation in this research project.

While expressive arts therapy, as it is practised and taught at the Tamalpa Institute, California, informed the research workshop program central to Phase 1 of this project, the contributions made to the arts therapy literature by the major exponents of this profession in the US have proved an inspiration and a rich resource throughout the writing of this thesis. Therefore, in the final section of this chapter, I outline the influences that have shaped expressive arts therapy, and the underlying principles and assumptions on which the profession is based.

The chapter continues with a discussion of the practice of expressive arts therapy, the Tamalpa life/art process and the Halprin five part process: a learning model that served to link research and practice throughout this project. I conclude the chapter with a summary of the fundamental principles that underpin my own approach.

## 3.1 Locating expressive arts therapy among the psychotherapies

All the practices referred to below can, by definition, be identified as psychotherapies. They address emotional and mental suffering from a psychological perspective as distinct from a perspective based on a biomedical model that may well have relevance to mental illness at the extreme end of the wellbeing spectrum but, according to the position I have taken, is not relevant to the whole spectrum.
3.1.1 A diversity of practices

Within the broad field of the psychotherapies there are very many different practices as well as large areas of intersection, overlap and shared concerns. The majority of psychotherapies are essentially ‘talking’ therapies. Hence, the use of various art forms in the process of therapy identifies a different field of psychotherapy, which in turn, has within it many diverse practices. What sets the arts-based therapies apart from other psychotherapies is that the artwork produces a thing, an object or act that can be witnessed by both the client/participant and the practitioner or the participants within a group context:

The ‘third thing’ allows a confrontational field of acts and discourses on the basis of an embodied emergence (Knill, Levine, & Levine, 2005 p.85).

Art-based therapies include art therapy, experiential and creative arts therapy, the expressive therapies and expressive arts therapy. Each of the various expressive therapies (sometimes called creative therapies) of dance, creative writing, drama, voice, poetry, play, sand play and music, have much in common with expressive arts therapy. While the latter is distinct from these professions, there are many shared understandings and therapeutic practices that are common to them all.

American art therapy and British art therapy have informed the art therapy that is practised in Australia. Traditionally, they have used only visual art within their practices, distinguishing them from all the expressive or creative therapies that incorporate other art forms. Expressive arts therapy, like experiential creative arts therapy, is characterised by a multi-modal approach: the use of many different forms of creative expression in an experiential, therapeutic/learning/research process.

Of the psychotherapies that traditionally have not made use of art within the therapy context, expressive arts therapy is most closely aligned with those that are narrative-based. These include the practices identified by Angus and McLeod (2003 p.342) in their work on the role of narrative in the psychotherapy process: narrative therapy; brief dynamic; client-centred; experiential; relational; cognitive-constructionist; post-structuralist; dialectical constructivist; and process experiential. Their approaches to research and assessment differ, drawing on different traditions of thought but, in spite of these differences, they share much common ground. Research in the field of the narrative-based therapies shows that:
The specific therapy model used by a therapist is not a particularly powerful factor in predicting outcome (L. Angus & J. McLeod, 2003)

Of these psychotherapies, the practice investigated in this project can be most readily identified with process experiential (PE) psychotherapy discussed later in this chapter.

There are very many other therapies such as Jungian therapy, Gestalt therapy, the psychoanalytic approaches, cognitive and behavioural approaches, family and object-relations therapy and more. They intersect, in various ways, with the practices listed above, and all have contributed to the development of the whole field of psychology and therapeutic intervention. Of necessity however, they and the expressive/creative therapies fall outside the scope of this discussion.

It should be noted that I do not attempt a comprehensive review of any of the therapies included in this chapter. Rather, I have sought out the elements of therapies that by comparison and contrast serve to clarify the position taken in this thesis.

3.1.2 Art therapy

There are fundamental differences between expressive arts therapy and art therapy as it has developed in both the UK and the US (see Appendix 1). However, current trends are in the direction of an expanding common ground between these professions.

Traditional psychoanalytic thinking initially characterised both British and American art therapy. It continues to link art therapy practices, particularly in the UK where the role of the two-dimensional image and image making and processes of transference and counter transference (2000) are central to most practices. According to psychoanalysis, as defined by Waller (1991 p.7), feelings that patients have had towards their parents or significant others in their lives are transferred to the therapist and become important components of the patient/therapist relationship. These feelings are seen as derivatives of instinctual impulses from the subconscious and can be responded to by the analyst in ways that help the patient recognise the nature of his/her inner conflicts and in the course of analysis come to understand them and resolve them. The emergence of expressive arts therapy marked a departure from this psychoanalytic thinking. Thus, in the literature of expressive arts therapy, neither the client/therapist relationship nor the therapeutic process is understood or characterised in psychoanalytic terms.
Art therapy practised in Australia has developed and been taught principally in accordance with the British art therapy tradition. As I discovered by attending ANATA’s 16th Annual Conference in November 2005, and from subsequent conversations with professional members of the Association, there is in some sectors, an ongoing discourse preoccupied with the perceived differences between the American and British art therapy traditions (Joyce, S. pers.com. 15 June 2006). But there are also Australian art therapists and university lecturers in the field who are inclusive in their approach and open to a broader discourse, their practices reflecting the pluralism of the current global trend in the wider field of the psychotherapies (Fenner, P. pers.com. 9 March 2007).

3.1.3 Experiential and creative arts therapy

The Melbourne Institute for Experiential and Creative Arts Therapy (MIECAT) grew out of the La Trobe University creative arts therapy Masters program during the 1990s. From its inception, it has had an emphasis on academic research and has recently developed a program exploring experiential-multimodal forms of inquiry in addition to its programs in the arts, education and therapy. Education is understood in its broadest sense as acquiring the knowledge to love and work and to live creatively with others and ourselves in an authentic way, with respect, compassion and commitment (MIECAT, 2006). This echoes the intent often expressed in the literature of expressive arts therapy as exemplified by Jacoby’s reference to caring ‘for the life placed in our hands’ (Jacoby, 1999 p.66), be that our own or the person next to us. This is exemplified by Levine’s reference to ‘the will to live and to live with others’ (Levine, 1997 p.121) and his discussion of ‘authentic being’ (Levine, 2005) and by Halprin (1999) when she writes of the importance of the healing arts to a world that is ‘broken’ because of conflict. Education, counselling and therapy are all seen by both expressive arts therapy and experiential and creative arts therapy as forms of inquiry.

MIECAT and the institutes where expressive arts therapy are taught share many common concerns. Their relative lack of interest in the unconscious and the psychoanalytic tradition distinguishes their approach fundamentally from that of traditional art therapy. Unlike the latter, both expressive arts therapy and experiential and creative arts therapy emphasise the multimodal nature of human inquiry.
Experience and reflection are understood to be processed in many non-verbal modes as well as verbally. Hence, Lett, who is a key exponent of experiential and creative arts therapy, states, ‘experience and reflection which involved only talking would be a vast under representation of experiencing’ (Lett, 2001 p.10).

Being grounded in the principles of phenomenology and heuristic research (discussed in Chapter 4), MIECAT’s fundamental concerns, as stated in its *Institute Profile*, are of meanings and education (MIECAT, 2006). It shares with the expressive arts therapy profession a focus on the experience of personal learning and personal meaning-making through life experiences. Common to the two practices is the notion of ‘the self as therapist’. At MIECAT and within all the expressive arts therapy teaching institutions, much of the research into experiential learning is made by inter-subjective heuristic inquiry in which student-therapists and teachers make use of their own lived experience and their own art-based process of learning opening out the possibilities of research based on the researcher’s personal experience, a perspective with which I identify and discuss further in Chapter 4. As I took the position that a central concern of the arts-based program under investigation in this project was the self-sufficiency and empowerment of the participants, it was my intention that their guided inquiry into their own lived experience would enable them to become their own ‘therapist’. An emphasis on awareness and mindful observation, authentic being, critical self-reflection and reflexivity is predicated on the understanding that learning and therapy, as articulated by MIECAT, are both processes of inquiry and are governed by the same fundamental principles. Thus the usual lines of demarcation that differentiate learning from therapy and from research are blurred, foreshadowing the principles that underpin the research methodology discussed in the following chapter. These principles emerge again and again throughout this thesis because they are, of necessity, consistent with both Aboriginal approaches to research and established emancipatory ideals relating to interventions in the area of Aboriginal health and wellbeing.

In summary, experiential and creative arts therapy shares expressive arts therapy’s grounding in the principles of phenomenology. These two arts-based professions have in common a multi-modal approach and both emerged from traditions that broke from the psychoanalytic approaches to therapy that have continued to influence many art therapy practices around the world.
Chapter 3: Locating the Practice

Experiential and creative arts therapy, however, has developed and established itself as a separate profession and is distinguished by its disciplined and rigorous pursuit of the essential elements of experiential learning. Models of inquiry explored at MIECAT were an important resource as I shaped a methodology appropriate to the demands of this study.

3.2 The existential-humanistic tradition

Expressive arts therapy is aligned with a number of related therapies, the roots of which, in large part, can be traced back to the meld of the phenomenologically based existential and humanistic movements of the early 1960s.

I take the position here that the values that have emerged from the existential-humanistic tradition are both relevant and sympathetic to what is currently considered as essential to approaches to healing and wellbeing developed to meet the needs of Aboriginal people today. For this reason I outline later in this chapter these important considerations, but first identify the principles of the tradition, arguing for its relevance to the field of Aboriginal psychology and counselling.

3.2.1 The development and influence of the existential-humanistic thought

The existential-humanistic tradition evolved as the intermingling of a number of streams of thought: the humanistic psychology and psychotherapy that developed in America; the phenomenological research and perspectives of such phenomenologists as Husserl, Heidegger, Sartre, and Merleau-Ponty; and the existential psychology and philosophy that emerged from Europe. World War Two influenced this thinking (Bugental & Sterling, 1995) as people confronted the horror and the reality of human destructiveness. Western cultural history of the mid-20th century challenged existing understandings regarding the meaning of human life.

European existentialism impacted on American psychology, which had been built on the contributions of seminal figures such as Pavlov, Binet, Freud and Rorschach (Allport, 1960). Existentialism brought to psychology new concepts of identity, choice, responsibility, belief and death. Quoting Abraham Maslow, Allport writes:
Existentialism deepens the concepts that define the human condition. In so doing, it prepares the way (for the first time) for a psychology of mankind (Allport, 1960 p.93 original emphasis).

Humanistic psychology developed as concepts of self-actualisation, personal agency and consciousness gained currency. Associated with this tradition are concepts of holism, the importance of meaning and values, the healing potential of creative expression and the centrality of the client in the therapeutic process. The most well-known figures in this movement, Abraham Maslow, Carl Rogers and Fritz Perls, built on the work of such psychologists as William James (1842-1910) (McDermott, 1977) and Kurt Goldstein (1878–1965) (Goldstein, 1940). They had in turn been influenced in particular by Alfred Adler (1870–1937) (1927) and Jan Smuts (1870–1950) (1926).

With reference to the use of the word ‘holism’ in Aboriginal health literature discussed in Chapter 1, it is interesting to note that it was through the work of both Smuts, who first coined the word ‘holism’ (Halprin, 2003), and Adler, that the concept of a ‘holistic approach’ was introduced to the psychotherapeutic vocabulary. It meant that ‘any part [of the human being] could be understood only in relation to the whole organism’ (Halprin, 2003 p.48). As Halprin points out with reference to Goldstein, ‘[a]ny shock or interruption to one part of the organism (or to a person’s life) must be explored within the whole field of the person’ (Halprin, 2003 p.48).

This concept, fundamental to both existential thinking and humanistic psychology, marked a shift in the orientation of some approaches to therapy within the field of Western psychology. In some areas there was a move away from the symptomatic orientation of the biomedical model of medicine and psychiatry that influenced the development of American art therapy, towards a more holistic approach to mental health that resisted the pathologising of human suffering and focused on the exploration of human potential and the human being as a whole (1968). Later in this chapter I elaborate on the importance of this development in respect of culturally appropriate responses to the current crisis in Aboriginal health.

As early as 1963, Frankl (1963), a noted figure contributing to humanistic theory, was emphasising the importance of finding meaning, believing that the major concerns of therapy were existential (pp.37-38). Bugental (1967) wrote of existentialism as a fresh look at human experience. In the preface to his book, Challenges of Humanistic Psychology he states:
This fresh look puts greater emphasis on experience than behaviour, on meaning than on causality, on self-realization than on other-manipulation (p.3).

Humanistic psychology developed through the work of the early therapists and theorists of three main approaches to therapy:

- Existential e.g. Frankl (1963), May (1958), Moustakas (1959) and Bugental (1967);
- Person centred e.g. Rogers (1951) and Gestalt eg. Perls (1959);
- Transpersonal e.g. Maslow (1968) and Assagioli (1965).

All these approaches to therapy emerged initially as major practices within the humanistic psychology movement (Malchiodi, 2003d pp.55-71) but practitioners in recent years, consistent with many across the whole field of the psychotherapies, ‘inhabit a culture of psychotherapeutic pluralism’ (Gabbard, Beck, & Holmes, 2005 p.3) blurring the lines of demarcation between approaches.

From its inception, existential-humanistic psychology has been concerned with exploring the healing potential of the creative process as exemplified by the work of Garai (1976). These explorations gave particular impetus to the development of some of the arts-based approaches to therapy. As summarised by Malchiodi:

> The common ground that connects these approaches is a respect for the person’s central role in the therapeutic process, an acceptance of all artistic expression as will to meaning, and the belief in the individual’s ability to find wellness through creative exploration (2003d p.70).

Elements of humanistic thinking contributed to popular strands of psychology that in the 1960s and 1970s gave privileged status to notions of a ‘true self’ that had, at all costs, to be found and expressed. White, an influential figure in the narrative therapy movement, which I discus later in this chapter, writes disparagingly of this popular psychology, stating it gave rise to a catharsis injunction for anyone in pursuit of the truth. ‘Cathartic happenings were everywhere to behold, virtually pandemic’ (White, 2001 p.11).

Such criticisms have been levelled at the Human Potential Movement of that era. It expressed itself in a wide variety of workshops and encounter groups that focused on life-problem solving, self-actualisation through creative expression and the importance of trust and intimacy in interpersonal relations (Malchiodi, 2003c). As an
adventurer, with a voracious appetite for experience and a desire to understand what it meant to be human, I participated in a number of these groups. While I experienced some as liberating, informative, inspirational and truly valuable, I perceived some to be potentially dangerous and I encountered the occasional ‘group junkie’ who, embodying the so called excesses of the 1960s, went from one encounter group to the next in search of the meaning of life, another cathartic experience or the elusive ‘true self’.

However, I would argue that notions of the ‘true self’, emphasised by some in the early period of humanistic psychology, have in recent years been tempered by the developments within post-modern thinking. Constructionist perspectives on narrative have opened up the possibility of multiple identities (Botella & Herrero, 2000). Similarly, in a post-modern era, understandings about ultimate truth and how identities are constructed have changed. But, as I argue, the significant place of human subjectivity and the importance of emancipation and personal growth, identity, meaning, and values are not diminished within the practices that claim some kinship to existential and humanistic thinking. The client, group participant or learner as a whole being (physical, mental, emotional/spiritual) continues to be situated at the centre of the learning/therapeutic process in the sense that he/she has the authoritative voice regarding his or her lived experience.

Bugental and Sterling (1995) also write of the ‘excesses’ of the 1960s: ‘undisciplined reliance on impulsive therapist interventions’, ‘the promotion of poorly understood eastern philosophies’ and ‘the general revival of an individualistic ethic’ (p.227). But they acknowledge that the excesses, from which the existential-humanistic movement has subsequently drawn back, did open up and illuminate new and important territory and their observations are consistent with my personal experience of that period.

Malchiodi (2003c) takes the view that the influence of humanistic psychology has linked practitioners across disciplines through their belief in the resilience of the human spirit, an emphasis on meaning and the understanding of the role of the individual in counselling and therapy contexts. Emerging in most sectors in opposition to psychoanalytic and behavioural models, it has made two major contributions to psychological thought. The first has resulted from the movement away from the objectification of human phenomena towards new understandings regarding subjective experience. This shift has had significant and abiding
implications for the therapeutic relationship and the therapeutic encounter. The second but related shift, as described by Bugental and Sterling (Bugental & Sterling, 1995) was,

... the broadening of the field of psychotherapy from a focus on classical psychopathology (of the major psychoses, psychoneuroses, and similar conditions) to a widened range of issues and distresses, significantly including those of usual living (Bugental & Sterling, 1995 p.230).

Existential philosophy and humanistic values have had, and continue to have, a significant influence on the psychotherapies, the arts-based therapies and counselling practices, including the practice put forward in this study, contributing to the large area of common ground now shared by diverse professions across the whole field of the human services. I further explore these values in the following section as I relate the existential-humanistic thinking to the issues raised in Chapter 1 regarding responses to the health status of Aboriginal Australians.

3.2.2 The existential-humanistic tradition and approaches to Aboriginal wellbeing

At core, as I establish above, existential-humanistic psychology has been characterised by non-judgemental, client-centred practices concerned with subjective experience and the emancipation or personal agency of the individual. It follows that it is respectful of cultural diversity, personal values, beliefs and commitments. As such, it is, in principle, inclusive of non-Western knowledge and, I argue, compatible with what is accepted as essential to the framework of an educational or therapeutic approach to Aboriginal emotional and social wellbeing in as much as the latter is understood today.

The suffering of individuals and communities and the socioeconomic and historic factors that have created the current crisis that exists in the area of Aboriginal health demand that we situate Aboriginal and Torres Strait Islander people at the centre of any proposed therapeutic practice and that we respond to their suffering in their terms with practices framed by cultural concerns. This view is affirmed by the work of Mobbs (1991), Reser (1991), and Ivanitz (1999), who, among others, address the socio-cultural factors that relate to the field of Aboriginal wellbeing, illness and healing. They believe agency must be given to the person or client at the centre of all health interventions because social meanings, as they are understood by the Aboriginal client, are of central importance and must be respected and explored:
Seeking to understand the client’s view of the illness and the meaning it has for him or her, however, does more than enhance the clinical encounter (Mobbs, 1991 p.323).

David Vicary is a clinical psychologist working in association with the Curtin University of Technology in Perth. Much of his work has been with Aboriginal people and communities in Western Australia. His research has led him to emphasise the need for self-determination in mental health provision and he reiterates the importance of an approach that is ‘culturally appropriate, sensitive, client-driven, non-judgemental and accountable’ (Vicary, 2000b p.291).

Examining the literature concerning psychological interventions for Aboriginal Australians, Vicary (2000a) discovered ‘a dearth of information pertaining to psychological models, techniques and practical information that would aid mental health practitioners when they are working with Aboriginal clients’ (p.291). However, there is a growing body of recommendations regarding ideals, principles and conceptual frameworks for approaches to Aboriginal mental health, for example, (Davidson, 2000; Dudgeon, 2000a, 2000b; Dudgeon, Grogan, Collard, & Pickett, 1993; Fielder, Roberts, & Abdullah, 2000; Garvey, 2000; Mobbs, 1991; Reser, 1991; Vicary, 2000a, 2000b, 2002; Vicary & Andrews, 2001; Westerman, 1997; Westerman & Wettinger, 1998).

Emphases are placed variously on the following aspects:

• the ideological and social justice dimensions of practice and research (Gonzales, 2000; Sue & Sue, 1990)

• the need to ‘step beyond the boundaries of traditional psychology which approaches psychology from a reductionist and positivist perspective’ (Gonzales, 2000 p.309)

• the importance of interpersonal communication and the ‘affective terrain’ in dealing with Aboriginal people (Davidson, 2000)

• the importance of critical self reflection on the part of practitioners and the widely held view that practitioners must be conscious of their own attitudes, beliefs and understandings in relation to Aboriginal clients (Walker, McPhee, & Osborne, 2000)

• the rejection of culture-bound biomedical models that pathologise human
distress and do not recognise the somatic nature of illness (Helman, 2000; Ivanitz, 1999; Mobbs, 1991).

Characteristic also of Aboriginal concepts of appropriate mental health programs is the notion that the full potential of the individual should be realised as a part of the process of developing a healthy community. Swan and Raphael (1995) refer to the definitions of the National Aboriginal Community Controlled Health Organisation (NAACCHO):

Health care services should strive to achieve the state where every individual can realise their full potential as human beings and thus bring about the total wellbeing of their communities (Swan & Raphael, 1995 p.14).

Furthermore, there is the emphasis on holism. As outlined in Chapter 1, a ‘whole of life’ approach to health encompasses all aspects of rural or urban life, housing, education and health. It is inclusive also of spiritual, cultural and traditional factors and respects Indigenous illness beliefs about healing concepts. In many non-Western cultures, health is seen as a state of balance between people and their social, natural and supernatural environment (Helman, 2000). Because a medical or health care system ‘is an expression of the values and social structure of the society from which it arises’ (Helman, 2000 p.27), the health care system of the dominant culture is unlikely to reflect the values and beliefs of a country’s Indigenous or migrant populations.

It follows that an appropriate approach to wellbeing in a society of diverse cultures such as Australia must continuously challenge its accepted health care practices and cultivate an openness to a diversity of understandings regarding definitions of health and the causes of both physical and emotional distress. The literature addressing ways of working with Aboriginal people in the broad field of counselling and psychology emphasises consistently the importance of working with the individual in the context of his or her world as he or she experiences and understands it. There is therefore throughout the literature a rejection of a mechanistic view of the human body. ‘Dis-ease’, as Mobbs (1991 p.322) refers to poor health, is not regarded simply ‘as a failure in the physiological functioning of the biological system’(p.315), and cannot be adequately responded to by biomedical pharmaceutical techniques because ‘[t]here are areas of human experience, suffering and meaning that they cannot address’ (Mobbs, 1991 p.315).
The recognition that ideologies, health care systems, diagnoses and treatment approaches are culturally shaped aligns much of the Aboriginal health care discourse with that of the sociologists, medical anthropologists and the ‘new’ cross-cultural psychiatrists who challenge the Western psychiatric classifications of such illnesses as post traumatic stress disorder (PTSD) (Fabrega, 1982). Such classifications are seen as bound to the Western biomedical tradition and not necessarily transferable to other cultural contexts.

While a discussion of the paradigmatic tensions between reductive/disease and holistic/illness at the core of the extensive discourse relating to PTSD (Singer, 2007) may be relevant to approaches to Aboriginal mental health, it is beyond the scope of this thesis. The thesis is however premised on the understanding that much of the suffering of Aboriginal people in the context of the emotional and social wellbeing spectrum should not be framed as part of a biomedical condition (Ivanitz, 1999). As is argued by Silove (1999 p.205) regarding the health of refugees in Western countries of asylum, Aboriginal and Torres Strait Islander Australians suffering from the consequences of colonisation do not have a Western disease. Rather, it is argued that they have responded normally to the destructive circumstances that have been imposed on them by a dominant culture.

The position that I have taken in my practice and in this thesis, both of which embrace a holistic approach to wellbeing, necessitates that I avoid the use of such problem-saturated words as ‘trauma’ and ‘depression’, using instead words such as suffering and distress, pain, sorrow, disempowerment, dislocation and, as in the research question, ‘the transgenerational consequences of colonisation’. A culturally relevant therapeutic approach developed by and for Aboriginal people will, I suggest, ultimately create its own language and establish its own terms of reference.

There is, as stated above, limited information pertaining to culturally appropriate psychological models and techniques that could be used for Aboriginal and Torres Strait Islander Australians seeking healing from their suffering. Nevertheless there is evidence in the literature of some of the work that has and is being done on resilience building from an Aboriginal perspective. This includes the use of learning circles in which stories are told or passed on from generation to generation and the role that narrative plays in the healing process. However, formal research in these areas is difficult to find.
King (2006), a sociologist exploring how learning circles might enhance therapeutic practice and service delivery states, ‘These learning circles have also played a major role in the attainment of good mental health for Aboriginal peoples’ (King, 2006).

The work developed by Atkinson, Fredericks and Isles (1997) with and for Aboriginal people in the central region of Queensland led Atkinson to conclude that the process of ‘reclaiming lives’ is the process of ‘reclaiming stories’ (Atkinson, 1998). She made extensive use of circles and story telling in her exploration of transgenerational trauma in Indigenous Australia (Atkinson, 2000).

Based on the work of White (1990; 1995), discussed in detail below, narrative therapy has been adopted by some as an ‘Indigenous therapy’. Aboriginal people such as Clark (Clarke & Fewquandie, 1998; Clarke, Harnett, Atkinson, & Shochet, 1999) have applied it to workshops and programs that emphasise the telling of one’s story and listening to the stories of others with respect and empathy and without judgement. Another example of the application of narrative therapy is The power of healing in the yarn, the work of Larry Maxwell Towney (2005). He works with Aboriginal men and, in culturally appropriate ways, applies narrative practices. Towney emphasises the importance of the exploration of the things that are precious to the men as a way of addressing the loss of culture: spirituality, values and meaning in life.

It is evident, from the principles detailed above, that what is now accepted as essential to the framework of an educational or therapeutic approach to Aboriginal emotional and social wellbeing is in keeping with the principles that underlie existential-humanistic psychology. I go further by concluding that recent and current approaches to Aboriginal wellbeing, as they are expressed in the literature, are in fact contributing to the perpetuation of the values of the existential-humanistic tradition.

These same values gave rise to expressive arts therapy and are central to the practice that is the focus of this inquiry. They have also had a significant influence on the practices that have developed within the narrative-based psychotherapies. The following section further explores the influence and role of narrative as it has emerged in the field of the psychotherapies.
3.3 Approaches to narrative providing common ground for many psychotherapy practices

An extensive and growing body of literature on ‘the narrative’, contributed to by both the behavioural and social sciences, has made a substantial contribution across the whole field of human psychology in recent years and many practices have developed within this tradition of post-structuralist and literary theory (Speedy, 2004). This was initially identified with the work of Foucault (1980), Bruner (1990) and Meyerhoff (1986). The various constructivist discourses of the post-modern era have emerged in the context of this thinking and have contributed substantially to the current preoccupation with the role of narrative in psychotherapy (L. Angus & J. McLeod, 2003).

As defined by Combs and Freedman (2003), narrative therapy is less a set of techniques and more a philosophical approach built on the work of Michael White and David Epston (Epston & White, 1992; White, 1990). At the core of this approach is the question, ‘How do people make sense of their lives?’

White (2001) locates the development of his practice within an ‘interpretative turn’ that he argues developed in the late 1960s and the 1970s. It placed meaning at the centre of social inquiry and in so doing reinstated many of the understandings of what White refers to as ‘Folk Psychology’ (White, 2001). This long tradition of thought, he suggests, predates the professional psychologies and is characterised by a mindedness, which is linked with notions of personal agency and a range of ‘intentional states’ comparable, in my view, to the thinking at the core of existential-humanistic psychology. They foreground values, beliefs and commitments that, White suggests, have woven in and out of mainstream thinking. In spite of periods of marginalisation when these ways of thinking were considered naïve, non-academic, unscientific, subjective and biased, the significance of intentional states and personal agency have continued to feature strongly in various areas of Western culture. They have become evident in disciplines from the social sciences to the human sciences, cultural anthropology and the social psychologies and in numerous creative situations in which people give expression to who they are in the context of their life-worlds (White, 2001).

According to the ‘interpretative turn’, as White (2001) among many other
constructivist thinkers understands it, people do not arrive at understandings through an objective idea of the nature of things. They construct meaning and form identity in relationship within the context of the lived social, cultural and historical environment, echoing the values at the core of the recommendations regarding approaches to Aboriginal wellbeing. Identity is understood therefore as ‘an integrative configuration of self-in-the-adult-world’ (p.12), that takes the form of an inner story in which human meaning is embedded (McAdams 1985, 1993, 1996). It is ‘both the product and the process of one’s self-narrative construction’ (Botella & Herrero, 2000p.410).

The inner stories, according to McAdams, go beyond biographical facts, as people engage the imagination in the process of constructing meaning:

People selectively appropriate aspects of their experience and imaginatively construe both past and future to construct stories that make sense to them and to their audiences, that vivify and integrate life and make it more or less meaningful (McAdams & Janis, 2003 p.160).

Professionals from a wide range of disciplines concerned with personal freedom, meaning, identity and change, share a way of thinking that is embodied by a narrative approach to therapy (McAdams & Janis, 2003) such that the psychotherapies across a broad field of approaches are currently linked through the role of narrative (L. Angus, Lewin, Bouffard, & Rotondi-Trevisan, 2003). I argue that the approaches of narrative-orientated therapies overlap and intersect with expressive arts therapy and some, such as process experiential psychotherapy, have a particular resonance with my own practice.

### 3.3.1 Recent research contributing to understandings in the field of narrative-based psychotherapy

Academic research in recent years has established a number of understandings that are important to the narrative-based psychotherapies: the significance of the act of narrating; the importance of trust in the therapeutic encounter; the role of emotion; the concept of multiple narratives; and changes in the stories people tell.

Firstly, academic research in recent years has brought researchers Angus and McLeod to the following conclusion:

It seems as though the concept of narrative is so fundamental to human psychological and social life, and carries with it such a rich set of meanings, that it provides a genuine meeting point between theoretical ‘schools’ of
Chapter 3: Locating the Practice

Research into the role of narrative in the psychotherapies is still in its infancy (L. Angus & J. McLeod, 2003) and many questions remain about how and why the narrative is so significant to the process of change. However it is accepted that narratives serve a critical function in people’s lives across diverse populations regardless of how the narratives are formed (Pennebaker & Seagal, 1999) to the extent that the construction of personal identity is now thought to be dependent on our ability to narrate (L. Angus, Lewin, Bouffard, & Rotondi-Trevisan, 2003).

A series of studies conducted in the 1990s (L. Angus & Hardtke, 1993; L. Angus, Levitt, & Hardtke, 1994; L. Greenberg, Rice, & Elliot, 1993; Hardtke, 1996; Levitt, 1993) supported Schafer’s (1992) earlier findings that the acts of narrating are fundamental to successful outcomes in psychotherapy:

All forms of successful psychotherapy entail the articulation, elaboration, and transformation of the client’s self-told life story or macro-narrative (L. Angus, Levitt, & Hardtke, 1999 p.1256).

Hence the telling of one’s story, in itself, is now accepted as therapeutic. Furthermore, many studies carried out throughout the 1980s and 1990s established that putting personal experiences into a written or spoken story had important implications for health as well as emotional wellbeing (Esterling, Antoni, Fletcher, Margulies, & Schneiderman, 1994; Gidron, Peri, Connolly, & Shalev, 1996; M. A. Greenberg, Wortman, & Stone, 1996; Pennebaker & Beall, 1986; Pennebaker, Kiecolt-Glaser, & Glaser, 1988)

*The Handbook of Narrative and Psychotherapy: practice, theory and research* (L. Angus & J. McLeod, 2003) is an overview of a broad field of therapies in which client narrative expression, human agency and reflexivity are of central concern. The handbook is an in-depth inquiry into an integrative framework for understanding the role of narrative in the psychotherapeutic process. Their studies support earlier assumptions about the value of narrative, finding that telling one’s story engages people in a self-organising process of reflection and meaning-making in which personal identity is constructed (L. Greenberg & Pascual-Leone, 1995).

Also emerging from these studies is the recognition that narratives are constructed in relation to particular cultural contexts dominated by influential cultural narratives (L.
Angus, Lewin, Bouffard, & Rotondi-Trevisan, 2003):

Narrative identities are psychosocial constructions co-authored by people and the cultural context within which their lives are embedded and given meaning (McAdams & Janis, 2003 p.160).

The narrative-based therapeutic process is understood to have the potential to help clients free themselves from the ‘culturally dominant narratives’ within which they may feel trapped (McAdams & Janis, 2003 p.168).

Secondly, building further on established understandings regarding the value of telling one’s story, Angus and Mcleod’s work supports widely held ideas about the importance of trust in the therapeutic encounter. Without trust, personal stories will not be disclosed. Their research indicates that the effectiveness of therapy depends primarily on the nature of ‘the therapeutic alliance’. Depending on how well the therapist or counsellor communicates acceptance, evokes trust and fulfils the roles of witness to and co-editor of the story being told (L. Angus & J. McLeod, 2003 p.371), an empathetic relationship can develop. This partnership is essential for emotionally charged and significant personal memories to be disclosed. In turn, this sharing contributes to the bond between client and therapist.

Thirdly, the idea that articulating emotionally disturbing events in one’s life is beneficial has been well documented by a number of researchers. Pennebaker and Seagal (1999) expanded on earlier research by studying the effects that writing about important personal experiences in an emotional way had on mental and physical health. They found that health gains depended not only on the translation of experience into language, but also on the expression of experience in an emotional rather than an unemotional way:

Extensive research has revealed that when people put their emotional upheavals into words, their physical and mental health improves markedly (Pennebaker & Seagal, 1999 p.1244).

While the importance of emotion in successful therapy has been established in recent years through carefully constructed research procedures. The realisation that emotion is significant in the therapeutic process is not new. It was recognised by Rogers for example and written up in a paper he presented in 1940:

As material is given by the client, it is the therapist’s function to help him recognise and clarify the emotions which he feels (C. Rogers, 1951 p.27)

Fourthly, the concept of multiple narratives or multiple voices is also important to
narrative-based therapy. According to the terms of a narrative-based approach identified as relational constructivist (Botella, Herrero, Pacheco, & Corbella, 2003), the individual is understood to take a subject position contingent on current circumstances. Subject positions, when they are expressed discursively, are referred to as ‘voices’ (Botella & Herrero, 2000). These, expressed along a time dimension, are the ‘narratives’, which can change and be transformed in the process of making meaning. There is always more than one voice, more than one plot, and more than one way to tell a life story and, ‘in this reconstructive potential lies the essence of human change’ (p.122). It is understood that effective therapy allows for the emergence of multiple narratives or voices that can otherwise remain internalised. They can be seen as conversations and arguments the individual holds within him or herself.

Lastly, it is accepted that where therapy has been effective, client stories change. However, the ways in which they change are yet to be fully understood. They become more ‘coherent’, ‘accessible’, ‘differentiated’ and ‘evocative’ (L. Angus, Lewin, Bouffard, & Rotondi-Trevisan, 2003 p.89), but as Angus and McLeod point out, research does not yet exist that makes it possible for these descriptions to be regarded as more than assumptions.

Nevertheless, through their inquiry into a wide range of approaches to therapy, Angus and her colleagues have established that the narrative-based therapeutic inquiry into experience involves the following: telling what happened; fully articulating the associated subjective feelings and emotions, beliefs and hopes; and reflecting critically on the articulated experience. According to their research and with particular reference to the developmental psychology of Jerome Bruner (1986), Angus and her colleagues established that these three processes are integrated in effective therapy sessions. However, they recognise that there is much work to be done before the value of narrative is fully understood (2003 pp.367-374).

3.3.1.1 Affirming practices built on the existential-humanistic tradition

It can be concluded from the literature on the role of narrative in psychotherapy that, from an academic perspective, recent research has affirmed many of the assumptions on which the practices informed by the existential-humanistic tradition have been based. These include: the emphasis on a non-judgemental and empathetic attitude on
the part of the therapist; the importance of awareness; the significance of self-disclosure and storying experience (the narrative); the importance of trust in the therapeutic relationship; the self-determining role of the client in that relationship; the significance of emotion in the therapeutic process; the need for acceptance of the multiplicity of narratives or voices that emerge in the process of self-disclosure; and the importance of reflexivity.

Of the narrative-based psychotherapies, process experiential (PE) psychotherapy is the most relevant to the approach that I bring to this project. Together with expressive arts therapy, PE contributes substantially to the theoretical base of my own practice. For this reason I introduce it here and detail the elements that I find to be consistent with and revealing of the approach that is the focus of this thesis.

### 3.3.2 Process experiential psychotherapy

Process experiential psychotherapy is a distinctive, emotion-focused, constructivist therapy rooted in an integration of both gestalt (Perls, 1973) and client-centred (C. Rogers, 1951) psychotherapy approaches. (L. Angus, Lewin, Bouffard, & Rotondi-Trevisan, 2003 p.91).

Elliot, Watson, Goldman and Greenberg (2004), major exponents of process experiential (PE) psychotherapy, emphasise the importance of its empirical foundations. It has evolved and continues to develop as a result of twenty-five years of research that has integrated humanistic perspectives, person-centred, gestalt and existential therapies, bringing them up to date with contemporary psychological thinking and a well-developed theory on emotion (Elliot, Watson, Goldman, & Greenberg, 2004):

> Process experiential (PE) psychotherapy is a form of emotion-focused therapy aimed at helping clients develop their emotional intelligence so that they can deal with their problems and live in better harmony with themselves and others (Elliot, Watson, Goldman, & Greenberg, 2004 p.3).

According to Elliot, Davis and Slatick, (1998) the focus of PE researchers and authors is on the role emotion plays in how we act and interact, and how we understand ourselves and make sense of the world around us. Emotion is understood to serve ‘an organising role in human experience’ (L. Greenberg & Pascual-Leone, 2001 p.165) and to be crucial to the articulation of new meanings and perspectives on self (Esterling, Antoni, Fletcher, Margulies, & Schneiderman, 1994; L. Greenberg, 2002; L. Greenberg, Rice, & Elliot, 1993; M. A. Greenberg, Wortman, & Stone, 1996).
Process experiential psychotherapy’s dialectical constructivist position, derived from Piaget’s work on human development (L. Greenberg & Pascual-Leone, 2001), is reflected in the view that human beings are made up of many selves or voices. Recent research indicates that therapy is an opening out of these many voices as the client makes him or herself known to the therapist (2003). Techniques for facilitating this process of opening out have been used by many therapists informed initially by Perls whose work in particular was expressive of Gestalt psychology (Batensky, 1973; Passons, 1975; Perls, 1959, 1973; Zinker, 1978). The techniques have been developed and used by PE therapists (Elliot, Watson, Goldman, & Greenberg, 2004) and in many other psychotherapy practices as indicated by the studies conducted by Angus and her colleagues (L. Angus, Lewin, Bouffard, & Rotondi-Trevisan, 2003).

Consistent with the three stages of the therapeutic process in narrative-based approaches, PE involves both emotion and cognition, the stages being: emotional arousal; the symbolisation or articulation of the emotion experienced (the bodily felt sense); and the process of reflection (L. Greenberg & Pascual-Leone, 2001p.166).

In The Handbook of Narrative Psychotherapy, Angus, Lewin, Bouffard and Rotondi-Trevisan (2003), describe the constructivist approach of Elliot and his colleagues, Greenberg and Rice (1993):


I identify the practice put forward in this study with process experiential psychotherapy for the following reasons:

- I see, reflected in my own approach, the same ‘faith in humanity’s innate capacities’.
- Process experiential (PE) addresses the whole person in his/her socio-political historic context, an element I see as crucial to any practice but of particular relevance to a practice intended for the use of Aboriginal people.
- The disclosure of personal stories fundamental to PE is also fundamental to the intervention that is explored in this research.
- The initial and essential ingredient of the effective therapeutic relationship common to both practices is that of trust, emphasising the significance of the

- Consistent with the work of Rogers, both approaches are client (participant) centred and emancipatory in intent. Both value collaboration, a principle Elliot and his colleagues understand is derived from humanistic values, … promoting freedom, self-determination, pluralism, and egalitarianism, which indicate that the therapist should act as a collaborator rather than as an expert and should engage the client as an active participant in therapy (Elliot, Watson, Goldman, & Greenberg, 2004 p.11).

- The purpose of both approaches is change: the discovery, recovery or enhancement of wellbeing. This involves facilitating the development of awareness, storying of experience, articulation of emotion and engagement with reflexive processes. When change occurs the result is greater self-understanding, the creation of meaning and a more flexible management of emotions.

- The primary goal of task intervention in both approaches is the heightening of client/participant engagement or emotional arousal in order to facilitate shifts in client/participant emotional processes (L. Greenberg & Angus, 2003).

- The Gestalt techniques such as ‘two-chair’ work (Perls, 1959, 1973) and the various ways in which a multiplicity of internal voices may be explored and expressed are common to both approaches.

- PE understands that active self-exploration serves to heighten experiential arousal. I see the creative process as a form of active self-exploration, a way of knowing through which we gain insight into ourselves, our lives and the world in and with which we live (1999). In both approaches active self-exploration is important to ‘experiential arousal’.

- Where my active intervention as a facilitator is invited, my forms of response are consistent in principle with PE therapy’s exploratory response style.

There are fundamental ways in which PE and my approach differ. Exploration, expression and reflection within PE are interactive and verbal, involving the consistent and active participation and engagement of the therapist. In practice therefore, PE differs from my approach to expressive arts therapy, which, being arts-based and multi-modal (including a variety of art forms), offers a wide range of active and interactive forms of self-exploration and expression. Also the approach under
investigation in this study allows for a much greater degree of autonomous inquiry on the part of the participant, particularly in the context of group work, as in Phase 1 of this study. Nevertheless, there are situations in my practice, as is particularly evident in Chapters 8, 9 and 10, when my exploratory response style is characteristic of a PE therapist. As set out by Elliot, Watson, Goldman and Greenberg (2004) responses to a client extend beyond empathetic understanding which is both reflective and affirming, to ‘empathetic exploration’, which, through questions, observations and conjecture, supports and encourages the client to articulate his or her experiencing or to explore and examine his/her account of it. There are also ‘process guiding responses’, which can be evocative and challenging. They provide suggestions for in-session activities that can be accepted or rejected according to the discernment of the client.

Process experiential psychotherapy, I conclude, has many fundamental values with which the interventions described in this study are consistent. The approach explored in this study departs more in practice than in principle from process experiential psychotherapy as does traditional expressive arts therapy, having different ways of facilitating the exploration and expression of personal narratives.

3.3.3 An expanded view of narrative

From the literature, as is discussed in the following section, it is apparent that expressive arts therapy has developed assuming and reaffirming the importance of the post-modern constructivist understandings currently held by the narrative orientated psychotherapies. The storying of experience, the role of emotion, its symbolisation and the importance of reflexivity are all central to expressive arts therapy, but it is understood within the profession that stories may be explored, articulated and shared, not only verbally, but also through music and text, movement and enactment and through the many forms of visual art – drawing, painting, photography, collage, video art and sculpture. The focus in expressive arts therapy therefore is not on the narrative itself or its construction, but on the imaginative processes that underlie the narrative. These are understood to be the creative source of meaning (S. Levine & E. Levine, 1999). Hence, while narrative based psychotherapy practices are linked through the role of the narrative in the therapy process (L. Angus & J. McLeod, 2003), expressive arts therapy practices, which have developed independently of both
narrative and other art-based therapies, are linked through the role of imagination and the creative process.

3.4 Expressive arts therapy

While there will always be a wealth of ideas, techniques and theoretical frameworks common to all the psychotherapies, expressive arts therapy has developed its own distinctive nature, its own modes of practice and particular theoretical underpinnings (S. Levine & E. Levine, 1999). It emerged in the US as a separate field of professional practice in the 1970s. (See Appendix 2 for a brief outline of its history). As understood by Halprin (2003), a significant figure in its development, expressive arts therapy arose as a separate field of practice out of the existential-humanistic movement in response to the limitations of the world shaped by aspects of Christianity, science, modern medicine and the underlying dualism of Western European thought.

Expressive arts therapy developed throughout the 1970s and 1980s as an interdisciplinary or intermodal approach (moving from one art form to another) building on, but distinct from, the various existing art therapy and specialised expressive therapy practices already in existence. Its integrating of various art forms suggests links to traditions and cultural precedents of global healing practices. Malchiodi discusses these:

Ceremonies in which an indigenous healer or Sharman might sing, dance, make images, or tell stories, recall the early roots of psychology and psychiatry (2003d p.106).

She cites ancient and traditional practices from Greek tragedy to the healing ceremonies of the Navaho people in the Southwestern United States as examples of dramatic enactments that included dance, music, sand painting, chant and storytelling, bringing people together to experience cathartic release.

Many people, and a wide variety of practices and streams of thought, have contributed to the shaping of expressive arts therapy. Since the early influences of the psychoanalytic and neo-psychoanalytic figures such as Freud, Adler, Jung, Horney and Fromm, there have been the pioneers and practitioners from each specialist expressive therapy area – dance, voice, theatre, psychodrama, poetry and music, exponents of existential-humanistic psychology, influential writers and therapists.
from the somatic body-oriented practices and significant figures from person-centred and transpersonal psychology practices. All of these and many other specialists have provided rich resources from which expressive arts therapists have drawn and continue to draw ideas and inspiration (see Appendix 2).

As the profession evolved, connections were made with contemporary philosophical developments such as hermeneutics and deconstructionism and, in particular, phenomenology (S. Levine & E. Levine, 1999). While expressive arts therapy does not have one specific defining viewpoint or a foundation established by psychology and the psychotherapies, it is possible to regard the philosophy of phenomenology as a major school of thought underpinning this approach, which is centred on lived subjective experience, emotion, imagination and meaning. Halprin writes:

\[\text{[Phenomenology] has contributed to taking psychology out of the reductionist realm of observable behaviour and external circumstances to the inward experience of feeling, imagination and meaning (2003 p. 46-47).}\]

In the field of the psychotherapies, expressive arts therapy literature is distinguished first by its interest in the phenomena of imagination, which I expand on below. There are many other concepts not commonly referred to in either the literature of art therapy or the narrative-based psychotherapies, but are common in the literature of expressive arts therapy. Examples are: ‘creativity’ (May, 1976; Moustakas, 1959) ‘soul’ (Malchiodi, 2002) and ‘soul nourishment’ (Knill, 1999), ‘wholeness and reconciliation’ (Levine, 1997), ‘spiritual awakening’ (Halprin, 2003), ‘personal mythology’ (Halprin, 2003) ‘the abyss’ (S. Levine, 1999) and ‘the awareness of death and non-being’ (Corey, 1996; S. Levine, 1999). It is apparent that expressive arts therapy seeks to address a spiritual dimension of being human, rarely articulated in the literature of other related professions.

The application of expressive arts therapy spans a wide range of settings that include one-on-one therapy, workshops, artist laboratories, schools, refugee camps, prisons, hospitals and the workplace where, as Halprin points out, ‘[i]t serves to facilitate collective creativity, communication skills, and problem solving’ (2003 p.76).

Finally, the arts are seen as the foundation of expressive arts therapy. Its philosophy, theory and praxis are articulated from a point of view that is centred in the arts; hence the creative process or art-making itself is the primary mode of inquiry. Having found the research methods of the behavioural sciences and those that have governed
research in the mental health field inadequate to meet the demands of inquiries in
their field, expressive arts therapists have in the last two decades been exploring the
possibilities of art-based inquiry, which I discuss further in Chapter 4. While there
has been the desire to establish the multimodal approach to therapy as a primary
therapy rather than an adjunctive therapy, it can be argued that the lack of quantifiable
research on the multimodal approach has set limitations on opportunities to contribute
to discourses within the wider field of the psychotherapies (Malchiodi, 2003b). But
inquiries into the creative process, the role of the imagination and the interrelationship
of the art forms are seen to be more relevant to the profession than attempts to prove
its effectiveness, integrate expressive arts therapy with any psychological principles
or to make a new or better psychotherapy (Knill, Levine, & Levine, 2005; S. Levine,
1999; McNiff, 1999).

However, there is the expectation within this field of art-based inquiry that it will in
time reveal a greater understanding of how artistic knowing is different from orthodox
scientific understanding as it develops its own innovative methods appropriate to the
unique character of art experience. Being based uncompromisingly in the arts, art-
based research has, McNiff believes, the potential to offer something new to research

All those involved in expressive arts therapy – its students and teachers, its
practitioners and its clients – share in its explorations and as Halprin states, its search
for understanding ‘of the tensions and conflicts between opposing forces in the
individual and in society’ (Halprin, 2003 p.36).

In the following section, I identify the underlying principles and assumptions that
inform the current practice of expressive arts therapy. In so doing, I demonstrate the
diversity of its resources, many of which are within the tradition of existential-
humanistic thinking tempered by the constructivist trends of the post-modern era.

3.4.2 Fundamental principles and assumptions

Expressive arts therapy is located primarily in the context of post-modern
constructivist thinking and its literature is characteristically philosophical in nature.
Having broken from the psychoanalytic tradition in its inception, expressive arts
therapy developed its own language, terms of reference and particular philosophical
concerns.
The literature in the field of expressive arts therapy is characterised by understandings that cohere around an emerging theoretical framework grounded in the phenomenological concepts of Husserl, Nietzsche, Merleau-Ponty, Heidegger and Derrida. The rejection of Cartesian dualism is expressed primarily in the holistic understanding that healing involves both physical and psychological dimensions (Halprin, 2003). Expressive arts therapy holds that neither the body nor the mind can be treated in isolation from other aspects of the human being, which, throughout the literature, may be called soul, spirit or the psyche; ‘the sphere of meaning and value’ (Knill, Levine, & Levine, 2005 p.17).

However, expressive arts therapy has evolved as a field of professional practice that is essentially eclectic. Characteristically, practitioners have been trained and continue to study in a number of diverse schools of psychology and psychotherapy and in education. Also, as is evident in the literature, each expressive arts therapy practice reflects the therapist’s own area of expertise as an artist and each practitioner is informed by his/her evolving therapy practice upon which theoretical perspectives are built (S. Levine & E. Levine, 1999) (see Appendix 2). Despite the different emphases and perspectives, many unifying themes run through the core of the expressive arts therapy literature:

- The arts have the capacity to respond to human suffering (Halprin, 1999; Knill, Barba, & Fuchs, 1995; Levine, 1997).
- The process of art making and the art itself have the potential to act as a change process.
- Aesthetics (as traditionally understood) are not the primary concern (Knill, 2005 pp.97-99). Rather the human capacity for aesthetic experience and response is seen as the essential link between art and therapy (Halprin, 2003 pp.93-95).
- Art making is a process in which we encounter ourselves (S. Levine, 1999). The various art practices offer places in which truth (not to be thought of in an absolute sense) happens, is revealed or is no longer concealed (S. Levine & E. Levine, 1999). These creative places, which are opportunities for exploration, are understood to be places of deep listening and attentiveness, witnessing and sharing where new meanings can emerge and connectedness to oneself, to others and to one’s environment can be rediscovered.
• Art making (creative expression) is at the centre of human existence and essential to our being in the world in a meaningful way (Knill, Levine, & Levine, 2005).

• Sensory expression originates in lived bodily experience (taste, touch, sound, smell, sight and kinaesthetic sense) and it is the same body that moves, listens, sees and speaks. Imagination uses every sensory modality but is itself a unified whole. Because it encompasses sounds and rhythms, movements, acts and spoken messages, imagination cannot be reduced to visual images or pictures alone (Knill, 1999 p.40):

We may sense the movement of swimming or hear a voice sing or speak words, experience the act of killing and see the beautiful visual images of a city or listen to the sound and rhythm of music. Imagination is intermodal (Knill, Barba, & Fuchs, 1995 p.25).

• The creative process, the learning process and the therapeutic process are aspects of the same process.

Many writers in this field view the imagination as the unifying foundation of expressive arts therapy, framing their practice in terms of its healing power, which is tapped through self-expression (Brederode, 1999; Knill, Barba, & Fuchs, 1995; E. Levine, 1999). It is also understood to be essential to the process of making meaning (S. Levine, 1999 p.11). It therefore deserves further attention here although a full account of the emerging theories and the philosophical concepts relating to the phenomenon of imagination are beyond the scope of this thesis.

3.4.2.1 Imagination

Steven Levine, who was initially a student of Knill, has made a significant contribution to the profession’s relatively small but growing body of literature and emerging philosophy. He presents expressive arts therapy within a general framework of the existential significance of imagination and play:

It is because the arts are rooted in the existential capacity of the imagination to transcend literal reality that they can serve to present alternative possibilities of being to us. (S. Levine, 1999 p.12).

Levine’s thinking is grounded in Heidegger’s phenomenological position (1962). They reject both the inwardness of Romanticism, in which the authentic self is thought to be found in an interior space, and the outwardness of the Enlightenment, according to which truth and authenticity must concur with an external, objective
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reality (Levine, 1997). Heidegger identified a third position that he understood freed us from the subject-object split. It was a place ‘between’, a position in which the imagination is the ‘bridge’ between self and the world, a bridge in which we have our being, in and of the world. As articulated by Levine, and consistent with the phenomenological tradition, we are not subjects detached from objects. Rather, we exist in relationship with all things, the imagination being, in Levine’s terms, ‘the medium of mental or psychological life’ (S. Levine & E. Levine, 1999), the space between. The ramifications of these understandings that underpin expressive arts therapy set it fundamentally apart from traditional psychoanalytic thinking.

In the field of psychoanalytic theory there is a renewed interest in object relations (Corey, 1996) and the related attachment theory (Bowlby, 1969; Karen, 1998) as a result of the attention neuroscience has given to the latter (Malchiodi, 2003a). Both concern the significance of the initial relationship an individual has, usually with the mother, and how the nature of that relationship or attachment shapes subsequent maturation. From the neurological perspective (see Appendix 1):

Attachment is an inborn system in the brain that evolves in ways that influence and organize motivational, emotional, and memory processes with respect to significant care-giving figures (Siegal, 1999).

In expressive arts therapy, relevant concepts related historically to attachment and object relations are those of Winnicott (1953; 1971a; 1971b). He understood the role of ‘the other’ as central to the development of the self but formulated concepts relating to object relations in ways that differed from early exponents of the psychoanalytic theory. The ‘object’ or (m)other, as Levine (1997) explains, was understood, in psychoanalytic terms, not as the real other (on the outside) but as an internal representation of the other to which drives and desires are attached. The object then was the image of what the child was attached to, indicating the significance of the early fantasy life of the child. Consistent with understandings characteristic of modernist thinking, mental representations bridge the gap between the internal subject and the external object. Departing from the established psychoanalytic position of Klein (1864), Winnicott rejected the concept of a gap between internal and external reality and so proposed a space that was neither inside nor outside but between – a transitional space. The transitional objects which appear within this space, such as a child’s cuddly toy or blanket, are described by Levine as ‘both me and not me’ neither internal nor external but serving as connectors between
both realms (Levine, 1997 p.31). They develop between the times when the child is completely merged with the mother and before he/she has gained a sense of him/herself as an individual. Levine maintains that transitional objects express the central characteristic of mental life and occupying a transitional space between inside and outside – the space where psychological experience takes place. Winnicott discovered this space through his experience of interacting with children in play rather than observing them from the outside. It is this transitional space of interaction that is of interest to Levine and others in their explorations of the realm of the imagination, the imaginative life, play and art.

Levine refers also to Winnicott’s distinction between fantasy and the imagination (Winnicott, 1971a), the latter being ‘the means by which we reach out and connect with otherness’ while the former, by contrast, ‘is a kind of daydreaming that walls a person up in his or her internal world’ (Levine, 1997 p.33):

In a certain sense we could say that the goal of therapy is to replace fantasy with imagination, to transform psychological space from an isolated, lifeless world of private obsession into a connected, vital field of play. Therapy then can be understood to be a re-vitalization of the imagination (Levine, 1997 p.33).

Levine also reflects the phenomenological position of Merleau-Ponty (1966), understanding that thought is carried within the image (1997 p.40). He refers to imagination as ‘embodied thinking’ giving us the ability to produce tangible images that have meaning for us (Levine, 1997 p.41). We cannot make meaning of our lives, Levine states, without the capacity to imagine ourselves. It follows, as he claims, that without imagination we die to ourselves (p.37). With imagination we have the capacity to be in the world in a vital and creative way, to see our authentic possibilities, and to live at one with our bodies, with others and with the world (Levine, 1997).

Knill, who has contributed substantially to the development of expressive arts therapy, stresses the sensory aspects of imagination. He states that it is not only pictures, but also sound and rhythm, movement, acts and spoken messages that are indicative of the intermodal nature of imagination (Knill, 1999). He sees imagination, play and art as a continuity and art as disciplined play in which we interact wilfully with the imagination.

Knill (1999) also understands the imagination as offering us the capacity for seeing
the possible in the actual. Other writers have elaborated on this idea. Malchiodi (2002) for example, refers back to the American philosopher John Dewey, who suggested the imagination enables us to see things ‘as if’, thereby encountering things or one’s world in different ways.

Other writers such as Hillman (1991) equated the imagination with ‘soul’ and Malchiodi, building on this, refers to imagination as ‘the soul’s palette’ (2002 p.108). For many years McNiff (1992) has seen the arts as ‘medicine for the soul’, recognising their traditional uses in rituals, ceremonies and art throughout history as it has been used to heal and transform human suffering. Both he and Levine (Levine, 1997), among many others in this field, sees emotional suffering as a sickness of the imagination stating, ‘Psychopathology results from an injury to our imaginative capacity’ (Levine, 1997 p.33).

Expressive arts therapy in these terms can thus be seen as a therapy of the imagination.

3.4.3 Expressive arts therapy in practice

Expressive arts therapy is not based on one particular technique, nor limited to a particular framework. Within its professional practices there are multiple ways of entering the arts-based process of direct experiencing and there are no fixed systems that determine the therapeutic process. It is both flexible and emergent. There are however some fundamental elements that are common to all practices within the profession.

The approach of all expressive arts therapy practitioners is characteristically multi-modal. Within each practice, the artwork that emerges may take one or more forms. Whether a story is danced or written, acted, painted or told, where the imagination is engaged there is a sense in which the story, once begun, is understood to tell itself, the dance dances itself or the painting informs the painter how it should evolve. In this way the creator opens him or herself up to the expanded field of the imagination. New possibilities can be entered into or are no longer concealed. In such a process, many inner voices or narratives find expression, an understanding inherent to a wide range of therapies within the field of post-modern psychology expressed in the concept of multiplicity of narratives that I refer to above.
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The practice of moving from one form of expression to another has given rise to a number of unique concerns that relate to expressive arts therapy practice on which theories are being developed:

- the appropriateness of a particular modality and material to a particular situation and forthcoming content
- the considerations regarding the process of transferring from one modality to another
- issues that address levels of skill and sensitivity in relation to the various art forms (Knill, Barba, & Fuchs, 1995).

To date, the body of literature on expressive arts therapy is not very extensive. Writers are supportive of the work of others and accepting of diversity. Hence, the literature has not been evocative of argument or critical discourse. As exemplified by the writers referred to above and covered further in Appendix 2, approaches to expressive arts therapy are expressed in different ways and emphases vary from practice to practice, but the literature indicates that the various approaches within the field of expressive arts therapy share the same fundamental principles and there are many aspects of the practices that are common to all.

Drawing on the work of Daria Halprin, the director of the Tamalpa Institute, I outline below the essential elements of an expressive arts therapy practice, which has informed the approach being investigated in this research project. Knill (2005) is another key figure in the field of expressive arts therapy. Although his terms of reference are peculiar to his practice, the continuities essential to expressive arts therapy, as he defines them (see Appendix 3) are in principle consistent with those implemented at Tamalpa.

3.4.3.1 Tamalpa’s life/art process in practice

Tamalpa has developed its own language and terms of reference, and teachers associated with the Institute have their own individual approaches. The Institute does however encompass not only the therapeutic practices of Knill (1988; 1999; 2005), but is also consistent with the work of McNiff (1992; 2003) and the phenomenological position of Levine (1996; Levine & Levine, 1999) and his associates.
The movement-based life/art process developed and practised by Halprin (2003) was a valuable resource for this research project. With her abiding interest in dance and ceremony, Halprin (1999), like Malchiodi (2003b) traces the roots of expressive arts therapy back to early European, Asian and African tribal practices in which dance, painting, story telling, costume and ritual unified cultures, released tensions, affirmed identity and ‘asserted a world view of the unity of all beings and nature’ (p.134).

Tamalpa’s emphasis on movement focuses attention on the holistic nature of its practice. It seeks to bring into balance the mind, the emotions or spirit and the body, recognising that health and wellbeing involve all aspects of our being human in the context of our life-worlds, our histories, our cultures and our relationships to each other and to our environment:

> There is an upsurge of global concern for the quality of life and a quest for recovering meaning on both the personal and collective levels. To live in our bodies, in our families and communities on this planet with greater awareness and sensitivity to the sanctity of life is the goal of expressive arts therapy. In order to bring this vision to life, we must begin by developing a more creative relationship with ourselves and with the issues that separate us (Halprin, 1999 p.133).

The life/art process, as both training and therapy, is experienced at Tamalpa within programs designed to assist people to discover new ways of being through developing awareness, creativity and embodied expression. Guided by the ‘maps’ and methods offered within a ‘score’ (program), participants engage in in-depth explorations of their potential and their ‘personal myths’. In so doing, according to Halprin (2003), they enter a space that is common to both art practice and therapy, one in which we ‘reconsider our “ordinary” ways of thinking, acting and being’ (p.90). Here, ‘we shine a light on all of the ways our thoughts, emotions, and life experiences restrict us’ (p.90). Through various forms of creative expression, participants have the opportunity to distance themselves from their habitual reality and explore alternatives. Halprin (2003) regards these creative spaces as places in which otherwise dangerous or anti-social attitudes can safely be explored without negative consequences.

Halprin focuses on the relationship between the three levels of awareness and response (that is, the physical, the emotional and the mental bodies), seeking to develop the expressive body as a whole in terms of what is happening: in the physical body as sensation, body posture and movement; in the emotional body as feelings; and in the mental body as images, memories and associations.
Weller, the expressive arts therapy program director at the California Institute of Integral Studies, wrote the foreword to Halprin’s book, *The Expressive Body in Life, Art and Therapy* (Halprin, 2003). It is, he states, ‘a testimony to the fact that the field of expressive arts therapy is coming of age’ (Halprin, 2003 p.9). In the past, according to Weller, criticism of this profession has been that it has lacked a well-developed theoretical base for its operations. He observes that this is changing as approaches such as that practiced by Halprin at the Tamalpa Institute are being articulated.

In later chapters, where I describe the work of the research participants, many aspects of the life/art process are revealed. The stated origins of this holistic arts-based approach, its respect for spiritual values, creative ceremony, community and environment, I maintain, commend Tamalpa and the life/art process as a valuable resource in the development of programs suited to Aboriginal people seeking to address the issues that currently relate to their social and emotional wellbeing needs and the training of service providers in this field.

Integral to the Tamalpa life/art process is a learning model, the *Halprin Five Part Process*. It was of particular significance to the program conducted within this research project and, as I argue further in Chapter 4, relevant to the principles underlying the integrated research methodology chosen for this inquiry.

### 3.4.3.2 The Halprin Five Part Process

The Halprin five part process (Halprin, 2003 pp.122-130) is a learning model introduced to clients or group participants in order that they have the freedom to make their own discoveries through a research process in which their lived experience is the subject of their inquiry. The five part process is offered in the spirit of emancipation, in order that participants exercise the freedom to take responsibility for their own explorations, their learning and their growth. As it provides a shared language and an accessible frame in which to work, it is, Halprin states, as useful to participants as it is to the therapist or teacher:

> As a learning model, the five part process helps to create an educational environment which supplies the individual with the elements she needs to become aware of, express, and organise her life experiences, to make both symbolic and actual changes which lead to growth (Halprin, 2003 p.123).

The process has evolved from a model called the ‘five stages of healing’ first used by
Anna Halprin (2003 p143) in 1972. Daria and Anna Halprin and other members of staff and graduates of Tamalpa have used this learning model within Tamalpa’s Life/Art Process since the 1970s.

Daria Halprin (2003) describes the model as ‘five separate and overlapping phases, [that] provide a way of witnessing, exploring, organising, and guiding the work’ (p.122). This learning model, which facilitates five primary phases of therapy, Halprin explains, is a model for tracking and facilitating the external expression of an internal experience of mental, emotional and physical awareness.

The five phases are:

• identify
• confront
• release
• change
• growth

Within each phase are elements of the others and they don’t necessarily always follow in this order. The model is seen as a creative resource or tool to be offered to and used by participants or clients in their own process of learning.

In my training at Tamalpa, I was introduced to this learning model. I was free to experiment with it in the context of work in a group and found that Halprin had articulated what I had developed in my own life as a way of dealing with my emotional world in times of stress and imbalance. I had also applied it in principle to my professional practices as a teacher, counsellor and therapist and find that it bears a close resemblance to a number of diverse disciplines (see Appendix 9).

In order to link the five part process with the narrative-oriented psychotherapies, I outline the Narrative Processes Model first developed by Angus, Levitt and Hardtke (1999). Then I extend the language used by Angus and McLeod (2003) to include the terms that describe the learning model (the five part process) that framed the approach put forward in this research project. The Narrative Processes Model is as follows:

• External narrative sequences: Past or recent, real or imagined events are remembered and articulated.
• Internal narrative sequences: There is a full engagement in the lived experience, bringing to awareness and articulating the tacit feelings and emotions connected with the events that are being recalled.

• Reflexive narrative sequences: This involves the reflexive analysis of articulated experiences.

In other words, for a coherent and meaningful narrative to emerge, the client identifies what has happened as the life-story is told. The facts of it and its impact are confronted as the client engages with and shares what is felt, exploring and releasing the emotional legacy of the story. A reflexive, de-centering process takes place as the client steps back from the experience and reflects on what was felt and what it means. In these ways the client engages with a distressing life story, steps back from it and then re-engages with it, incorporating new understandings that can be acted on, attitude and behaviour changes that can be tried out and changed in the ongoing process of growth.

In anticipation of Chapter 4, I draw parallels also between the five part process and the Habermas model that underpins critical social theory intrinsic to which are the processes of change:

• Theory (identify)
• Enlightenment (confront, release)
• Action (change, growth).

I elaborate on the Habermas model and give my reasons for making this comparison in Chapter 4 where I discuss the principles that inform the research methodology developed for this study.

Finally, fundamental to an engagement with the five part process is an essential willingness to become aware of and engage critically in the process of self-reflection. As conscientisation, is central to the spirit of Freire’s (1972) project for the emancipation of oppressed people, also referred to in Chapter 4, change or learning is contingent on becoming conscious in the sense of becoming aware of and willing to explore new possibilities and allow change to take place. Change is otherwise named ‘narrative transformation’ by Botella, Herrero, Pacheco and Corbella (2003), ‘reflexivity’ by Angus, Lewin, Bouffard and Rotondi-Trevisan (2003) and Fisher
The notion that the five part process is related to concepts of reflexivity also anticipates Chapter 4 in which I discuss the principles that link the subject of this project’s inquiry to the research methodology through which it has been investigated.

3.4.4 Locating the practice under investigation in this project

The expressive arts therapy applied in this research project is fundamentally an expression of who I am, what I value, my life-stance and experience. It reflects my particular interests and strengths as a person, an artist, an educator and a therapist. However, it also brings together many strands of thought and is consistent with many of the practices outlined above.

My approach is aligned with and resourced by the work that has been developed and is taught at the Tamalpa Institute, California, in particular the practices articulated by Tamalpa’s current director, Daria Halprin (2003).

The work of Knill (1999) and McNiff (1981; 1988; 1992; 2003) and the phenomenologically based concepts of Levine (2005) and other associates of the Lesley College Graduate School, Cambridge, Massachusetts, where expressive arts therapy is taught, have differing emphases but are all grounded in and expressive of the same fundamental principles. These, as outlined above, resonate with my own practice and have informed and enriched it.

As stated above, I also align my practice with process experiential psychotherapy and the work of such writers and therapists as Greenberg, Rice, Elliot, Watson, Pascual-Leone and Goldman (L. Greenberg & Pascual-Leone, 1995; L. Greenberg & Pascual-Leone, 2001; L. Greenberg, Rice, & Elliot, 1993; L. Greenberg & Watson, 1998). While process experiential psychotherapy is verbal rather than arts-based and multimodal, I share its underlying principles and many of its techniques and interventions.

The form of expressive arts therapy put forward in this project is concerned with change, empowerment and self-actualisation through the development of imagination, creativity and reflection, the growth in a capacity for awareness and authenticity, the development of skills in communication and the search for meaning and understanding, healing and wellbeing. Like all social movements with emancipatory
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intent and all forms of expressive arts therapy, this practice has developed in response to human suffering.

My approach to expressive arts therapy is itself a form of phenomenological inquiry that places value on subjective human experience. It recognises the significance of experiential learning and that there are many forms of knowledge and diverse ways of knowing.

Being inherently participant-based, my practice is grounded in significant understandings that relate to power and authority, resisting tendencies to dominate, diagnose, analyse or manipulate. I understand that out of a genuine respect for the other grows the capacity that allows others to be who they are, thereby empowering them, such that collaboration and participation become possible.

Like all the contemporary methodologies informing this study, this expressive arts therapy approach is located within the post-modern frame, sharing post-structuralist understandings concerning the importance of relationship and the role that narrative and language play in the creation of meaning and our shared reality. The individual in a social, political and historical sense is seen in the context of his/her life-world.

Aspects of the practice brought to this inquiry that are not implied by association with related practices made explicit in this chapter, become clear in the context of the work of the participants throughout the project as it is described in later chapters. Through the experience of the three core Aboriginal research participants, life is given to the experiential and multimodal approach to therapy or learning that is the subject of this inquiry.

The ways in which the participants engaged with and used expressive arts therapy to meet their own needs give the work undertaken here unique characteristics. It departed from many forms of expressive arts therapy, firstly because the participants in this study did not come to the research experience with a passion for, or expertise in, any form of art. They came, however, with a wealth of experience of working with Aboriginal people and what it means to live as an Aboriginal person in Australia, a willingness to learn and a concern for their own emotional and social wellbeing and that of their children and communities. The program evolved and changed in response to their needs, my ongoing observations of their work and the feedback they gave, offering insights, generating questions and presenting a wealth of possibilities
for further research.

In summary, the principles outlined above are based on and are consistent with holistic and whole-of-life understandings about human beings in relationship, are inclusive of non-Western knowledge, emancipatory in intent, client-centred and experiential, and are respectful of the other who is accepted unconditionally in the context of his/her social/political/historic circumstances: his or her life-world. All these principles are characteristic of the existential-humanistic tradition and are valued by Aboriginal leadership in the field of Aboriginal health (Dudgeon, Garvey, & Pickett, 2000; Westerman, 1997; Westerman & Wettinger, 1998). This has led me to argue that the expressive arts therapy approach put forward here is fundamentally sympathetic to and consistent with what is currently recommended as essential to counselling and psychology interventions to be developed for Aboriginal people as outlined earlier in this chapter and referred to in Chapter 1. I therefore see this thesis as a positive step in the direction of the development of a contemporary Aboriginal approach to an arts-based therapy.
CHAPTER 4

LOCATING THE RESEARCH

Given the condition of our times, a primary purpose of human inquiry is not so much to search for truth but to heal, and above all to heal the alienation, the split that characterizes modern experience (Reason & Bradbury, 2001b p.10 original emphasis).

I undertook this research project in recognition of ‘the condition of our times’ as outlined in Chapter 1. Healing was no less important to the research process than it was to the end product. Hence this ‘primary purpose’ set the fundamental parameters within which I was to operate. It necessitated articulating a position with a set of values that could be applied equally to all facets of this endeavour from my lifestance, described in Chapter 2, through the arts-based approach to healing introduced in Chapter 3, to the research methodology that is based on the principles of phenomenology discussed in the first section below. I argue that the position I have taken and its values are consistent with the various approaches to research that resourced this project. Throughout this chapter, I describe the ways in which they are related and how they have contributed.

A research project that examines a therapeutic intervention seen as a learning process is an inquiry into human experience. The intervention, a practice, is situated at the interface between two experiencing parties, the practitioner and the participants. There is a sense in which both parties are researchers and the subjective experience of both is of interest to the research.

The therapeutic programs experienced within this project were intended for Aboriginal people seeking change in their lives, increased freedom from unproductive patterns of behaviour and a more abiding sense of wellbeing that would enable them to make a consistent and positive contribution to their relationships within the family, their community and in the workplace. The goals of the project included initiating a search for an arts-based therapy appropriate to the emotional and social wellbeing needs of Aboriginal people.

This research project evolved into a collaborative exploration of a creative and experiential approach to healing focusing on three mature-aged Aboriginal people.
Chapter 4: Locating the Research

During the first year of the project, they were completing their Masters of Indigenous Studies at Gnibi, the College of Indigenous Australian Peoples at Southern Cross University. In the initial stage of the project these three participants were part of a larger group of Gnibi students who collaborated on developing an action research framework for an expressive arts therapy program. This led to the next stage of the project in which the approach to healing being investigated was delivered in two separate and different programs. The first, the Phase 1 program, was a series of nine full-day workshops I conducted on campus throughout one academic semester. In this phase the three Aboriginal people worked in the context of a larger group of Aboriginal and non-Aboriginal people that had formed during the initial stage. The second, Phase 2, was a series of ten, one-on-one-therapy sessions I conducted in each of the homes of the three Aboriginal participants over the following year.

Grounded in the fundamental principles of phenomenology, this project draws on four complementary qualitative methods of inquiry: Indigenous research methodology, critical action research, phenomenological research methodology and art-based research. The project became a dynamic and emergent process and research questions evolved and changed throughout the early stages of the inquiry. Ultimately the central question that emerged was:

What is the nature and impact of an expressive arts therapy approach experienced by three Aboriginal people seeking healing from the transgenerational consequences of colonisation?

This chapter outlines the fundamental phenomenological principles that underpin all aspects of the project and identifies the factors that influenced the choice of methodology. There is a discussion of the four research methods appropriate to its goals. I argue that they are compatible methodologies that have in common understandings about ways of knowing that go beyond traditional Western empiricism. They are not only consistent with my values, but also expressive of the phenomenological principles that underlie the approach to healing and change I investigated. Thus, throughout Chapters 2, 3, 4 and 5, as I identify the position I take and acknowledge the various bodies of thought that have shaped this project and on which I have drawn, the same basic principles emerge again and again.
4.1 The research challenge

The development of the research methodology for this inquiry was influenced by a number of important elements. The research needed to:

- be congruent with my world view as the researcher/practitioner and be consistent with the philosophical underpinnings of the therapeutic practice under investigation
- involve a process of collaboration with Aboriginal people
- address the issues that arise from a white person doing research that involves Aboriginal people
- access the complex phenomena of human experience
- produce conventional forms of data resulting from open-ended interviews and questionnaires
- embrace the expressive forms of movement, writing, performance and drawing
- have the flexibility to adapt to an evolving program, circumstances that may change and phenomena that would emerge as the study proceeded
- be sufficiently flexible to allow for the unexpected, given that I was not only working with people who were studying and had family commitments, but people who were working with Aboriginal communities in crisis. Consistent with action research, changes occurred as the research responded to the real-life situations as they happened throughout the life of the inquiry.

I show in the following sections how the underlying principles of the research methodology met the demands outlined above.

4.2 Underlying principles

4.2.1 Phenomenology

The origins of phenomenology predate the emergence of the research methodologies that underpinned this inquiry. It began in the late nineteenth century with the work of Husserl (1850-1938), arising from a critique of Cartesian dualism and a questioning
of modernity. Husserl opened up the world of experience as a legitimate field for philosophical inquiry.

Thinkers such as Sartre, Nietzsche, Heidegger, Merleau-Ponty and Gadamer, among many others, further developed the work of Husserl and through them and philosophers such as Derrida, phenomenology contributed substantially to the emergence of the post-modern perspective (Barnacle, 2001; Giorgi, 1997; Grosz, 1994; Langer, 1989; Levine, 2005). The language of the phenomenologists is often difficult to penetrate and an in-depth discussion of their philosophical premises would go far beyond the scope of this thesis. However there are core concepts such as ‘relationship’, ‘consciousness’, ‘meaning’ and ‘difference’ that are relevant to this inquiry, the most significant being the emphasis phenomenology places on understanding subjective experience.

4.2.1.1 Subjective experience: a legitimate area of research

The basic assumption of phenomenology is that human consciousness is a significant aspect of human behaviour and worthy of study (Lett, 2001). Based on the doctrines of Husserl, the individual’s experiential world is understood to be a legitimate area of research.

Conventional quantitative methodologies are interested in prediction and control and focus on observable facts, leaving out vast tracks of human endeavour and experience. An individual’s experiential world cannot be observed and so cannot be measured or quantified, according to the traditional ‘objective’ empirical approach. Schweitzer (1997), a phenomenological psychologist and researcher lecturing at the University of Queensland, reminds us that human phenomena cannot be discovered or described in terms of objective properties. But researchers, seeking to understand the experience of being human, have looked at empiricism in new ways that have brought the complex phenomena of consciousness into the centre of the research arena. The phenomenological stance has facilitated this shift.

In response to the demands of psychotherapies over the last fifty years, phenomenological procedures have emerged that make possible the examination of the meaning of phenomena and, more particularly, what it means to be human. Experience involving the inner being is investigated, as is the experience of persons in interaction with others: ‘persons in process, never person as object’ (Lett, 2001 p.151).
A wide range of approaches to phenomenological research has developed, some of which I discuss later in this chapter. All are based on the assumption that it is possible to attain ‘a rigorous and significant description of the every day human experience as it is lived and described by specific individuals in specific circumstances’ (Pollio, Henley, & Thompson, 1997 p.28). Phenomenological researchers seek to arrive at the best possible, least contaminated ‘living experiential understandings about human meanings as they are held in human consciousness, through a process that is consistent with its assumptions’ (p.151).

4.2.1.2 Relationship: the central concept

At the core of phenomenological thought is the recognition that relationship is the basis of existence: we exist in relationship, with the world and with others in an ‘embodied-self-world-others’ system (Giorgi, 1997 p.238).

The application of phenomenology to psychology is characterised by its preoccupation with describing the inter-subjective communal experience of the world in which we live. We are part of a whole interconnected, interdependent system. As is assumed by post-modern and in particular constructivist thinking, sense and meaning emerge by way of the person’s existence within a socio-political and historic context (Botella, 1995; Botella & Herrero, 2000; Botella, Herrero, Pacheco, & Corbella, 2003; Gergen, 1985). In phenomenological terms this is the ‘life-world’ (Levine, 2005 p.24), a term used also by Kemmis (2001pp.93-94) in the context of critical theory and emancipatory action research discussed later in this chapter.

Central to the meaning phenomenology attributes to relationship is the understanding that consciousness is always directed at an object (Giorgi, 1997). One knows about, is pleased with, or is aware of ‘something’. Subject and object are intrinsically related, and thus are not, as traditionally thought, two independent entities. Embracing this concept requires that we, especially those brought up in the Western tradition, must constantly challenge the assumptions embedded in our own thinking. This is particularly so, I argue, in terms of the multitude of binaries that shape our thought processes: the either/or thinking that privileges one entity over the other in the taken-for-granted hierarchical ordering of subject/object, observer/observed, self/other, black/white, male/female, mind/body, head/heart, reality/appearance and so on.
4.2.1.3 Consciousness: a position that can never be neutral

In phenomenology, consciousness, which is understood as the ‘totality of lived experience’ that belongs to a single person, can never be avoided (Giorgi, 1997 p.236). From a phenomenological perspective, consciousness is never neutral. The researcher, the practitioner, and the research participant, taking this into account, must always be critically aware of his or her own beliefs and attitudes, there being no place to exist outside one’s own position. According to Merleau-Ponty we always see from where we are. ‘To see is, after all, always to see from somewhere’ (Langer, 1989 p.24).

Associated with this concept of embodied consciousness, which is always directed towards the world, is the understanding that the researcher must actively strive to be aware of his/her position and in doing so, put aside all beliefs, presuppositions and preconceptions:

It involves the radical suspension of the experiencer’s views about the world and the material objects, immaterial systems, thoughts, feelings and experiences that are encountered in the experiencing human in their area of inquiry. The aim is to seek new ways of seeing and understanding a phenomenon from within and in its own terms, not through externally imposed methods (Gilroy, 2006 p.102).

Husserl, Schweitzer (1997 p.13) points out, saw this as a process of reflective thinking by which it was possible to bring to light phenomena that were previously unseen.

4.2.1.4 Meaning: more important than the so-called ‘real’ character of things

Phenomenology gives particular attention to how objects are perceived or what they mean. Husserl understood the main characteristic of consciousness to be that it presents objects to us (Giorgi, 1997). These may be ordinary things in space and time or ‘presences’ such as hallucinations, dreams, rituals, fashions, images or symbols. ‘Presences’ are as legitimate phenomena for investigation as any object popularly referred to as ‘real’. What is of significance to phenomenology is the meaning of things/phenomena to the experiencing subject and not their so-called ‘real’ character (Giorgi, 1997 pp.236-237).
4.2.1.5 Difference: making relationship possible
The work of Derrida, in the Husserl, Heidegger and Gadamer tradition, reformulated the notion of *the other*, contributing substantially to post-modern understandings of *difference* (Barnacle, 2001). This returns us to the centrality of relationship in phenomenological thinking. It is understood that the difference of the other is constitutive of what I am (Barnacle, 2001 p.8), inferring that we do not exist outside relationship. But, ‘the other is infinitely other because we never have any access to the other as such’ (Derrida, 1999 p.71 original emphasis). The separation between the ‘self’ and the ‘other’ and the difference between the two, Barnacle explains, is what makes a relationship possible. A phenomenological researcher recognises ‘the essential difference of “the other” from the self, while placing ultimate value on entering as closely as possible the life-world or meaning of the other’ (Barnacle, 2001 p.vi).

4.2.1.6 Phenomenology: an integral part of the whole project
There are many ways in which the principles of phenomenology can be demonstrated to be compatible with the values at the core of each of the methodologies discussed in the following sections. As is clear from Chapter 3 above, phenomenology contributed significantly to the development of expressive arts therapy and continues to inform its evolving theoretical discourse underpinning much of the research and practice within the profession. Therefore, I argue, it engages with the subject of the inquiry and is consistent with all aspects of the project.

4.2.2 Indigenous research methodology
4.2.2.1 Rejecting traditional Western research practices
Given the experience of colonised peoples in such countries as Australia, New Zealand and North America it is not surprising that Indigenous researchers challenge the established methodologies of Western educational institutions:

> It has been claimed that Indigenous Australians are among the most researched peoples in the world. More importantly, it is claimed that a large amount of the research that has been undertaken has been of little or no relevance or benefit to the people being studied (Gorman, Nielsen, & Best, 2006 p.28).

The primary concern of Indigenous researchers is that methodology does not perpetuate dominant Western epistemologies and values. In an Australian study, for example, Kelly and O’Faircheallaigh (2001) found that Aboriginal researchers
‘directly challenge the inherent bias in scientific western epistemologies’ (p.2 original emphasis). Smith (1999), a Maori academic from New Zealand refers to Western research as ‘white research’. She writes of past research that was worthless to the Indigenous world but absolutely useful to ‘those who wielded it as an instrument’ (p.3).

From an Indigenous perspective, white research represents an exploitative activity, bringing a specific set of values, cultural orientation and conceptualisation of time, space, subjectivity, theories of knowledge, language and structures of power to the study of Indigenous people (p.42). Within dominant cultures, government policies, education systems and approaches to academic research are constructed on assumptions about the universality of their own knowledge and ways of accumulating it. Aluli Meyer (2001) is critical of these cultural assumptions. As an Indigenous Hawaiian who has suffered their consequences, she writes, ‘I was and am a back seat passenger in this car called Education’ (2001 p.124). Meyer marvels at the fact that she, as an Indigenous person, has survived:

[I have] survived the many stories of how I think, what I know, and who I am … all told by those who are well meaning, well dressed, and well ignorant of the deeper sides of my cultural epistemology (p.124).

It is my understanding that a non-Aboriginal researcher who undertakes research involving Aboriginal people must seek insight into the nature of ‘white’ research as it is seen by Indigenous people and align themselves with the fundamental principles of Indigenous research. This is however, a complex task:

It is surely difficult to discuss research methodology and Indigenous peoples together, in the same breath, without having an analysis of imperialism, without understanding the complex ways in which the pursuit of knowledge is deeply embedded in the multiple layers of imperial and colonial practices (Smith, 1999 p.2 original emphasis).

4.2.2.2 Expanding the field of ways of knowing

Recognising the contribution ‘white research’ has made to the destruction of Aboriginal and Torres Strait Islander culture in Australia, I detail in the following section the steps I took to avoid the pitfalls into which many even well-meaning researchers have fallen. This involved familiarising myself with the requirements of the Human Research Ethics Committee at Southern Cross University and making a commitment to the principles set out in the Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (National Health & Medical...
Research Council, 2003). It also required of me that I examine my position with respect to ways of knowing. A brief discussion of this issue is followed by an outline of the research principles I adopted in accordance with those that underpin Indigenous research methodology.

Examining my approach to research against an Aboriginal concept called *dadirri*, I learned that the latter referred to a deep contemplative process of listening to one another in reciprocal relationships (M. R. Ungunmerr, 1993). I found this concept to be reminiscent of the spirit of phenomenological inquiry and therefore consistent with the principles on which I sought to construct the research methodology. Because of my own world view and therefore my position of openness to Indigenous research methodologies, this project is predicated on the understanding that there are epistemologies that go beyond orthodox, empirical and rational Western views of ways of knowing.

Indigenous peoples around the world are re-asserting their own understandings of the nature of reality and the ways by which that reality is constructed. They are developing approaches to research informed by epistemologies and ontologies inherent in their respective cultures (Foley, 2003). This is understood to be essential, because it is argued that how one knows and what knowledge is given priority over other aspects of knowing is fundamental to identity (Meyer, 2001).

Learning, according to the principles and functions of *dadirri*, as explained by Ungunmerr (1988), comes from listening and witnessing without judgement or prejudice. While *dadirri* belongs to the language of the Ngangikurungkurr people of the Daly River in the Northern Territory, it is, as a concept, understood and expressed in many ways and has its linguistic equivalent in many Aboriginal groups throughout Australia (Atkinson, 2002). That Ungunmerr appropriates *dadirri* in terms of her own Christian religious beliefs, I argue, does not need to narrow the application of the concept she articulates. She describes a contemplative process that has been an integral part of traditional Aboriginal life and remains, in her view, essential to survival and the renewal of the spirit. It is ‘about tapping into that deep spring that is within us’ (M. Ungunmerr, R., 1993 p.34) and, as a process of ‘deep listening and quiet, still awareness’ by which one may come to know and to understand, it resonates with fundamental principles of phenomenology, of action research and art-based research.
Chapter 4: Locating the Research

Atkinson (2000), in research that privileged an Aboriginal world view, argues that phenomenology complements *dadirri*. According to Foley (2003), Indigenous approaches to knowledge exemplified by *Indigenous Standpoint Theory* challenge the foundations of Western inquiry, thereby aligning them with many worldwide postmodern disciplines concerned with human experience.

Meyer’s (2001) work from the University of Hawaii has also brought into question how one knows and what is worth knowing from the perspective of a people whose identity has, until recently, been defined by an alien and colonising culture. She acknowledges that although many of her people ‘have survived the carbon monocultural poisoning of [their] back-seat schooling vehicle’ (p.125), the journey towards the understanding of a truly Indigenous epistemology is a long and demanding struggle. Her research into native Hawaiian epistemology led her to question even the meaning of the widely accepted concept of empiricism. She concludes that it is a philosophical belief because, as her studies revealed, the five senses that determine experience are themselves culturally shaped. Her thesis points to a core Hawaiian idea of embodied knowing: ‘It is knowing that is not divorced from awareness, from body, from spirit, from place’ (Meyer, 2001 p.124).

Similarly, in the context of art-based research discussed later in this chapter, Levine (1997) argues that Kant’s *Critique of Pure Reason* is based on an assumption ‘that Newtonian physics is a valid way of obtaining truth about the natural world’ (p.27). Equally justifiable, Levine suggests, is the assumption he makes about the validity of expressive arts therapy and the healing potential of artistic expression. He states that his position frees him from demonstrating the efficacy of the practice such that he can engage in inquiries that lead to a deeper understanding of ‘the conditions of its possibilities’ (p.27). This is a significant aspect of the choice I made to undertake research that engaged with understanding as befits an existential phenomenological inquiry rather than with proof as required by a traditional Western approach to the acquisition of knowledge.

Within the field of action research also, the basic assumptions associated with conventional Western views of knowing are challenged. Descriptions of extended epistemologies (Reason & Bradbury, 2001c) building on the emancipatory traditions of writers such as Habermas (1972) and Freire (1972), propose ‘relationship between self and other,’ ‘participation’ and ‘intuition’ as the starting points of a multiplicity of
ways of knowing (Reason & Bradbury, 2001b). Park (2001), another exponent of action research, proposes an epistemology appropriate to research that seeks to strengthen community and develop critical consciousness. He elaborates on ‘relational knowledge’, arguing for the significance of ‘affectivity’ as one of its components (p.84).

It is impossible within the scope of this thesis to do justice to the notion of extended epistemologies. Nevertheless, I argue that an expanded field of ways of knowing characteristic of an Indigenous world view is intrinsic to this research project: in particular to the experiential and creative processes inherent to phenomenological art-based inquiry and to the participatory approaches fundamental to action research. Such an expanded field is at the core of the arts-based therapy program undertaken by the participants and central to the interview process and the approach to the data generated throughout the research. Herein lies the foundation for my argument for the project’s integrity as a whole. I discuss this further in the following chapter and demonstrate it in Chapters 7, 8, 9 and 10.

4.2.2.3 Providing principles for research procedures

In this section, I outline the research practices and procedures that are in keeping with the spirit of Indigenous research methodologies:

Indigenous methodologies tend to approach cultural protocols, values and behaviours as an integral part of methodology. They are ‘factors’ to be built into research explicitly, to be thought about reflexively, to be declared openly as part of the research design, to be discussed as part of the final results of a study and to be disseminated back to the people in culturally appropriate ways and in a language that can be understood (Smith, 1999 p.15).

The principles discussed by Atkinson (1999 p.9) in her study of the effect of transgenerational trauma in Indigenous Australia reflect Smith’s view and incorporate both the spirit of dadirri and the Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (National Health & Medical Research Council, 2003; National Health and Medical Research Council, 2005). In summary they are as follows:

- It is important for the research to honour community.
- Aboriginal people themselves must approve the research proposal.
- The success of the research depends on assurances of confidentiality, the development of trust and the cultivation of a safe environment.
Chapter 4: Locating the Research

- Each human story is respected and valued, no matter how shameful.
- Only through the discourses of an individual can the lived experience of that individual be investigated.
- The researcher must be aware of any personal assumptions or bias and as much as possible be non-intrusive in the field observations.
- There is a responsibility to act with fidelity. The researcher must check back with participants in order to be sure that information presented in the written/published work accords with their experience.
- Responsibility also requires of the researcher that she ensure that each participant has access to support if the need arises.
- It is important the researcher be guided by the needs of the participants.
- All creative material, recordings and their transcripts are the intellectual property of those whose stories they contain and should be returned to them.
- The researcher is obliged to return to the participants the knowledge derived from the fieldwork.

Further to the above principles, the methodology and procedures chosen for a research project involving Aboriginal people must allow for the diversity of Aboriginal culture and afford individuals the freedom to define themselves. Langton (1993) reminds us that ‘Aboriginal cultures are extremely diverse and pluralistic. There is no one kind of Aboriginal person or community’ (p.11).

It was important therefore that this study and this thesis avoid as far as possible making or acting on any assumptions about Aboriginal identity. This required vigilance on my part as the researcher/practitioner in order that I remain as true as possible to my commitment to respecting difference and the critical self-reflection necessary to maintain an awareness of my whiteness and the assumptions inherent in my own thinking as stated in the concluding remarks of the previous chapter.

I have argued that in terms of its approach to inquiry, its basic principles and its fundamental consistency, this research project is respectful of the underlying principles of Indigenous research. Consistent with phenomenology, it recognises and is expressive of the interrelatedness of all aspects of the research, its procedures and context and the people involved (Kelly & O'Faircheallaigh, 2001). This claim is further substantiated when I discuss in greater detail below the methodologies that informed the research process that I developed for this project.
4.2.2.3 Preferring participatory research frameworks.

Park (2001) describes participatory research as ‘people’s research’ (p.81) and Heron and Reason refer to it as ‘co-operative inquiry’:

A way of working with other people who have similar concerns and interests to yourself, in order to: (1) understand your world, make sense of your life and develop new and creative ways of looking at things: and (2) learn how to act to change things you may want to change and find out how to do things better (Heron & Reason, 2001 p.179).

Traditionally, participatory research has been implemented as a social practice that in itself is intended to help marginalised people to attain a greater degree of autonomy (Park, 2001). Its intended outcome is some form of positive social change. Participatory models have emerged from explorations in cross-cultural contexts in which the researcher has had much to learn from the community in which he/she has sought to work.

Firstly, participatory frameworks are fundamentally humanistic and emancipatory, recognising that people have a right to participate in the production of knowledge that affects their lives (Stoeker & Bonacich, 1992). Michele Ivanitz (1998) is an anthropologist whose perspective on research has emerged from her training and her extensive fieldwork experience in collaboration with Indigenous people from many countries. In her view, participatory inquiries assume the right of research participants to be involved in the design of the research methodology and to influence the process. They are understood to be inquiries that are ‘with’ rather than ‘on’ people, involving them as active agents rather than passive subjects (Fisher, 2000; Heron & Reason, 2001; S. McNiff, 1988). In collaboration with the researcher, the community or the research participants determine what problems need to be worked on, what are the possibilities for change, what methods and procedures are to be implemented and how the outcomes of the research are to be appropriated. ‘[T]he process of doing the research is as important as the outcome’ (Ivanitz, 1998 p.12).

This quotation is an echo of the statement that opens this chapter, identifying a central concern common to both this research project and participatory frameworks.

Secondly, consistent with the basic tenets of phenomenology, the meaning of the subjective experiences of both the researcher and the participants/co-researchers is central to a participatory inquiry. This departure from the objectivity fundamental to positivist methods of conventional scientific research is based on different
epistemological perspectives (Ivanitz, 1998). They allow for the possibility of diverse ways of knowing that go beyond objective knowledge but demand of the researcher very high levels of discipline and integrity. What Reason (1993) refers to as ‘critical subjectivity’, is integral to the participatory research process (Ivanitz, 1998), to research in the field of Aboriginal psychology (Walker, McPhee, & Osborne, 2000) and indeed to all studies of human experience (Reason, 1994). It involves critical self-reflection, which I introduced in the previous chapter and further explore later in this one. The awareness of bias, individual perspectives, beliefs and attitudes are incorporated into the research process and become articulated in the representation of its outcomes as is required of all studies based on phenomenological principles.

Thirdly, both philosophically and methodologically, participatory frameworks give consideration to how researchers and participants deal with each other. Contrary to conventional social science, the relationship between the researcher and the co-researcher is not one of distance and objectivity, but a partnership in which authority is shared (Ivanitz, 1998). ‘Ideally, the researcher treats those with whom s/he works as co-researcher rather than as objects of research’ (Ivanitz, 1998 p.12).

Identifying the nature of the relationship between the researcher and the participants with respect to the location of power in the traditional Western research models that have been exploitative of Indigenous peoples led me to an exploration of the research approaches that are acceptable to Indigenous researchers today. Kelly and O’Faircheallaigh’s (2001) study revealed that Aboriginal researchers prefer participative research methods. Consistent with these findings and because of the characteristics listed above, Ivanitz (1998) argues that participatory frameworks are culturally appropriate in the Aboriginal context.

It became evident that this inquiry into the nature and impact of expressive arts therapy as experienced by three Aboriginal people should be developed within a participatory framework. Participatory research and participatory action research are terms that are used interchangeably throughout the Indigenous research literature (Ivanitz, 1998). Hence the characteristics of participatory research are revealed in greater detail as I discuss action research.
4.2.3 Action research

4.2.3.1 Introduction

Exemplifying the characteristics of a participatory framework, action research is consistent with the values that are central to Indigenous research methodologies:

Clearly, an action research methodology has considerable carriage in terms of Indigenous research as it engenders the need to establish more equal relationships between researchers and Indigenous peoples, through the transference of skills and shared control over the research process (Kelly & O'Faircheallaigh, 2001 p.3).

Accordingly, action research is a process of cooperative and collaborative exploration that through participation seeks the empowerment of the participants. There is the broad view that it involves a group of people, with shared concerns, who seek to understand an aspect of their world, make sense of their lives in some new way and learn how it may be possible to make changes (Grundy, 1993). At its best, according to Reason and Bradbury (2001a), it is ‘a process that explicitly aims to educate those involved to develop their capacity for inquiry both individually and collectively’ (p.10). Fisher (2000), who applied the concept to her research into the development of an empowering curriculum for teaching economics, identifies education and social change as having offered ‘the most fertile territory for the application of action research methodology’ (p.129). Its most useful application, according to Ivanitz (1998), is when it ‘challenges academics to look at people, processes, politics, and institutions in real world settings’ (p.8).

Action research was shaped by many streams of thought directed at improving the human condition. Its participatory spirit was initially inspired by many of the same influences that shaped expressive arts therapy. Roots common to both are found in Marxism and critical theory, each of which are characterised by a fundamental desire to free people from conditions of oppression. The philosophy of phenomenology contributed to the shaping of action research, as did the humanist psychologists who, following the work of Rogers (1951), sought to give authority back to the client. In their person-centred approaches to therapy, the emancipation of the client became a central concern. From Lewin’s social experiments in the 1940s (S. McNiff, 1988; Reason & Bradbury, 2001b) to the educational work of Freire (1970; Freire) and Habermas’s emancipatory epistemology (Habermas, 1974; Park, 2001), there prevailed a number of related concerns. These centred on questions about personal
freedom and wellbeing within a social context and ‘people’s participation in relation to institutionalised power’ (Park, 2001 p.3).

As a method of inquiry, action research owes much to Kurt Lewin’s work and its subsequent application to the practices of social democracy and organisational change (Greenwood & Levin, 1998; Reason & Bradbury, 2001a). Its basic concept was first proposed in the early 1950s by Lewin’s action research cycle of plan/act/observe/reflect (Mills, 2000). This is a self-reflective spiral that involves both ‘retrospective understanding’ and ‘prospective action’ (Fisher, 2000 p.140). It is based, as represented by McNiff (1988) on a series of cycles each of which is made up of the same basic steps.

Figure 4.2: The Action Research Cycles (J. McNiff, 1988 p.23).

According to Grundy (1993), for a project to meet the minimum requirements of action research it must take a social practice as its subject-matter and proceed through these cycles of planning, action, observation and reflection. Each interrelated part of the cycle should be implemented systematically and self-critically, actively involving the participants in a process that seeks both the improvement of the practice under study, and an ongoing widening participation in the project to include others potentially affected by the practice. This evokes the image of a stone being tossed into a large expanse of water, each ripple creating another, expanding outwards in widening circles.
4.2.3.2 Critical action research

The practices of action research are diverse (Kemmis, 2001). Grundy (1993), identifies three different modes: technical action research, practical action research and emancipatory or critical action research. There are significant differences between these three modes with respect to the personal disposition from which action comes. In the technical mode, Grundy explains, action (making) comes from an idea and is intended to create something that realises that idea. The ‘end’ will largely determine the ‘means’. Hence it has an end other than itself and through the practical skill of the participants in the research process, a practice is improved. Kemmis (2001) refers to research conducted in this mode as ‘empirical-analytic’ (p.92).

Practical action, expressed in ‘interpretive research’ (p.92) on the other hand, has an added aspect of moral consciousness in that action (doing) comes from a judgement about ‘well-doing’, and being process centred, is an end in itself (Grundy, 1993). In this mode practice is improved through the personal wisdom of the participants. This wisdom, or ‘true and reasoned’ disposition, is reached through experience, self-reflection and reasoning on the part of the professional individuals making up the group of colleagues involved in the action research program.

Emancipatory action research, the mode with which this project is in principle most closely aligned, is expressed in ‘critical action research’ because critical intent is the disposition that motivates action in this mode. To better understand critical action research, we must acknowledge the tradition of the critical social theorists and address in particular the work of Jurgen Habermas who provides a theoretical model for this approach (Fisher, 2000; Grundy, 1993; Habermas, 1974; Kemmis, 2001; Park, 2001).

4.2.3.3 Habermas’ theoretical model

Critical action research reflects the principles of critical social theory, a form of critical theory the lineage of which, in its various forms, is complex. It encompasses ways of thinking that date back to Greek debates on aesthetics and poetics and reaches forward through the influences of the Kantian theory of knowledge and neo-Marxian theory to critical theory as it was first defined by Max Horkheimer, who was associated with the Frankfurt School of critical thought during the 1930s. More recent was the contribution of literary theory that embraced semiotics, Lacanian psychoanalysis and among a number of related bodies of philosophical thought, phenomenology and hermeneutics. The lineage includes the pedagogy of Paulo
Friere and extends into the era of post-modern thinking characterised by the debates that surround such issues as post-colonialism, identity, difference, race, ethnicity, feminism and gender. The form of critical theory orientated towards social change is critical social theory. Most generally stated, it became ‘an intellectual form that puts criticism at the centre of its knowledge production’ (Leonardo, 2004 p.12).

Under the influence of Jurgen Habermas through the 1960s, critical social theory was fundamentally concerned with improving the human condition by seeking to remove the causes of alienation and domination. It has evolved within all the major social sciences: psychology, sociology, history, political science and anthropology. Its fundamental goal, according to Rigney (1997) is that of emancipation: ‘[to] free individual groups and society from conditions of domination, powerlessness and oppression, which reduce the control over their own lives’ (Rigney, 1997 p.109).

As described by Carr (Carr & Kemmis, 1986) critical social science is ‘a form of disciplined self-reflection aimed at enlightenment and improvement of the social and material conditions under which the practice takes place’ (p.145). Thus, it involves not only the practice and the practitioner but also the practice setting (Young, 2001). Traditionally it has been concerned with people whose needs have not been well served by their systems and institutions. Action based on this ideology is goal-orientated, involving consensually determined plans and strategies to change the institutions within which people feel trapped.

The theory makes the following assumptions:

- people can change their world
- reason and critique are inseparable and reflexive
- theory and practice must be interconnected
- all social knowledge is value laden (Boudreau, 1997; Habermas, 1974; Ngwenyama, Truex, & Davis, 1997; Park, 2001; Rigney, 1997).

While theorists in this field are idealistic in their approach to social reform, their values and assumptions have never been regarded as beyond question.

Critical social theorists have a highly ideological set of values or norms regarding what should happen, but these ideals and assumptions are always under critical scrutiny (Ngwenyama, Truex, & Davis, 1997).

Critical action research is primarily concerned with emancipation (Rigney, 1997) and
the work of Habermas. The latter, as described by Kemmis, has ‘an interest in emancipating people from determination by habit, custom, illusion and coercion’ (Kemmis, 2001).

Given the emancipatory intentions of critical theory, it is not surprising that it suits the Indigenous researchers’ perspective as they seek to deal with issues of domination, oppression and powerlessness related to colonisation. Hence it is one of the theories that have made a substantial contribution to the recent development of approaches to research from an Indigenous standpoint (Foley, 2003).

Habermas’ theoretical model, on which critical action research is based, offers a useful frame of reference for this research project, linking critical action research with the therapeutic/learning processes that are the subject of this research. Habermas believed that action-orientated critique should make clear distinctions between the following three functions or phases:

- Theory
- Enlightenment
- Action

*Theory*: The ‘theory’ or ‘critical theorem’ is understood as the foundation of ‘enlightenment’ (Grundy, 1993). To act reasonably or rationally we must act in accordance with ‘our knowledge of the so-called “objective world” that we approach as outside observers, the moral order that we constitute inter-subjectively and the internal subjective state that we access as personal experience’ (Park, 2001 p.84). Rationality for Habermas therefore, was broader than that which objectifies the world through technical means. It included components that relate to ‘the moral and expressive dimensions of social life’ (Park, 2001). It entailed relationship, seeing rationality as a social accomplishment and sincere communication as fundamental. As Grundy (1993) expresses this, ‘The criterion by which critical theorems are judged is authenticity’ (p.29).

Kemmis suggests that an understanding of the way in which Habermas views action that is ‘reasonable’ or ‘rational’ is gained by viewing it in the context of his theory of communicative action. This brings into focus the role of reflection and the concept of the life-world in which culture, social order and individual identity or personality are interrelated:
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Communicative action is the process by which participants test for themselves the comprehensibility, truth (in the sense of accuracy), truthfulness (sincerity), and rightness (in the sense of moral appropriateness) of the substantive context of these processes as it applies to their own situations (Kemmis, 2001 p.95).

Park (2001) is one of many within the critical social theory tradition who has elaborated on Habermas’ epistemology. Park argues however, that it does not adequately account for the place of emotion in knowing. If rationality entails relationship, as Habermas believed, we must ‘incorporate insights that restore the rightful place of affectivity in knowing’ (p.84). This position further challenges the understandings that limit knowing to the technical realm of the intellect.

Grundy (1993 p.31) elaborates on the notion of ‘critical theorem’ with reference to Polanyi’s (1962) use of the term ‘personal knowledge’. This is arrived at, as indicated also by Kemmis, through reflection: the interaction of personal wisdom and experience. In Polanyi’s terms however, this is a tacit dimension of knowing described as ‘an indwelling’. This concept is sympathetic to that of dadirri referred to in the first section of this chapter. In keeping with a phenomenological epistemology it is seen as transcending the subject-object disjunction, making in-depth understanding possible. In later chapters, as I discuss the ways in which participants researched their own lives and how I processed the research data, it becomes apparent that this concept was a dynamic and essential part of our respective research processes.

To arrive at a ‘critical theorem’, we can conclude, involves a reasoned response achieved through awareness and reflection, which has a quality of deep listening. This necessitates a willingness to look both inward and outward with integrity, as free as possible from self-deception.

Enlightenment: This is a phase in which critical theorems are applied and tested through a process of reflection within a group. Essentially it is an inter-subjective space, a space in which the ‘moral order’ is constituted. It is assumed that ‘authentic insights’ can be arrived at through a group process with the assistance of someone who facilitates open communication. For ‘enlightenment’ or ‘understanding’ to occur, it is important that communication is unimpaired by the facilitator. The appropriate form of communication within the group or between individuals is seen idealistically as symmetrical: each person involved regards the other with reciprocal
recognition. Whether or not this ideal can be fully realised is arguable. Grundy (1993) recognises that enlightenment is a difficult process requiring an ideal environment free of repression, manipulation and the misuse of power. As such an environment rarely exists, it could be argued that symmetrical communication is an ideal to be aimed for.

*Action:* Appropriate strategies are selected in the ‘action’ phase. They arise out of the previous processes and accord with the internal subjective state that is understood as personal experience. Self-reflection can produce changes in attitude, which lead to a form of praxis, action based on personal conviction and commitment arrived at in circumstances as free as possible from dominating constraints.

### 4.2.3.4 Points of divergence

One of the challenges in the development of a research methodology as outlined at the beginning of this chapter was to ensure that the methodology I chose engaged with the therapeutic practice under investigation. Phenomenological research methodology (R. Schweitzer, 1997) and Indigenous research (Kelly & O’Faircheallaigh, 2001) require this inner consistency. It is perhaps surprising therefore that I am locating an experiential and person-centred therapeutic practice within the context of critical social theory and critical action research in which processes of group consensus are directed at collective action. Seeking social change, these approaches to research are goal-orientated and directive.

Established expressive arts therapy, on the other hand, is located in a different tradition. In keeping with this tradition, the approach investigated in this project is experiential and, being participant (client) based, is non-prescriptive. Creative exploration and expression are approached without rules, goals or expectations, judgements or evaluations. Therefore the goal-oriented nature of critical action research appears, on the surface, to be in opposition to this non-directive practice. This may at first suggest a lack of coherence between the methods of inquiry brought together in this project, undermining my claim that all its aspects are interrelated.

However, I would argue that the non-directive therapeutic processes in the practice under investigation exist within a wider context in which the action is essentially goal oriented. It seeks change: personal freedom, healing, or the enhancement of wellbeing, as these are experienced and defined by each participant. As quoted at the
beginning of this chapter, ‘a primary purpose of human inquiry … is to heal’ (Reason & Bradbury, 2001a). It follows that implicit in my research question regarding the nature and impact of expressive arts therapy is the search for the processes that best facilitate the changes through which the cycles of transgenerational suffering are broken. This project could not have been undertaken without the hope that the participants would take from the experience ways of dealing with themselves that would help them in their own lives such that they would become better equipped to make positive contributions to their relationships, within their families, their communities and their places of work.

As I established in Chapter 3, expressive arts therapy is truly emancipatory in its intent. It shares the widely accepted goals within the field of critical action research: ‘to reduce entrapment in systems of domination or dependence’ (Wikipedia, 2006). In the therapeutic context, these may be recognised as self-imposed or experienced as the result of established social patterns, or they may be the direct result of current socio-political or material conditions. Whatever the cause or perceived cause, expressive arts therapy, consistent with critical action research, seeks to ‘expand the scope of autonomy and reduce the scope of domination’ (Wikipedia, 2006) and free people ‘from conditions of domination, powerlessness and oppression, which reduce the control over their own lives’ (Rigney, 1997 p.109). It is assumed that the life-world from which each individual comes seeking change and freedom from unproductive patterns of behaviour has its own history of entrapment, oppression and disempowerment. This assumption is supported by my introductory chapter, the childhood stories of the research participants told in Chapter 6 and their work as it is described and reflected on in Chapters 7, 8, 9, and 10.

Unlike conventional critical action research practice, action in the context of expressive arts therapy is not directed at social systems or institutions experienced as oppressive. But it is assumed that healthier individuals make healthier relationships and empowered individuals make constructive contributions to families and communities. When people gain insight through developing the capacity for critical self-reflection they are equipped to address the social and material conditions in which they find themselves.

Furthermore, and in keeping with the principles of action research, there is in this project the implicit expectation that through the collaboration of the participants, their
feedback and our observations and reflections based on our shared experience, my practice would change and develop in the direction of becoming more appropriate to and mindful of the needs of Aboriginal people. Action research is characteristically an exploration of the development and refinement of the researcher’s professional practice and in principle is concerned with bringing about such changes (Fisher, 2000; Johnson & Christensen, 2000; J. McNiff, 1988):

In support of the connections I am making, close scrutiny of the theoretical model on which critical action research is based reveals principles of interaction in reciprocal relationship that demand a nondirective style of facilitation. Habermas (1974) likens the role of the teacher facilitating the process of ‘enlightenment’ (defined above) to that of the psychoanalytic therapist. Accordingly Grundy (1993) emphasises the importance of allowing participants to make their own proposals or draw their own conclusions regarding their actions, which must be free of the prejudices of the facilitator. There would therefore appear to be a tension between the goal-orientated nature of critical action research and the non-directive processes it frames. This being the case, it is similar to the tension that existed between the program that in this project was directed towards healing and change and the non-directive nature of the therapeutic intervention by which that change was facilitated.

We can conclude that while critical action research in the wider context is goal orientated in that it seeks social change, action is the outcome of non-directive processes that seek understanding through group reflection that, consistent with the teaching of Freire (1972), begins with individual awareness and continues with an ongoing process of critical self-reflection.

A further issue to be considered relates to the group processes characteristic of critical action research. As it is described by Grundy (1993), the organisation of ‘enlightenment’ and the related organisation of ‘action’, are both group processes involving group deliberation. Through consensus the group develops a strategic plan of action based on the ‘enlightened idea’ that has emerged. The strategic action is brought to bear on an event or a situation in order to bring about some form of social change.

In this project the research group was not set up to collectively discover an ‘idea’ on which to base a strategic plan of action. Here the individuals, alone and in interaction
with others, were offered the opportunity to form their own ‘critical theorems’ from which, through both inner and interactive processes, understanding could emerge and personal decisions could be made regarding strategic actions appropriate to individual life-worlds. Power therefore resided with the individual and not with the group, as is the accepted practice of critical action research. Nevertheless, in keeping with the constructivist principles that underpin the therapeutic approach, the importance of interaction and the significance of the space between people in which meaning is constructed cannot be over-emphasised.

I note also that while directed toward group action and social and educational systems, critical action research is also concerned with the individual:

> It [critical action research] also has as its purpose the emancipation of participants in the action from the dictates of compulsions of tradition, precedent, habit, coercion, as well as from self-deception (Grundy, 1993 p.28).

It is evident therefore that while this project departs from critical action research in some practical ways, it is epistemologically and in principle consistent with it. This is further supported by the connections I make between the Habermasian theoretical model and the Halprin five part process learning model I introduced in Chapter 3.

### 4.2.3.5 Connections between the Habermas and Halprin models

I argue that between Habermas’s critical theoretical model on which critical action research is based and the Halprin five part process learning model, there are strong connections, shared assumptions and the same underlying principles based on shared epistemological concerns. The processes identify, confront, release, change and growth, frame the practice central to this inquiry and were used in conjunction with the various expressive art modes and the creative process throughout the expressive arts therapy program. Below, as foreshadowed in the previous chapter, I detail the connections I make between the two models.

I propose that *identify*, in the five part process, is, in essence, comparable to the phase defined by Habermas as *critical theorem*. It requires reasonableness or rationality and listening attentively to one’s self and to others. Through reflection or deep listening, alone or facilitated by another participating in the therapeutic process, one accesses one’s position, where one is, where one stands, what is authentically true for one, being willing to attend to one’s concerns, assess realistically the adequacy of one’s
attitudes and actions in terms of one’s personal wellbeing, mentally, emotionally and physically, in the context of one’s life-world.

Confront and release, I relate to the term enlightenment, as used by Habermas. They are processes in which what is identified is explored and expressed fully, externalised, articulated, put out to be seen, tried out, exaggerated, elaborated on, shared and witnessed in an interactive, inter-subjective space that invites the responses of the other(s). There is implicit in this process a willingness to let go or de-centre by putting out and stepping back, allowing understanding and new meanings to emerge.

The processes of change and growth within the five part process are in essence similar to action as described by Habermas. They are concerned with the adoption of new strategies or new scripts which are to be tested for effectiveness, put into practice and integrated into one’s life in the process of one’s moving on.

Thus, there exists a significant relationship between this model that frames the therapeutic practice under investigation and the model that informs critical action research. There is the assumption common to both expressive arts therapy and critical action research that change is possible. It begins with the heightened awareness of the individual, but does not end there. From a relational perspective the individual is located in an historical, social, political context. Thus, every change at the individual level effects change within the community.

Intrinsic to the processes of change, as viewed by critical action research, is the development of critical self-reflection or reflexivity. This was of fundamental importance to all aspects of this inquiry, giving further support to my choice of critical action research as an appropriate methodology with which to frame the research program.

4.2.3.6 Reflexivity
Reflexivity is a process that, according to the position I take, goes deeper than reflection. Fisher (2000) defines reflection as ‘a turning inwards, naming and identifying values, beliefs, assumptions that one holds and lives by’ (p.330). She describes critical reflection in an educational context as difficult, time consuming and emotionally demanding. It ‘requires students to connect their assumptions with wider sociological processes’ (p.330). Writing from the perspective of research in the field of Aboriginal mental health, Walker, McPhee and Osborne (2000 p.312) describe
critical reflection as a powerful tool for producing new knowledge and processes, contributing to improving fundamental social justice outcomes for Indigenous people.

Reflexivity, however, as Fisher describes it and as I use it throughout this thesis, takes critical reflection further in that it engages students in the constructivist, post-modern understanding that meaning is constructed in a social, historical and relational context. In Fisher’s words, ‘reflexivity suggests a capacity to recognise one’s own position as a construction, appreciating its contingent and shifting quality’ (Fisher, 2000 p.330).

Also, in the context of the constructivist approaches to narrative therapy (Botella & Herrero, 2000; L. Greenberg & Pascual-Leone, 1995) and process experiential psychotherapy (McAdams & Janis, 2003), the concept of reflexivity is seen as an essential component in the process of making and maintaining meaning and constructing a sense of self in the world:

The goal of productive therapy involves the reflexive analysis of articulated experiences, which often leads to the construction of new meanings and perspectives on situations and can result in a reconstructed narrative (L. Angus, Lewin, Bouffard, & Rotondi-Trevisan, 2003 p.92).

It is apparent from the literature that reflexivity is at the heart of critical action research. It is also central to the expressive arts therapy approach explored in this project as outlined in Chapter 3, to the learning model with which it was framed and, as becomes apparent in Chapter 5, to the procedures followed as the research data was processed. It emerged therefore as a core issue linking methodology with the practice under investigation.

On its own however, critical action research was not sufficient to encompass all aspects of the research project as it developed. The data generated by the interviews, the workshops and individual therapy sessions and the creative processes at the core of the therapeutic intervention required, in practice, other methodological considerations. I found that various forms of phenomenological research were appropriate to these considerations. Hence, in the following section I outline the fundamental requirements for a methodology to be regarded as phenomenological and refer to studies that provided useful methodological models.

### 4.2.4 Phenomenological research methodology

Fundamentally, phenomenology is a research paradigm (Lett, 2001). While there are varied definitions and diverse conceptions of what phenomenological inquiry might
be, there is an expanse of common ground that is shared by the many variations.

The fundamental assumption of phenomenological research methodology is, '[M]eaning is the essence of phenomena and derived from the data of experience’ (Schweitzer, 1997 p.16). That subjective experience is a legitimate area of inquiry is a given and ‘the realm of meaningful experience’ is understood to be ‘the fundamental locus of knowledge’ (Lett, 2001p.7).

Essential to implementing a phenomenological approach is the understanding that research based on its principles is not concerned with explaining but with understanding and this is expressed in all aspects of the research process. Among the different approaches there is in common an open receptivity towards phenomena that allows for possibilities to emerge and procedures to respond to real life situations as they present themselves (Barnacle, 2001 p.4). Phenomenological inquiry tends to refrain from projecting a structure on to things in advance. Thus, research does not begin with a theoretical presupposition but investigates the nature of experience as it appears (Knill, Levine, & Levine, 2005) and in the language of its situation rather than in a ‘neutral scientific language’ (Schweitzer, 1997 p.17).

In his discussion of phenomenological research methods, Lett (2001) also emphasises the flexibility of this research paradigm. The problem being studied dictates the method of inquiry and this may change as the inquiry unfolds. He states:

Methodology then has as its main concern, the multiple ways of entering the process of direct experiencing likely to increase the process of understanding that experience and gaining the least contaminated representation of its meanings (p.152).

The many forms of phenomenological inquiry into human experience also have in common the view that research is a collaboration between the researcher and the participant. The value of phenomenological research into human experience is dependent on the quality of the relationship established between the parties involved (R. Schweitzer, 1997). In the search for understanding, the phenomenological researcher seeks the data of experience, the expression or sharing of which is at the discretion of the experiencer. The importance of respect for authorship, ownership, difference and the life-world of ‘the other’ are central to such an enterprise. This emphasis on trust, built on mutual respect, is shared by Indigenous research methodology, participatory approaches to research, art-based research and all
phenomenological research that takes the experience of human subjects as its object of inquiry.

For the purposes of this inquiry, it is important to note the minimal requirements for a methodology to qualify as phenomenological. The basic criteria are set out by Giorgi (1997) whose work is located within the Duquesne school of phenomenological research. Based on the methodology initially proposed by Husserl, Giorgi describes three interlocking steps, which are taken in order to produce a clear and precise description of the meaning of experience. It is acknowledged that this research process is both difficult and complex because ‘the contents of consciousness’ are a dynamic form of activity and cannot be held still in order to be observed (Lett, 2001 p.152).

Giorgi’s three steps are as follows:

- **The phenomenological reduction.** This implies first that nothing is taken for granted and the researcher in concrete research situations must, through reflective thinking, become aware of and consciously put aside, or ‘bracket’ past knowledge and assumptions about the phenomena in question. This is to ensure that in the search for understanding of lived-experience, the latter can present itself afresh, as free as possible from beliefs, presuppositions or preconceptions. With this approach the researcher gathers naïve descriptions of experience.

- **Description.** What is given must be articulated as it is given – in a way that communicates without explanation, construction or interpretation. As Giorgi explains, ‘[description] means to give linguistic expression to the object of any given act precisely as it appears within that act’ (Giorgi, 1997 p.241). It is inappropriate to explain or analyse data, it being understood that a subject’s experience belongs to the experiencing subject who retains a position of authority with respect to the lived experience and its meaning for him or her. It is assumed therefore that descriptions of experience are not objective accounts of what took place.

- **Search for essences.** The researcher is required to respond to the data in such a way that it is possible to grasp its constituent elements. As explained by Schweitzer, (1997), the results of phenomenological analyses are intended to
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present the most invariant or fundamental meaning for a context expressed in a clear and accurate description of the subject of experience. According to Giorgi, ‘description’ is followed by ‘transformation’. This involves both ‘reflection’, a more cognitive process, and ‘imaginative variation’ by which the researcher experiments with pushing the boundaries of meaning to all possible limits in order to intuitively establish the fundamental meaning. ‘It is the articulation, based on intuition, of a fundamental meaning without which a phenomenon could not present itself as it is’ (Giorgi, 1997 p.242).

In this reductive process the researcher moves from a ‘naïve description to structural description, or thematisation’ (Lett, 2001 p.154) bringing the description back, as Lett (p157) explains it, to what seems essential.

Meeting the challenge of congruence between all aspects of this research project, I related, in the previous section the Habermas critical theoretical model and the Halprin five part process learning model. Here, I draw parallels between the latter and the basic steps of phenomenological research outlined above. It is important to note that while both the Halprin and the Habermas models are research processes, the five part process is, in addition, a therapeutic model that in appropriate circumstances operates in ways that facilitate and encompass salient emotional processes related to the data of lived experience. Nevertheless, I argue that the two models are in essence congruent.

- The phenomenological reduction (identify, confront)
- Description (confront, release)
- Search for essences (change, growth).

The reduction step, I relate to both identify and confront, because all emphasise the significance of becoming aware, of putting aside assumptions and habitual ways of looking and allowing lived experience to present itself in new or different forms. This step requires careful looking and deep listening with integrity and the willingness to be authentic in the process of gathering descriptions of experience.

I propose that description is a step that relates to confront and release. The latter has a particular significance in the therapeutic context but both confront and release in the Halprin model involve articulating what is, as it is, without explaining, interpreting or analysing as required by the description step in Giorgi’s terms.
Finally, the process of reflexivity is fundamental to both the search for essences and change. As Giorgi (1997) suggests, description is followed by ‘transformation’, as in the processes of ‘reflection’ and ‘imaginative variation’, new possibilities emerge with the potential for new understandings and, in Halprin’s terms, growth.

While all phenomenological inquiry in essence employs the steps outlined above, there are various methodological approaches. Some, such as the Duquesne school referred to above, seek to base their research on empirical investigations. In Giorgi’s constructs of human experiencing, the researcher seeks a scientific description and qualitative analysis of the interaction between consciousness and the objects of consciousness. Such research arrives at ‘an abstraction of experiences into meaning which is ultimately the researcher’s own’ (p.9). Lett (2001) and others identify this category of research as ‘descriptive phenomenology’ (Welch, 2001 p.61).

In some categories of phenomenological inquiry researchers do not study a designated construct. Establishing their own parameters they explore personal consciousness through interaction with participants. Meanings in the life of a person are sought through forms of re-experiencing and reflective self-observations - processes that can be seen as common to research, therapy and learning:

The meanings, whilst arrived at interactively, are not the researcher’s meanings only, nor the study of a designated construct, nor the result of a researcher intruding an explanatory theory from another source; it is not a process awaiting completion by a hermeneutic analysis (Lett, 2001 p.10).

The most open-ended form of phenomenological research is a reflective form of heuristic inquiry first introduced by Moustakas (1961) in his study of loneliness. A number of other early studies contributed to the literature on this form of reflective phenomenological research. (Gendlin, 1978; Moustakas, 1981; D. Price & Barrell, 1980; Strasser, 1977). By definition ‘heuristic’ implies a process in which persons are encouraged to discover solutions for themselves. Lett describes this approach to research as ‘a search for a pattern and meaning by immersion and indwelling, yielding a narrative portrayal’ (Lett, 2001 p.211). As exemplified by McNiff (1989; , 1992) art-based research, discussed in the following section, has much in common with this approach.

Examples of a range of studies may serve to demonstrate the nature and diversity of inquiries that, comparable to the approach I have taken in this project, are open-ended forms of phenomenological research.
Welch (2001) who studied the experience of men living with depression is a recent example of research in this tradition. He implemented a research methodology identified by Barnacle (2001) as ‘existential phenomenology’. In this work Welch regarded his participants as ‘co-researchers’ and experts of their lived worlds. Given the willingness of the men involved, access to their worlds was achieved through listening in a process of shared dialogue. The subsequent process of analysis of his research data, in the form of transcripts of these dialogues, Welch sees as an attempt to understand and gain insights through immersion and reflection: a process Welch calls ‘attentive attunement’ (Welch, 2001 p.68). Articulating these insights, he sought to give voice to the shared world of the participants through modes of communication that went beyond written text including art, music, photography and poetry, in a way that Lather (1991 cited in Brearley 2001) describes as vivifying rather than proving. In this existential phenomenological approach the researcher intends that the data have their own life.

Similarly, Brearley (2001) conducted a study in which she explored the experience of middle and senior managers undergoing transition in organisational life. Her original data included drawings and stories created by the managers. She states:

At the heart of my work was the intention to be true to the managers’ data, to invite engagement with material and to enrich our understanding of the experience of transition (Brearley, 2001 p.75).

Brearley was determined to maintain a rigorous approach throughout her research but did not want ‘to reduce the rich data to thematic descriptions that lacked soul or emotional substance’ (p.75). Her expectation was that everyone who engaged with her representations of the outcomes of her research would in turn make meaning of the data and in the words of Jipson and Paley (1997 cited in Brearley 2001 p.79) ‘breathe new life into the texts’.

Regardless of the particular stance taken, the phenomenological researcher/practitioner, in response to participants in a study, allows individuals the space and right to define themselves and their own life-worlds and accords them sole authorship of their own story and what it means. Entering the experience of others requires suspending traditional detached knowledge of the other in order to hear them as they are, rather than as the listener thinks of them. This approach to the other is reminiscent of that spoken of by Ungumerr (1993) explaining the Aboriginal principle of dadirri. Many theorists, as Lett (2001) points out, have sought to identify

Within phenomenological research literature, I argue, there are numerous models of inquiry well suited in principle to a search for an understanding of the experience of participants, as they engage with creative and experiential processes of an art-based therapy. In practice however each inquiry must set its own parameters, there being, as I note above, the imperative to marry the methodology with the aims of the study and its subject matter (Schweitzer, 1997).

Intrinsic to the expressive arts therapy approach in this project is an experiential and creative process that is in itself a mode of inquiry that requires further elucidation. As a research methodology it is consistent with the existential phenomenology paradigm, in that individuals explore undesignated, emergent personal life meanings. Because that process involved various forms of art, the methodology I adopted for this project is also consistent with an experiential and creative process understood as art-based research.

4.2.5 Art-based research

In 1995 Knill, Barba and Fuchs wrote, ‘We acknowledge the dearth of research in the field of expressive therapy’ (1988 p.155). The need for appropriate ways to research art-based therapies was apparent at that time, but appropriate methodologies were slow to develop because of the universal assumption that behavioural science research methods were the only appropriate tools of inquiry (McNiff, 1999). However, art-based research practices have emerged as it has become accepted that research and objective scientific investigation are not synonymous.

The work of McNiff (1981; 1988; 1989; 1992; 1998; 1999), the most notable figure in the literature on art-based research, attests to the work that has been done in the creative or expressive therapies to establish a research methodology consistent with its post-modern approach and its deconstruction of orthodoxy. Consistent with the social sciences and the humanities, there is now, among art-based researchers, a
resistance to any notion that their profession should demonstrate its efficacy ‘according to “acceptable” research standards’ (McNiff, 1999 p.67) dictated by any other profession. In maintaining this position, McNiff is not proposing an isolationist approach. Rather he aspires to ‘a more comprehensive vision of research’:

I do not want to negate the value of scientific methods. I actually believe that scientifically oriented inquiries will be revitalized if we can create a more diverse research environment (McNiff, 1999 p.67).

Art-based research is essentially phenomenological and informed by an approach to art that has been influenced by the work of Heidegger. Levine (1999), writing within this tradition, states that art making is a process by which one may uncover or reveal. With reference to *The Origin of the Work of Art* (Heidegger, 1975), Levine writes of art as a place where ‘truth’ happens, not as a project of the will but one of allowing something to come into being – to reveal itself. ‘Truth’ here is not used in a metaphysical sense or with a capital ‘T’. Rather, a work of art, seen as a thing in itself, reveals what is. According to Heidegger, ‘Art,’ in a primordial way, ‘is the place in which beings come to show themselves as what they are’ (Warja, 1999 p.29).

McNiff, writing in this phenomenological tradition, has come to resist labelling his way of viewing research. He sees art-based research as ‘simply defined by its use of the arts as objects of inquiry as well as modes of investigation’ (McNiff, 1998 p.15). While creative inquiry may include ‘carefully calculated studies,’ McNiff suggests that its distinguishing feature is its capacity to embrace the unknown (p.16). I include myself among the many artists who discover through their own art practice that ‘[i]mages and processes of artistic creation are always at least one step ahead of the reflecting mind’ (p.27).

The search for new knowledge, as McNiff (1998) states, has led researchers along different paths. Therapists as researchers may use themselves as subjects as exemplified by the work of many of McNiff’s students (McNiff, 1999) and his own early explorations of himself through his life story art works (McNiff, 1989).

Researcher/practitioner inquiries are becoming common in art-based research as practitioners seek to improve their practices and through experience develop their theoretical bases. As I point out in Chapter 2, this type of inquiry has in recent years become a common and accepted practice in areas of the humanities and social science. These approaches to research may not conform to traditional forms of
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inquiry, but researcher/practitioner inquiries and the various innovative approaches to art-based research can nevertheless exemplify the desirable qualities of discipline, integrity and rigor (Welch, 2001). The earliest examples of recorded art-based inquiry date back to the 1970s (Allen, 1995; McNiff, 1977; Moon, 1990/1995, 1994, 1995; Politsky, 1995), but, according to McNiff (1998), Politsky’s article in *Arts in Psychotherapy* in 1995 ‘marked the arrival of personal artistic inquiry’ (p.74) in an international journal.

Lett (2001) writes of forms of inquiry he calls ‘Self as Therapist’ and ‘Self-Knowing Inquiry’ which he sees as well suited to multi-modal (music, performance, writing or visual art) forms of exploration. His work with three trained therapists investigating personal meanings of their own lived experience using multi-modal ways of inquiry into knowing is an example of art-based research (Lett, 2001).

Comparing the professional status of Lett’s research participants with the research group participating in the study that is the subject of this thesis served to clarify what data could realistically be expected to emerge from a participatory inquiry into the nature of an experiential learning process. Unlike Lett’s study, the participants in this project were not professionals in the field of an experiential or arts-based therapy, but were participants in a process that required their learning to reflect on their own experience. This comparison then brings into focus the distinction that emerged between the role of the researcher/participants researching their own lives and my role as researcher/practitioner concurrently researching a practice. Nevertheless, while the roles differed in practice, as becomes apparent in later chapters, their underlying principles are the same.

From an art-based research perspective in keeping with the principles of phenomenological inquiry, all forms of creative expression are approached with a sincere effort to set aside preconceptions and assumptions in order to be open to what is given as it is given. This principle applies to the individual researching his or her own experience and to a participant in an expressive arts therapy group responding to the work of another group member. It applies equally to the researcher/practitioner responding to the creative expression of each participant in a group or in a one-on-one session or to research data gleaned from such contexts. Brearley (2001) points out that the fundamental structures underlying the experience of a person are searched for through empathetic listening, watching and engaging with the experience of the other
in whatever form that is presented, recalling again the ‘deep listening’ of dadirri and all its correlates noted above. In both therapeutic and research contexts, expressive material is offered up to be shared, experienced and responded to but not to be analysed or explained.

Research in the field of art-based inquiry contributes to the diversity of forms of knowledge and ways of knowing that have been discussed in the literature concerned with Indigenous epistemologies and Aboriginal research e.g. (de Quincey, 2005; Foley, 2003; Meyer, 2001; Smith, 1999; Walker, McPhee, & Osborne, 2000) and in feminist social theory and participatory research literature e.g. (Belenky, Clinchy, Goldberg, & Tarule, 1986; Bigwood, 1993; Bradbury & Liechtenstein, 2000; Habermas, 1972; Park, 2001; Reason & Bradbury, 2001b) among many others. McNiff (1999) refers to ‘artistic knowing’ as distinct from intellectual knowing and states, ‘This distinction is the basis of its creative value, therapeutic power and future significance for research’ (p.82).

4.3 Summary of the principles fundamental to the methodologies that informed this research project

In essence, applying the principles fundamental to the methodologies outlined above required that the research:

- engage the collaboration of a group of people in which relationships are built on trust, equality, respect for difference and shared responsibility
- exemplify ways of knowing that go beyond the orthodox Western scientific view
- be framed by the Lewinian self-reflective plan/act/observe/reflect cycle that exemplifies the experiential nature of learning, locating practice at the centre of the research project and allowing theory/understanding to emerge from practice based on a continuous process of action and reflection
- keep the wellbeing of the participants as the central aim of the research program
- seek understanding rather than explanation of subjective, lived experience, which is accepted as a legitimate area of inquiry
Chapter 4: Locating the Research

- involve processes that encourage and develop a quality of deep listening
- require of everyone involved, including the researcher/practitioner, a willingness to listen empathetically to others, communicate authentically and be open to change and the emergence of new values, participating in activities intended to develop awareness, and the capacity for reflection, critical self-reflection and ultimately reflexivity
- embrace the tension between a goal oriented approach that seeks change, (healing or increased wellbeing for the participants and the improvement of both practice and practitioner in a search for an expressive arts therapy appropriate to the emotional and social wellbeing needs of Aboriginal people), and the non-directive nature of a practice investigated by research methodologies that seek to approach all forms of data as free from presuppositions, biases and beliefs as possible
- be guided by what is being studied and be interrelated in all its aspects; its procedures, its context and the people involved.

4.3.1 Concluding remarks

I argue throughout that principles of phenomenology are sympathetic to the methodologies that resourced this project, the most crucial assumption being that the individual’s experiential world is a legitimate area of research. Indigenous research, action research, phenomenological research methodology and art-based research share the principles of participatory inquiry emphasising the importance of relationship in collaborative procedures that ensure research is conducted ‘with’ not ‘on’ participants. Consistent with the approach to healing under investigation, the research methodologies are located within the frame of post-modern, constructivist thinking. We are seen as people in the context of our life-worlds where meaning is constructed between us in our social-historical-political contexts.

In the following chapter I demonstrate how the principles outlined above were put into practice through the research design and its procedures. I give support to the claim that critical self-reflection and reflexivity were essential at all levels of this inquiry and formed a vital link between the research methodology and the practice being investigated. It was essential to the participants’ individual search for meaning
in their own lives and to me as the practitioner facilitating this process. It was essential also for me as the researcher dealing with the research data and to the action research framework within which I, as the researcher in collaboration with the participants as co-researchers, sought a deeper understanding of a therapeutic process through the lived experience of everyone who participated. I endeavored to do this while keeping in sight my commitment to healing and wellbeing, the primary purpose of human inquiry.
CHAPTER 5

LOCATING THE RESEARCH METHODOLOGY

Having established the principles on which this research project is based, I demonstrate in this chapter the ways in which I applied these principles to the research design, the expressive arts therapy program and to the processes involved in the collection and processing of data.

5.1 The research design: Applying the principles of the research methodology

Figures 5.1 and 5.2 provide a comprehensive view of the whole research process. For the purpose of further clarification, the terms I use to describe the research project are set out in the following table:

<table>
<thead>
<tr>
<th>RESEARCH PROJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIRST STAGE: Project Development</strong></td>
</tr>
<tr>
<td>• Finding a research community</td>
</tr>
<tr>
<td>• Group discussion meetings with prospective participants and developing a research framework</td>
</tr>
<tr>
<td>• Forming the research group</td>
</tr>
<tr>
<td><strong>SECOND STAGE: Research Program</strong></td>
</tr>
<tr>
<td><strong>Phase 1:</strong> Group workshops</td>
</tr>
<tr>
<td>Includes initial and second interviews with all participants</td>
</tr>
<tr>
<td><strong>Phase 2:</strong> Individual therapy sessions with core participants</td>
</tr>
<tr>
<td>Includes third and final interviews</td>
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<tr>
<td><strong>Data</strong> was collected from Phases 1 and 2 of the research program</td>
</tr>
<tr>
<td><strong>THIRD STAGE: Reflection and Writing</strong></td>
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</tbody>
</table>
Figure 5.1: Action Research Phase 1
Chapter 5: Locating the Research Methodology

As is indicated in Figures 5.1 and 5.2, the research data included verbal and non-verbal material and were drawn from a number of activities. I discuss these activities in detail later in the chapter and introduce them below:

- **The interviews:** There was an initial, a second, a third and a final interview with all members of the research group. I conducted open-ended interviews at the beginning and end of Phases 1 and 2 of the program. In the initial interview, participants shared their personal stories in terms of what they understood had been the most influential people and events shaping their lives. They also responded to a brief interview protocol adapted from the Narrative Assessment Interview (NAI) developed by Hardtke and Angus (2003) (see Appendix 10). The second and final interviews included a review of the NAI and the participants’ reflections on the expressive arts therapy program, and its relevance to Aboriginal people. All the interviews were recorded and the recordings were transcribed in full.

- **The group workshops:** Questionnaires on wellbeing and trust (see Appendices 4 and 5), the workshop programs (scores), workshop evaluation forms (see Appendix 6) and my reports were documented.

- **The individual sessions:** The sessions were recorded and the material transcribed.

- **Creative expression:** The initial and final self-portraits, the drawings, texts and the reports of movement and performances from both Phase 1 and Phase 2 were documented.

It is apparent from Chapter 4 that this research project is an inquiry that operates on several levels and was resourced by a number of streams of related thought, all of which are consistent with the basic concepts of phenomenology. The principles common to Indigenous research, critical action research, phenomenological research methodology and art-based research, as discussed in the previous chapter, informed me as I designed the project and determined the nature of the project’s procedures. Action research provided a model with which I framed the research programs. As I gleaned data from the interviews, the research workshops and individual sessions and developed meaningful ways with which to deal with the material, I was guided in particular by both existential phenomenological research and art-based research.
Chapter 5: Locating the Research Methodology

This project was not a study of a designated construct of human experiencing but an inquiry into the lived experience of an expressive arts therapy program. Meanings in the lives of the research participants were sought through forms of re-experiencing and reflexivity that engaged both imaginative and cognitive processes. Unlike descriptive phenomenology, meanings were arrived at interactively, not by the researcher alone. While I, as practitioner, engaged with the participants and they with each other and with their artwork, meanings were essentially those of the participants as researchers of their own lived experience.

As researcher, I reflected on my work, the work of the participants and their accounts of their experience. In later chapters I re-present their work with my observations and reflections, but an important parameter that I set determined that the ultimate voices of authority were those of the participants.

Finally it is understood that there is a level at which the data arising from this project have their own life and can be experienced and understood in new ways as others engage with them through reading this thesis.

It must be recognised that this study criss-crosses the numerous lines of demarcation drawn by researchers and theorists establishing the lineage of their particular approach. I take the position stated by van Manen:

Making something of a text or of lived experience by interpreting its meaning is more accurately a process of insightful invention, discovery, or disclosure – grasping and formulating an understanding is not a rule-bound process but a free act of ‘seeing’ meaning (Van Manen, 1990 p.79).

Hence, the procedures and actions described below are expressive of my sense of freedom to create a research project responsive to a real life situation, to be informed by others, but to dare to proceed experientially and, in keeping with the history of my own educational process, to learn by doing. Nevertheless the research is grounded in my commitment to the principles outlined in Chapter 4, to rigour, to authenticity and, most importantly, to the wellbeing of the participants. The project unfolded as described below.

5.1.1 Finding a research community

The research project began with a search for a community of people who shared my interest in forming a self-reflective group that could together explore an arts-based approach to healing appropriate to the wellbeing needs of Aboriginal people. Under
the direction of Prof. Judy Atkinson, the teaching program at Gnibi included units on trauma, healing and wellbeing. They were based on her research and practice, the outcomes of which posed questions about the place of the arts in the healing process, suggesting the need for research in this area (Atkinson, 2000 p.7). Also, there were a number of students at Gnibi who were very interested in finding a career path in which they could bring together their creative interests and their commitment to be of service to Aboriginal people in a professional capacity. For their personal and professional development and for their families and the wider community, they wanted to collaborate in a project that was concerned with the wellbeing of Aboriginal people. Their interest contributed to my decision to initiate this study at Gnibi, the College of Indigenous Australian Peoples at Southern Cross University, which for the reasons outlined above, seemed to offer the community needed for such a participatory research project.

5.1.2 Project development: Collaboration and the building of trust

A project development period followed during which I sought out appropriate participants. The research design evolved in this period in response to the real situation as it changed and took shape within the life of the College. With the support of Gnibi, I invited the students of Indigenous Studies to participate in a series of expressive arts therapy workshops that I would conduct on campus over the period of one academic semester. I did not elect the people who were to participate. Rather, I offered the students in the College the opportunity and some, who shared my interests, responded. So the group was in fact self-selecting. Because I had been invited the previous year to conduct a two-day introductory expressive arts therapy workshop for the students in the Masters of Indigenous Studies, the Aboriginal people who became participants in the project were mostly from this group and were consequently aware of my approach and the reasons for my engaging in this work. Other participants, both Aboriginal and non-Aboriginal, came from other courses within Gnibi, as well as from the fine arts and education departments within the University.

Every aspect of this project was dependent on collaboration and the building of trust with the participants. During the project development stage, prospective participants and I attended meetings in which we made decisions regarding times and dates. We
discussed procedures and interventions, issues to do with commitment, confidentiality and ownership and worked on the contents of the letter of informed consent required by the University’s Human Research Ethics Committee. We also discussed a proposed workshop evaluation format and developed questionnaires for evaluating change.

It was agreed that changes in feelings of trust and of wellbeing were the two major experiences that would reflect positive changes if they were to occur as a result of a therapeutic intervention. We discussed questionnaires and I thought about measurement at length, aware that previously validated questionnaires on trust and on the effectiveness of treatment were available but had not been developed for use with Aboriginal people (Westerman, 1998). The Department of Maori Studies at Massey University in New Zealand has done extensive research into measuring Maori mental health outcomes consistent with a Maori model of health. They have addressed the issue of culturally appropriate approaches to assessing change as a result of clinical intervention through a triangulated framework that records responses from patient, family member and clinician (Durie & Kingi, 1997). A comparable measure is not available in Australia. The first psychological instrument developed for use with Aboriginal Australians is a self-report measure for identifying young people at risk of depression and suicidal behaviours. Westerman (1998), who developed this Aboriginal Symptom Check-list, is currently working on a second measure for Aboriginal adults. However I did not see the participants in this project at Southern Cross University as clients or patients. They were to be co-researchers involved in the co-creation of new understandings based on their and my experience. In keeping with the participatory principles of the research methodology, it was important that the participants have agency in the research process from the beginning, so we chose to develop sets of questions together (see Appendices 4 and 5). The exercise in itself encouraged critical reflection from the earliest stage of the project.

It was intended that these questionnaires be responded to during the first workshop, to raise awareness of trust and wellbeing and responded to again at the end of the last workshop. They were to provide material on which the participants could reflect as they assessed the impact the program had had on them in preparation for both their second and final interviews. We hoped the results would give the participants some indication of change for their own reference. At the time the questionnaires were
developed it was not possible to predict how effective or useful they would prove to be. They were subjective measures that made no pretence of being ‘objective’ indicators of change. There was no built-in way of knowing if the questions adequately addressed the intended phenomena. It was likely that the results would reflect the mood of a participant on a particular day. They could be influenced by the desire to please, or impress with indications of improvement. Results might also reflect flaws in the questions. However, we did expect that the questionnaires would help raise awareness, bring focus to the process of reflection and that the results, as data, would make a small contribution to the overall picture of the participants’ experience of the workshop program and its impact on their lives.

The initial open-ended interviews, which are discussed in more detail later in this chapter, built on the relationships that had begun to form in the early meetings. Trust developed as each individual had the opportunity to share his or her story with me as the interviewer. It was crucial that from the beginning the participants developed a sense of trust in me and, as the workshop series began, in each other member of the group. As becomes evident later in this chapter and in Chapter 7, time and careful attention was given to building the group early in the program so that together we could create a safe environment in which stories could be shared and people could find the courage to view their lives honestly and communicate with sincerity. It was also important that the program foster empathetic listening, respect for the life-world of each individual and responsible action, without which nothing would have been accomplished. The fact that most of the participants had had considerable experience of working in and with groups in their Masters of Indigenous Studies program and in their professional lives, contributed substantially to the ease with which this group became supportive of its members, allowing a substantial level of trust to develop.

5.1.3 The research group participants

The group that participated in the complete program of Phase 1 was made up of seven people, three of whom were Aboriginal and, as the project evolved, it was their experience that emerged as the focus of this inquiry. There were other Aboriginal people who began the workshop series and contributed at the beginning of the program. For two, commitment to the research project proved impossible. They were dealing with the final semester of their Masters program, had family obligations and
were always on call in their professional capacities and as support people within their communities. Both wrote letters expressing their disappointment about withdrawing. Their situations were a reminder to me of how difficult it is for Aboriginal people in positions of leadership to take time for themselves amidst the demands made on them by the crises in the lives of the people around them.

Another Aboriginal person withdrew, in part because she became involved with a church group that worshipped on Saturday (when workshops were held) and in part because, as she stated, she felt uncomfortable being in a group with non-Aboriginal people. She missed the introductory workshop, which, had she attended, may have helped her overcome her lack of trust. A fourth Aboriginal person withdrew as she was in the first term of a pregnancy. Having had one miscarriage, she was reluctant to participate in many of the activities for fear of losing her baby and so decided, after the second workshop, that she could not continue.

I was very disappointed to lose these people from the research group but, as stated in Chapter 4, one of the challenges of the project was to maintain the flexibility to evolve and adapt to circumstances that would inevitably change. I was committed to responding to the real-life situations as they emerged throughout the life of the inquiry.

The three Aboriginal people on whom this study is focused and whose backgrounds I discuss in Chapter 6, I have named Cath, William and Josey. These are pseudonyms given to protect their identity. Collectively, I refer to them as ‘the core participants’. All three were in their forties. They had grown up in urban areas of Australia and all had spent periods of time on or associated with Aboriginal missions. All had tertiary qualifications and wide experience working for various Aboriginal health, education and community services. They had each been married, separated and re-partnered and had all raised children. The following chapter gives a more detailed account of their specific histories.

One of the four non-Aboriginal participants, Shelly (her pseudonym) was born in an Asian country. She had been brought up in extreme poverty and disadvantage and had migrated to Australia with her family when she was a teenager. Her early years in Australia had been very difficult. She identified with Aboriginal people as she struggled to find where she fitted as a teenager and young woman of colour in what
she experienced as a racist society. She had done many professional development courses and tertiary studies as an adult and, at the time of the project, was raising a family as a single parent, doing the Masters of Indigenous Studies and working for an Aboriginal community-service organisation.

Anna, a non-Aboriginal married woman in her fifties, was doing a Masters in Indigenous Studies and working as a volunteer with Aboriginal communities in the northern New South Wales area. She identified her family of origin as upper middle class. She left secondary school to teach ballet, worked as a technician in a physiology laboratory, moved in and out of several adult relationships, raised a family and gained tertiary qualifications as a mature age student. Because of ill health, Anna missed some of the workshops but did not withdraw from the program.

Jack, a practising artist in his late thirties, was studying in the University’s School of Education at the beginning of the program. At that time he was living apart from his partner but returned to her later in the year. They were raising three sons. He preferred not to identify his family of origin in terms of its sociological or economic status. Jack was the oldest of four children who had been brought up by their mother and saw their father only occasionally. As a visual artist and as a dancer, Jack was both skilled and articulate, but he had tremendous difficulty expressing himself verbally. He was keen to participate in the program because he had felt that as a result of the pressure to produce art, he had become emotionally disconnected from his artwork.

Lastly, Nina, a single woman in her mid-twenties who was non-Aboriginal and an art school graduate, was studying in the School of Natural and Complementary Medicine. She believed others would have seen her family as middle class, but her upbringing was not one of privilege. Her parents had separated when she was very young and her mother had struggled to provide for her and her two siblings. Nevertheless, she moved into a TAFE course straight from school and on to university soon after. Nina was hopeful that the workshops would help her break down boundaries she felt she had constructed around her creativity.

There were three non-Aboriginal people who began but did not complete the workshop program. Wicky, who was an artist and a descendant of a first nation family in Canada was offered, mid-way through the program, a unique opportunity to
participate in a project in central Australia. Julia, a student from the School of Education, was sent an air ticket to Paris by an ex-partner who was seeking a reconciliation. She felt she had to go. And Paula, a single mother with three demanding teenagers, was completing a fine arts degree as well as working to provide for her family. The demands on her time became too great. All three women expressed regret for having to withdraw from the program. Two were offered unexpected opportunities they felt they could not miss and the third was unable to manage her workload.

It should be noted here that while the experience of only three Aboriginal people became the focus of this study, the contribution of all participants, both Aboriginal and non-Aboriginal alike, regardless of how long they remained in the program, was invaluable as everyone contributed to the context in which the Phase 1 program evolved and out of which Phase 2 emerged.

5.2 The research program: Applying the principles of the research methodology

Lewin’s action research cycle as it was adapted to this project is depicted in Figures 5.1 and 5.2. True to the fundamental action research model, the program followed the cycles of planning, acting, observing and reflecting.

There were two phases to this inquiry and two modes of delivery of the practice under study: Phase 1 was group work (see Figure 5.1) and Phase 2 was individual work (see Figure 5.2)

5.2.1 The group workshop program: Phase 1

Participation in Phase 1 required a commitment to the group meetings in the First Stage (Project Development). It then involved the self-portrait workshop 1, an initial interview, a series of seven full-day workshops over a period of an academic semester and a final self-portrait workshop all conducted on campus at Southern Cross University. Phase 1 concluded with a second interview with each participant. As the research/practitioner, I conducted these workshops in which the research group engaged in a shared process of investigating their own stories through an experiential learning process using a variety of modes of creative expression the principles of which are described in Chapter 3. I detail the procedures of the workshops later in
this chapter and a program (score) is exemplified in the report of Workshop 2 (see Appendix 7).

From workshop to workshop, the participants offered their responses and evaluations of the program through a workshop evaluation chart (see Appendix 6) that gave them the opportunity to make comments and to indicate what aspects of the work had been most useful to them. Their feedback in this form and in casual discussion was systematically recorded, contributing month-by-month to the shaping and reshaping of the program in accordance with the principles of action research.

As the practitioner, I wrote up each intended program (score) and the actual program for the workshops as each evolved on the day. As researcher, I recorded my observations of my own work and that of the participants. The drawings and texts were kept on file and were thus available for ongoing reflection and reference. I copied all documented images and made them available to the participants from month to month and I returned the originals to the participants at the end of the program.

5.2.1.1 Purpose
I gave priority to creating an environment and activities that supported the explorations of each participant. Their wellbeing and the therapeutic/learning/research processes in which they engaged took precedence over all other concerns such as recording and documentation. Without losing sight of that, the purpose of this series of workshops was to examine an approach to expressive arts therapy. I was seeking an understanding in terms of the personal experience of the participant/co-researchers and my observations as the researcher/practitioner. The workshops were an opportunity for experiential learning for everyone involved as I facilitated the exploration of personal meanings and lived experience within the educational framework of the Halprin five part process.

5.2.1.2 Workshop Context
The research group met with me for two full days on a monthly basis over a period of four months. While the sports hall at Southern Cross University seemed, at first, a large, impersonal, empty space, in a very short time it proved ideal for the workshops. As we met on the weekend the university was quiet and we were undisturbed. With a good sound system it was easy to fill the space with music. Everyone had ample
room in which to move freely as well as having the possibility of withdrawing into a private space without leaving the area. A wide roller door gave us easy access to the grass and trees outside. We made good use of the gymnastic mats on which most people sprawled as they drew on blocks of drawing paper and we could create an intimate circle of chairs under the roller door with the green of the natural environment outside offering a reassuring and quiet backdrop. The fact that one group member had played and hunted in that area long before the University was built made the outlook even more special.

A variety of drinks, biscuits and fruit were available during the morning and afternoon breaks and the University catered for lunch on the first and last days of the program.

Folders, journals and all writing materials were provided and each participant was given a drawing block and a set of water-soluble oil pastels. All the visual work and some of the performances were photographed and, with all accompanying text, were kept on file away from the University to ensure confidentiality.

5.2.1.3 Parameters
It was understood that the participants were in control of their own level of participation but, to the extent that they were able, would engage with the program offered. They had agreed to reflect on their work at the end of each workshop and were familiar with the evaluation chart provided to guide their reflections (see Appendix 6). This directed their attention to an awareness of their levels of personal engagement with various tasks and procedures and what in particular in each workshop had provided a vehicle for expanding personal knowing.

There was the opportunity to comment on any aspect of the program and it was known that I was available for discussion or support at any time over the five-month period.

It was also understood that I would be conducting each session and developing the program initially in response to the stated needs of the participants and as the program progressed, in consideration of my observations and the ongoing feedback of the group.

Each workshop score was written up on a wall chart as the day unfolded and was there so participants could take note of any activities they wanted to record for future reference or as a resource for their own work.
The initial interviews revealed that the general questions the three core participants set out to answer through their experience were: What can I get out of this for me personally and professionally? How will this experience help me to help my family and community? How can I contribute to the others in the group? Is this the kind of program that could be of use to Aboriginal people like me and the people I have worked with?

All the participants in the research group followed the same procedures and everyone’s work was documented in the same way. Only in the Third Stage of the project did I focus exclusively on the data of the three core participants as I made the choice to make their experience the focus of this study.

5.2.1.4 Program outline
This program was in part modelled on the Level 1 program, Body Mythologies taught at Tamalpa Institute and discussed by its director Daria Halprin in her book The Expressive Body in Life, Art and Therapy. Working with Movement, Metaphor and Meaning (Halprin, 2003). In our program at Southern Cross University a particular part of the body was the starting point for each workshop except for the first and last self-portrait workshops.

Stories of the Body

- Workshop 1. Self-Portrait and Introduction
- Initial interview
- Workshop 2. Spine
- Workshop 3. Head
- Workshop 4. Shoulders
- Workshop 5. Rib cage
- Workshop 6. Abdomen
- Workshop 7. Pelvis
- Workshop 8. Legs and feet
- Workshop 9. Self-Portrait and Close
- Second interview
5.2.1.5 Procedures
From the second workshop and in collaboration with the participants, I established a pattern for the days’ proceedings such that they had a predictable structure. Based on the understanding that good organisation contributes to creating a sense of safety, I gave very careful attention to organisational details. The workshops followed a pattern that included a period for arrival, an opening ceremony, three morning sessions and two afternoon sessions followed by a closing ceremony (see Appendix 8 for details).

5.2.1.6 The five part process in practice
Application of the five part process was an integral part of all the sessions. Early in the series of expressive arts therapy workshops, the manner in which the research group responded to an interactive group activity provided a way of demonstrating the five part process in a particular context and brief period of time (see Appendix 8).

The processes of identify, confront, release, change and growth are not expected to always be unidirectional and in real life are not as clear cut as the model might suggest. As I introduced it to the participants, it was important not to offer it as a restrictive prescription. My concern was that group members develop an experiential understanding of this model in order to maximise their independence and gain a language with which to communicate and reflect on their processes. Hence the five part process was introduced incidentally and through reflective discussions on material already presented.

5.2.2 The program for individual sessions: Phase 2
Phase 2 commenced two months after the completion of Phase 1. Participation required a commitment to an interview at the beginning, which was the third interview for the core participants, a series of ten therapy sessions over a period of an academic year, and a final interview, all of which were recorded and transcribed. As the research/practitioner, I interviewed the core participants and conducted these sessions. We engaged in a shared process of investigating their stories through an experiential and creative learning process, which was in principle, comparable to the expressive arts therapy program of Phase 1.
5.2.2.1 Purpose
Phase 2 arose initially as a duty of care. Having established a close bond with the core participants, I was concerned that they should have the time they needed to reach a point that they felt was an appropriate time to stop their inquiry. I, on my part, needed to be sure that I had acted responsibly. Because the end of Phase 1 did not bring a sense of completion for the core participants, I looked for ways in which I could offer them ongoing support. Each of the core participants had, in the course of the group workshop program, identified personal issues they wanted to pursue and they were willing to do that in the context of a new phase of the research project. Thus, Phase 2 emerged from Phase 1 as an opportunity for further investigation. A series of individual therapy sessions extended the study of the experience of my approach to expressive arts therapy from the context of a facilitated group to the context of a one-on-one session, an in-depth interaction between a participant and a practitioner.

In this phase, as in the first, priority was given to the emotional and social wellbeing of the participants. To this end also, I sought to reinforce understandings of the Halprin five part process such that each person would build on his/her grasp of this learning model. They would then have the choice to use it as a resource in their ongoing process of development or as a self-help tool in times of stress or crisis.

The data, in the form of drawings, recordings and transcripts, were intended to serve a dual purpose. They were for the participants in the course of their inquiry into their own lives and for me as the practitioner reflecting on my process. In addition and in conjunction with the data gleaned from the interviews, they were data for me, as researcher. In the third stage of the project, I reflected at length on the experience of the participants in my process of examining this arts-based approach to healing and wellbeing. Chapters 7, 8, 9 and 10 demonstrate the ways in which the data served both the participants and me in our respective inquiries.

5.2.2.2 Context
By the time Phase 2 began, the participants had graduated from the Master of Indigenous Studies program and returned to full-time work, so the therapy sessions were conducted in their homes in the various cities in which they were living and to which they moved in the course of the year. All three participants had demanding jobs and were seeking to deal with the difficulties associated with living apart from
their children. These aspects of their life-worlds contributed substantially to the context within which we conducted the second phase of the program.

5.2.2.3 Parameters
In Phase 2, the participants were again in control of their level of participation. Our mutual commitment was to ten sessions and two interviews. We met indoors in places where we had complete privacy and where we would not be interrupted.

Phase 1 had revealed particular aspects of life experience that each participant wanted to focus on. This intention was re-examined during the third interview at the beginning of Phase 2 and it was understood that while we had a starting point designated by the participant, we would allow other issues to arise, particularly those that related to everyday life, family and other significant relationships and the workplace.

I encouraged the participants to reflect on their work between sessions and to keep a journal, but the amount of time they spent on this varied from week to week and was determined by them. From time to time we agreed on a ‘homework’ exercise that arose out of a session.

It was understood that each session would evolve according to the needs of the participants. The sessions were to be recorded and all drawings and text documented. Each month I sent to each participant a summary of their session with copies of their drawings and I made CDs of the recorded sessions available to them at the end of the program.

5.2.2.4 Program outline
Phase 2 began with an interview. On a month-by-month basis, dates and times were arranged to suit both parties and the duration of each session was determined as the session unfolded. They were never less than one hour long and only occasionally more than two. Throughout the program, each participant was responsible for setting his/her own agenda, session by session. We reflected on our work in terms of the five part process and regularly took the time to discuss what aspects of the therapy process they were finding useful in their daily lives, indicating the most productive way forward. Phase 2 concluded with the final interview.

In the month following each session I sent to each participant a print-out of their images accompanied by a brief summary of our work. I invited participants to email
their reflections after each session and encouraged them to continue to draw and write during the month. All drawings, texts and personal reflections were kept on file and were available for reference and further reflection. In keeping with an action research process, this material, combined with my own recorded observations and reflections, formed the basis for my planning and action. As the participants were encouraged to do the same, our way forward was always a collaborative process.

5.2.2.5 Procedures
All of the sessions and interviews were recorded and transcribed and in examining this material both alone and together with a colleague, I further participated in the journeys of the participants and reflected critically on my work as practitioner. I had the benefit of the critical reflections of a colleague and friend who has practised as a process experiential psychotherapist and counsellor for over thirty years and understands the link between this work and an arts-based approach to therapy. She listened to all the recorded sessions with me and having indwelt and reflected on the work, offered her understandings of what had transpired. This peer consultation and reflective exchange contributed to my process of critical self-reflection. It served to heighten my level of awareness, check any tendency I might have to lead participants in their process of inquiry and support me in my commitment to being transparent in my practice and as free from my own biases and desires as possible.

5.3 The research process: Applying the principles of the research methodology to the collection of data

As stated at the beginning of this chapter, the interviews, the workshops and the individual sessions provided data throughout the research process. A variety of procedures of inquiry were reflected in the diversity of data arising from all aspects of the research.

5.3.1 The interview dialogue

*The personal story:* During the initial interviews the participants had the opportunity to tell their personal story in terms of the events and relationships they felt had been most significant in shaping their lives. These events were a constructive marking of the beginning of the self-reflective, therapeutic/learning process and the development of relationships of trust and acceptance. Each participant was regarded as the expert
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of his/her lived world determining what was shared. The position I took as interviewer was one of respect, interest and unconditional acceptance as I shared in the exploration of the experience of the other. From the perspective of what is understood about the role of narrative in therapy, it can be assumed that the interviews in themselves would have been positive experiences for the interviewees, meeting the requirement that the wellbeing of the participants takes priority over other concerns.

During the second interview at the end of Phase 1, all the workshop participants reviewed their experience of the program as a whole and discussed how they felt the work had impacted on them. This was important material, which recorded the participants’ views of their experience of the program and the changes they believed had come about as a result.

The Narrative Assessment Interview (NAI) (Hardtke & Angus, 2003): This interview protocol (see Appendix 10) occupied about 20% of the time taken for each interview and provided some degree of structure to it and to the data the interview generated.

I adapted the NAI protocol to meet the needs of this inquiry. It honoured the authority of the voice of the participant regarding the interpretation of his or her experience of change. The Aboriginal participants in the expressive arts therapy program were seeking change in their lives, but they were not classified in any objective way either at the beginning or at the end of the process. Applied in the initial interviews before each phase of the expressive arts therapy program, the NAI gave important information regarding the needs and therapeutic goals of the participants. It offered some structure to the procedure of data collection and, applied in the final interviews after each phase, gave the participants a space for reflection. Finally the NAI was simple to use and in giving the authority to the participant, was consistent with the emancipatory spirit that underpins this project.

Reflections on the expressive arts therapy program: In the second and final interviews the participants were invited to reflect on the expressive arts therapy program as a whole in terms of their own needs.

Reflections on cultural appropriateness: There was the invitation also for the core participants to generalise from their own experience of the programs and, in consideration of their past experience of working with Aboriginal people, to comment on the cultural appropriateness of the expressive arts therapy approach.
5.3.2 Group workshops
As researcher/practitioner, I was involved in facilitating a therapeutic process while systematically documenting descriptions of experience throughout the program. Particularly in Phase 1, when the workshops were not recorded, I had to guard against describing the participants’ experiences in terms of my own, determining that their voices should always be heard in my documentation. It was important that I remain aware of the danger of making assumptions. To this end, I stayed in close phone and email contact with the participants and there was time to talk to individuals on the days we met for the workshops. Thus, I could check the accuracy of my descriptions. Also, I returned frequently to their drawings and texts. It was important to remain open and responsive to the work of the participants in the manner characteristic of phenomenological inquiry, honouring my commitment never to interpret or analyse.

It was understood from the beginning of the workshop series that I was available by appointment to talk with any one of the participants if the need arose. This service, supported by the University, was a condition I placed on my undertaking the research project and it was included in my ethics application that was approved by the University’s Human Research Ethics Committee.

5.3.3 Individual sessions
The practice of recording and transcribing the individual sessions in Phase 2 in conjunction with the participants’ creative work ensured that their voices were always present in my reflecting on the data and my re-presenting it in this thesis. As in the first phase, following each session I checked the accuracy of any descriptions I had documented. All the recordings were copied to compact disks and their transcripts were made available to the participants at the end of the program.

5.3.4 Creative expression
At the first and final workshops participants did large-scale self-portraits. These and other drawings, accompanying texts and accounts of performances, movement and group interactions were all forms of data collected from the workshops. Drawings and accounts of performances accompanied most of the documentation of the individual sessions also. All the original images were returned to the participants at the end of the project.
While the creative work contributed to the data with which I worked in the final phase of the research, this expressive material served the research process on a number of levels. Its primary function is understood in terms of the research/learning/therapy process undertaken by the participants in the context of the expressive arts therapy program.

As a record of the cyclical learning/research process of identify, confront, release, change and growth in expressive arts therapy, the documentation of the creative material offered a body of valuable data for our collaborative reflection, as in our respective roles and according to our various capacities we enacted the plan/act/observe/reflect action research process. As Brearley (2001) points out, creative expressions of experience can provide a rich source of data contributing substantially to the processes of reflection as people seek to understand their experience and consider the impact of a process with which they have engaged.

Many of the images I documented are included in this thesis in Chapters 7 to 10 and Appendix 7. Drawing on the work of Bentz and Shapiro (1998), von Eckartsberg (1998) and van Manen (1997), Brearley acknowledges that language can sometimes ‘miss the fullness and uniqueness of our private worlds’ (Brearley, 2001 p.75). Similarly, I wanted the body of creative work that emerged from this project, workshop-by-workshop and session-by-session, to be reflective of the emotional intensity of the experiences of the participants in the research group. In Brearley’s words, ‘I wanted to do justice to the richness of the data being generated’ (p.74).

But neither the researcher nor the reader will be able to claim knowledge of the ultimate voice in this expressive work. Rather, it is a body of dynamic material offering up new insights with each new reader as art does for the artist who returns to his/her work long after it is completed. Beyond the role the creative process played in the explorations of the participants, I argue that this expressive output speaks for itself.

### 5.4 Reflexivity: Applying the principles of the methodology to the processing of data

Reflection, critical self-reflection and reflexivity as defined in Chapter 4 were fundamental and essential to all processes at every stage of this research project from
the meetings in which the questionnaires on trust and wellbeing were created in the earliest stage of the project, through the initial interviews, the questionnaires, the evaluations throughout the program and the program itself, to the final interviews and my subsequent reflections on the research data. Throughout the project a multi-level process of research based on reflexivity was in operation. For the purposes of clarity I identify here the levels at which an inquiry was taking place. At the same time it must be recognised that in reality the levels of research overlapped and intersected.

5.4.1 Reflexivity in action research

Initially, in Phase 1, one level of research was intended to involve the critical participation of a group of people (including the researcher/practitioner), in a participatory action research process directed at examining expressive arts therapy as an approach to healing appropriate to the needs of Aboriginal people. My expectation that this investigation would be a shared process throughout the cycles of the evolving program proved unrealistic.

What emerged as feasible was my planning, acting, observing and reflecting on each workshop as I developed each score on the basis of the following: my observations of the participants’ work; my reflection on their responses to each activity; my critical reflections on each workshop and my role within it; the participants’ workshop evaluation charts; the further comments participants made in writing, by email or in discussion and casual conversation; and the felt sense that emerged as a result of my being ‘with’ the participants on their journeys and in the process of ‘indwelling’ their work.

Critical self-reflection and reflexivity were therefore intrinsic to my process at this level of the research. However, they applied also to the participants’ processes at the end of the program, as in the second and final interviews they reflected on the program as a whole and its cultural appropriateness in relation to Aboriginal people. The latter reflections are discussed in Chapter 11 and, as is my hope and that of the participants, they will contribute to the beginning of an expanding action research cycle, an ongoing widening participation (Grundy, 1993) of Aboriginal people in the emergence of programs responding to the emotional and social wellbeing needs of Aboriginal and Torres Strait Islander Australians today.
5.4.2 Reflexivity in art-based research

At a second, but most significant level of the research, the participants engaged in a self-reflective process framed by the Halprin five part process learning model (Halprin, 2003 p.122-130) discussed in Chapters 3 and 4 and earlier in this chapter. At this level, the exploration of each participant was in every respect directed at understanding his/her own life meanings. As such, there was not a predetermined construct of experience to be understood. Rather, as individuals learned experientially to research their own issues from workshop to workshop and session to session, they identified starting points, which could give way to other seemingly connected issues that emerged in the course of the therapeutic/learning process. The expressive arts therapy program, directed at raising awareness and developing reflexivity, involved various modes of creative expression intrinsic to the therapeutic/creative process: drawing, text, choreographed and spontaneous movement, rehearsed performances and improvisations. As both process and product, the creative work offered a wealth of opportunities for reflection: a form of inquiry identified as art-based research.

Accordingly, the participants were supported and encouraged to become researchers of their own lives through the use of the creative process, which was introduced as a way of opening up possibilities and revealing personal truths. Drawing on the writings of Carl Jung, McNiff (1998) states: ‘[t]he intelligence of the creative imagination is a vast frontier for discovery’ (p.17).

To participate in this intelligence, meaning, embodied in all forms of creative expression, needs ‘a free and unprescribed space’ (Lett, 2001 p.7) in which to reveal itself. Creating such a space for the participants’ exploration within the workshops and the one-on-one sessions was of central importance.

Throughout the program a non-judgemental, non-analytical approach to all forms of creative expression was encouraged. Drawing or writing, moving or performing, was done in the spirit of exploration with an emphasis firstly on the process rather than the product. Respect for each other and each other’s work was essential to people feeling supported. This safe environment, created also by the trust that developed within the research group, maximised the possibility of having a ‘free and unprescribed space’ in which people could take their own experiential journeys and challenge their own
truths. Essential to this environment of support, characteristic of established expressive arts therapy practice, was the essential spirit of phenomenological inquiry: an unconditional acceptance of the reality of subjective experience.

This experiential art-based program was designed in order that the participants discover for themselves what changes they needed to make in their own attitudes and behaviour and what they personally found to be empowering and liberating. Each individual defined for him or herself the meaning of wellbeing and thus there were no ‘objective’ measures of change, only the participants’ experience as described by them. Their descriptions are understood to be ‘personally referential’ or ‘experiential’ rather than ‘theoretically referential’ (Lett, 2001 p.7).

Consistent with phenomenological principles, each piece of creative work was regarded as a thing in itself that resists analysis by cognitive reasoning (Levine, 2005; Warja, 1999). Fundamental to this thesis is the assumption that cognitive intelligence is but one means by which we come to understand the world. Art, as an essential manifestation of truth, has, as Warja (1999) points out, ‘the capacity to give meaning and direction to human existence’ (p.29).

In keeping with established expressive arts therapy practice and supported by the program’s infrastructure, the various modes of creative exploration were intended to provide a container that allows for chaos in the process of de-structuring of old identities and a space for the many voices of the inner self to be heard. Participants were to allow creative works their own voice such that they had the potential to reveal new possibilities, new ways of seeing and meanings previously hidden from view. The creative process evokes many things: a place for emotionally charged narratives to be expressed and accepted; distance from which problem-saturated narratives can be observed; opportunities for interactive exploration, disclosure and creative dialogue; in all, spaces of reflexivity in which change can take place and new meanings can emerge.

Therefore, within each workshop and individual session, participants were encouraged to regard their own artwork and that of others as a rich resource, regardless of the level of conventionally described artistic skill each person brought to the creative process. This material was their data: ‘objects of inquiry and modes of investigation’ (McNiff, 1998 p.15) to be used primarily by them in their personal
exploration: a process of reflection, critical self-reflection and reflexivity, depending on the depth at which the participant was ready to engage.

5.4.3 Reflexivity in existential phenomenological research

On a third level, reflexivity was essential to the existential phenomenological research process I entered into as a researcher seeking a deeper understanding of a therapeutic process through the lived experience of everyone who participated. At this level the research was a study of the experience of an expressive arts therapy program. Through an exploration of the data gleaned from the interviews, the group workshops and the individual sessions, I sought an understanding of what the experience of the research program meant to the participants. As I immersed myself again and again in my own descriptions of our work in conjunction with the participants’ drawings and texts, the sound recorded material and the transcripts, I engaged in the process described in the previous chapter as *indwelling*. My task was that of making meaning through both perceptual sensing and cognitive seeing, while remaining as free as possible from the distortions of my own preconceptions, biases and hopes.

In this final phase of the research process, as I re-examined the material that arose out of all our interactions, I constructed my reflective understandings of the participants’ experiences. I re-present them here in narrative form. The formal reduction of data to themes and essences, characteristic of descriptive phenomenology, I argue, was not appropriate to this inquiry. Comparable to Brearley’s (2001) approach, I did not wish to impose on the experience of the participants any processes that detracted from its emotional substance or led to transforming it into meanings beyond those attributed to it by the participants. Nevertheless, as I sought to accurately reflect the experience of the participants in ways that were both clear and adequately concise, I was mindful of my own position in relation to the process. Although I hoped that the data would demonstrate the potential of expressive arts therapy and its cultural appropriateness, they were not gathered or processed in ways appropriate to establishing proof of any claims. Rather I have, through my processes of reflexivity, produced a narrative portrayal that makes transparent the nature and impact of a creative process. I present it here in order that others may engage with it and through their engagement and critical reflection gain understandings that open up possibilities of expanded knowledge and further research.
All the material that emerged from the whole research process served me as researcher seeking a communicable understanding of the lived experience of expressive arts therapy. As one object of this research process was to produce this thesis, the final responsibility for its creation rested with me as the initiating researcher and author.

5.4.4 Reflexivity in the practice of a psychotherapy

The practice of psychotherapy, from my perspective, is itself a process of inquiry engaging the practitioner in critical self-reflective processes that strongly parallel those required of phenomenological research methodology and critical action research. On another level therefore, I, as the practitioner, was engaged in an ongoing process of reflexivity. Accompanying a participant on his/her journey towards authenticity and clarification of personal meanings demands a high level of self-awareness, empathy, openness and clarity, which involves giving support, bearing witness, interacting creatively, responding intuitively, confronting where necessary, being in and with the personal story of another while maintaining the detachment necessary to leave the owner of the story free to make choices and discover his/her own meanings and new ways of being. Lett’s (2001) description of the role of the experiential therapist brings together the two reflective processes involved. ‘[U]nderstanding what one is doing as a therapist is similar to the process of understanding what is happening to the client’ (p.66).

It is important to note here also that ‘reflexivity’ is as central to my approach to my own being in the world as it is to my expressive arts therapy practice and what I seek to teach or facilitate within it. I equate living with learning and the willingness to orientate myself by reflecting critically on my beliefs, assumptions, attitudes and behaviours, as an essential ingredient in the will to live my life both creatively and authentically. In agreement with Fisher (2000 p.330), I recognise my own position as a construction, a narrative open to the possibility of being rescripted. Therefore my practising reflexivity throughout this project and in my own life brings it, at depth, into line with action research and in particular the principles of emancipatory or critical action research.

As argued by Fisher and Phelps (Fisher & Phelps, 2006), phenomenological research methodology and art-based research, I have allowed my personal reflections a place
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within the thesis. My intention to be as transparent as possible is made explicit by my writing in the first person, and in accordance with the principles underlying this project, as with phenomenological inquiry (R. Schweitzer, 2003), my values, attitudes and beliefs are articulated throughout.

5.4.5 Concluding remarks

On all levels of the research, we were required to expand and develop our capacity to listen attentively to ourselves and empathetically to each other with a willingness to see and hear what emerged. In keeping with the principles of phenomenology, learning to do this, setting aside preconceptions, bias and the tendency to analyse and interpret was an ongoing and demanding process. The Aboriginal concept of *dadirri* has already been referred to in the context of Indigenous research methodology. Throughout the thesis, I make connections between these concepts of ‘deep listening’, of ‘indwelling’ and of ‘critical self-reflection’. I would argue that all these terms imply a depth of awareness, an openness of mind, a willingness to observe one’s own behaviours and attitudes as well as those of others and a commitment to allowing learning or transformation and change to take place in the light of new emergent possibilities, all attitudes characteristic of reflexivity.

No one part of the research process was adequate to answer the question I pose at the beginning of Chapter 4 and repeat here:

> What is the nature and impact of the expressive arts therapy approach brought to this study as experienced by three Aboriginal people seeking healing from the transgenerational consequences of colonisation?

Collectively however, the verbal and non-verbal work of the participants, their reflections, my observations and final reflections all contribute to an overall picture, a picture that lays bare at its centre a wide and open field for further research.

Having identified the principles that underpin this research process and the ways in which they were all fully expressed throughout the project, it is appropriate that in the next chapter I introduce the core participants. Understanding something of the experience of three Aboriginal children, who as adults are seeking to come to terms with the consequences of colonisation, will better prepare the reader to actively participate in the process of reflecting on the program’s outcomes.
In Chapter 2, I make as transparent as possible my understanding of what aspects of my experience I brought to this project. This chapter is an exploration of what the core participants brought to the program, in as far as it can be known from what they disclosed at its commencement. Their involvement in the program also began in the first self-portrait workshop with an art-based reflection on their life experience.

I introduce the three core participants below by giving brief accounts of their childhoods as they remembered them and by detailing the attitudes they brought to the series of workshops, in terms of how they saw the way they occupied space, their ability to draw, their capacity to speak in front of others, and how they moved and performed. These attitudes are relevant to the creative processes engaged with in an expressive arts therapy program. This material is drawn from the participants’ recorded comments, my observations of the opening workshop and my subsequent reflections. Finally, drawing on the transcripts of the initial interviews, I list the changes the core participants stated they wished to make in their lives and acknowledge the significance of the concept of resilience.

6.1 Three sketches of childhood

The three core Aboriginal participants were all born and brought up in, or on the fringes of, Australian towns during the 1960s. They all have teenage or grown up children, ex-husbands and wives and new partnerships and they hold responsible positions in government departments. I focus on the period of the participants’ lives that included the formative years to which each participant returned as, in the course of the expressive arts therapy programs, they traced the origins of their most problematic feelings and attitudes: attitudes that were undermining of their confidence and disruptive of their lives as adults and parents. In documenting their childhoods, it was not our intention to verify the stories, only to record as simply as possible how things were in their memories. To protect their identity, I give them pseudonyms and
It proved impossible to do justice to these accounts. As I listened to the participants, I found myself struggling with the disjunction between the enormity of the family tragedies and the consequences they had for these people as children, and the matter-of-fact and often detached way in which they told their stories. It was as if they believed that what they were telling was normal – almost acceptable. In putting my notes together, I have tried to remain faithful to the facts of the stories as they were told to me using, wherever possible, the words of the participants themselves. However, I acknowledge that as the interviewer, recorder and writer I will have inevitably exerted a subtle influence over the content. For the sake of clarity in the retelling, I grouped together pieces of information relating to events and particular people in the family of each participant. Thus, my reports are more linear than were the original narrations. Josey and William gave me an additional written account of their lives, allowing their voices to be more clearly heard among my words and, to reinforce this clarity, I use a contrasting script for all the direct quotes of the participants, either written or verbal. Much of the story of Cath’s early childhood emerged in the course of the Phase 2 sessions on which I have drawn in order that her voice also is clearly heard.

Before committing their stories to print, I gave each person involved my version of their story to edit or change. Minor changes were made to the sequence of some events which I had recorded inaccurately and both Cath and William found some of the statements they had made about their parents very confronting when they saw them in print. They wanted it understood that their parents had also suffered as children and were not to be blamed for their behaviour. Their concern necessitated the rewording of some sentences. The participants’ pain as they read their stories and their courage in allowing them to be printed cannot be overstated.

6.1.1 Cath

Her parents’ first baby died. Then Cath was born, the eldest of a family of seven children. They were brought up by their Aboriginal parents and spent most of their family life on a mission.

Nan, Cath’s paternal grandmother dominated the family:
She was quite a graceful woman but a very ... like she could be stern ... You could have stretched her a bit ... but not too far because ... I guess maybe it was her ... her place in the family ... her responsibility as head of the family ...

Nan was the oldest of thirteen children. She was little and quiet, but had a huge influence over her family and her community on the mission where she lived in a house built for her and her husband by the local bishop.

Cath’s extended family was, in part, a close-knit Catholic family of which Dad also was a very respected member. Within this family unit, Cath’s mum was an outsider. There was a friction that Cath never understood between the two sides of the family. On the mission where Cath spent a lot of her childhood, most of the people were a part of her dad’s family. Cath, together with her immediate family, moved back and forth between Nan’s place on the mission and various places on the fringes of two nearby towns. Holidays were always spent at the same place, with Dad’s sister and brother. Only when Mum and Dad had had a row did the children get the chance to spend time with Mum’s side of the family.

Cath’s mum and her siblings had lost their mother when they were very young so were brought up by relatives. As adults, they were financially better off than Dad’s family. Cath’s maternal uncles worked, as did her favourite aunt who was a cook at a university residence. This aunt lived in her own house near a river on the coast and Cath has very happy memories of time spent there.

Mum stayed at home while Dad laboured on the road for the council or did seasonal work. He moved the family from place to place according to the availability of employment, as had his father who also had worked on the roads or on the railways. In Cath’s early childhood, there was a period of about eight very unhappy months:

[T]here was a time when, you know, my sister and I actually went away ... we got taken from my Mum and Dad and we got put with an Auntie and Uncle and that was about ... I think it was about eight months or so. It wasn't a long time. But it was long enough. And that was really horrible.

Cath and her sister were sent away because three other families were living with Cath’s family. Welfare had found about twenty children living together under the one roof, and Cath’s Mum was pregnant. The various parents of these children were away attending to family matters. During this time away from home, Cath and her sister were treated very badly by the aunt who, behind her husband’s back, was very
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cruel. In spite of this, reporting to the Department of Children’s Services was not considered an option as the whole community distrusted the welfare system and refused to report any form of abuse or maltreatment.

Apart from these few months, Cath’s early childhood was a time in which she felt happy, secure and loved:

Comfortable. I felt comfortable there ... nurtured. It’s certainly a nurturing world. It’s a loving ... a very caring world.

There were gardens to play in around the houses where she lived and when the family needed provisions they drove to the shops by car or taxi. There was always good food in the house. They were a poor family, but grew their own vegetables and had everything they needed:

I guess we ate pretty well when I think about it now ... Yeah ... there was always a garden. My family always had vegetable gardens 'cos my Dad was very much into the gardening.

For breakfast they had porridge, toast, jam and golden syrup, tea and powdered milk. There were sandwiches for lunch and before dark the family always had a hot dinner with meat, potatoes and vegetables from the garden. Mum was an excellent cook and gathering around the kitchen table for tea and cakes was very important. Food was in fact central to family life and eating together the most significant ritual. After dinner, adults sat around for a long time and talked.

Aboriginality was never discussed; it wasn’t considered important. But the family was. It was regarded as central and there were many special times, in particular the regular family picnics when everyone went down by the river. There was a lot of laughing, eating and singing together.

They never went to the movies and TV wasn’t important, although there was a black and white set at home. The family sat around the radio listening to music and stories. Sometimes they danced together and often sang. Cath remembers ‘Knock on Your Door’, ‘It’s a Long Way to Tipperary’, ‘On Top of Old Smokey,’ and a song about ‘Mother’s Eyes’ which made everyone cry.

When Cath was little she was not aware that her family lacked anything. But she had a favourite aunt who she admired and thought of as a classy lady:
She always worked and she always had pretty long nails and had pretty nail polish, lovely long hair and always had pretty things around her house and ... and so I always remember ... I want ... I want that when I grow up.

Cath’s parents had limited schooling, but wanted a good education for their children. Dad taught Cath to read by reading many stories to her, including European fairy tales. He didn’t want his children to be labourers and thought that education was the only way out. Unlike her siblings, Cath loved her father’s company and his reading to her. She always wanted to learn, so she loved some aspects of school from the beginning and enjoyed the many books that were at school and around the house. Her siblings, however, did not share her interest in learning.

For several generations, Dad’s family had been connected to the Catholic Church. But he said on paper that he was Anglican. Mum, on the other hand was Seventh Day Adventist. The children went to Catholic Sunday school wherever they were living. On the mission, there was a little green church where they went to Sunday school and church services regularly. There a young active priest and a nun ran a club for the youth and activities for children.

For Cath, as a child, there was God and Jesus and heaven and hell. Grandfather, who died when Cath was five, went to heaven. God looked after the family. Good people went to heaven but God punished people who were unkind and nasty, so Nan taught the children to respect people, be polite and use good manners. She told them family and bible stories and made sure that they said grace at the start of meals and prayers before bed.

When Cath was little, there was no alcohol in the house. Occasionally Dad would come home drunk and Nan would growl at him. But when Cath was about eight, they moved house and for reasons she didn’t understand, Mum and Dad started drinking regularly and heavily. Everything changed. Drunkenness and violence came into the children’s lives:

When alcohol and violence came it was scary being a child and because I was the eldest I had to look after my brothers and sisters.

When Mum and Dad were sober, all was well and the house was orderly. But when they were drunk, Cath either locked her brothers and sisters in one of the bedrooms to keep them safe, or crept out of the house and, carrying the littlest, took them all to sleep with another family on the mission. Mum lost the respect of the community and
Cath developed a deep sense of shame about having a mother who was a drunk. Mum was loud and destructive of property and physically violent towards her husband, who in turn became verbally abusive. When the parents drank, home was dirty, chaotic and scary. The fridge was empty and the house was full of anger, shouting, drunkenness and violence. Sometimes Dad called Cath to protect him because, at her worst, Mum was dangerous, like the night she attacked him with a fence paling.

On the bad days, Cath became the mother, feeding and protecting the children, putting them to bed, and getting them to school in the morning. Her only escape was school, where she felt safe, worked hard and was very successful. But other children from the mission jeered at her because of her mother’s behaviour and this added to her shame about her mother. Gradually Cath lost her confidence, believing that this terrible mess was somehow her fault.

Thus Cath’s childhood passed. Her resentment began to grow. She realised that she didn’t have the things her school friends had: the clothes, a room to herself, and the opportunity to do the things they did. Feeling imprisoned by responsibility and endless work, she began drinking in her early teens. Then she realised that she could end up like her parents. Afraid of that possibility and wanting her freedom, she abandoned her siblings, got on a bus and left. But she was only fifteen and unprepared to make her way in the city. She had already established a pattern of weekend binge drinking and was feeling terrible about the brothers and sisters she had left behind.

6.1.2 William

William’s father was born on Christmas day in 1918, possibly in a prison barracks. William said the story wasn’t clear. His dad had had eight children in his first marriage, but was always on the move, going from one labouring job to the next. When his first wife died, he left his children with his brother, who already had seven children of his own.

William’s father found another partner and William became the second boy in his dad’s second family. The older boy came from his mother’s previous marriage. Both
parents were Aboriginal and, in the early years of their life together, they moved from town to town and dwelling to dwelling, including a small memorable one-room shearer’s hut on the outskirts of town.

Dad had no particular beliefs. As a result of his own story he had a serious alcohol problem and his anger showed when he was drunk.

William’s birth certificate stated that his mum was a ‘domestic’. She had had associations with a mission and as a young mother talked about right and wrong in terms of God and Christian beliefs. She stayed at home throughout William’s childhood and also had a problem with alcohol.

Mum’s family never liked Dad, mostly because of his drinking and anger. William, his half-brother and his parents were usually ignored such that William came to think of his family as the outcasts of the outcasts. They socialised (drank) mainly with one other family that lived nearby. William and his brother lived around the drinking and fighting and his first memory of alcohol, before the age of five, was drinking the leftover sherry after the adults had passed out. I got dizzy: my first experience of being affected by alcohol.

Dad provided for the family in various ways. As a labourer, a drover and a station hand, Dad provided enough food for the family and also often trapped rabbits on the land around where they lived. He sometimes walked long distances with the family to get food from the convent and when William got tired he carried him on his shoulders. Because he did some work for the convent, he could go there to ask for provisions. Dad also got food vouchers from the police. These were called ‘dole’:

[Dad] was well known to the police too because he occasionally did some work for them. Maybe it was part of the conditions as they often locked him up for being drunk or fighting.

Dad drank at home or walked a long way to the pub and sat out the back drinking with the adults in the dirt in the car park. Sometimes the children sat there with them.

The family moved from place to place, often staying with parts of the extended family:

We always moved between Dad’s family and Mum’s family or moved without him when he hit Mum around and hurt her badly. At these times, she took me and my brother away and we stayed with aunts and uncles from either side of the family.
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There was always a radio at home but until William was about eleven, no television. There was no music, and no singing except when the adults were drunk:

There were no books only comics, which we picked up from time to time at various places and a lot of time from another family and from St Vincent De Paul provided Christmas toys. No stories were read but sometimes, when Mum had a few drinks, she told us stories about her early life.

Mum taught the children the Lord’s Prayer and they said they were Anglican. Nobody said anything about being black or white or Aboriginal.

Dad was good when he was good and really bad when he was bad. He often got very drunk. William could remember as a very small child lying in bed holding a pillow tightly around his head, trying to keep out the shouting and the sound of his mother being beaten.

In spite of the violence, William remembered his first years as happy and his father as a big, loving dad. But also his childhood was full of fear and the whole family dreaded the nights when Dad became a monster and their home life turned into a nightmare.

Mum didn’t get drunk as often as Dad. She did all the cooking and always looked out for the children. But it seemed that she was always sad and, often recounting better times, talked about her family. Sometimes she listened to the Platters. Sometimes she escaped to her sister’s place and took the boys. They had a TV and Batman became a bit of a hero.

There wasn’t any food in particular that was a treat. There was Weet-Bix or porridge, toast and tea with powdered milk for breakfast, probably sandwiches for lunch and stews made with meat and vegetables for dinner. Rabbit stews were common and the best.

As very young children, William and his brother played in the big tree in front of their hut. They had a rope and a Batman belt with a boomerang. Dad had a cousin who helped out from time to time. He had a farm and animals and trucks that the boys liked going to see and William’s family moved back and forth between this farm and various towns.

They once lived in a place that was the bottom part of an abandoned pub. It was a
rundown place on the outskirts of town. Later they moved into an old condemned house where cooking was done in a big pot hanging over an open fire and they had to walk to the council depot to get water, which they carried home in buckets.

Eventually, when William was about six, they moved into town, where they were close to Mum’s family. There she gave birth to a third boy and a couple of years later Dad stopped living with them. He just visited from time to time. A two-room, downstairs place below an aunt and uncle was the last place William could remember seeing Dad.

One day when William was seven or eight, he had to get to school early to go on a football trip. Dad walked with him to the bus. He stood waving as the bus pulled away, which seemed very strange at the time and William felt bad. That was Dad’s goodbye. He never visited again, and died some months later:

I was eight years old. I remember being at his graveside and crying, saying to myself I was never going to see him again. This was the saddest I have ever been in my life. I couldn’t stop crying. I remember that being the end of my balanced childhood. The drunks seemed to be coming to our house and the parties began to be more frequent. I remember stealing their grog and smokes and hiding down the back yard under all the bushes and having my own little parties. I also recall taking money from my mother’s purse and buying smokes at the shop along with other stuff and using these to get other kids to follow me. It wasn’t long before I had a criminal conviction of break, enter and steal. I broke into the old warehouse next to the shop. This would be one of many charges I had against me later in life.

At this time, William, his two brothers and Mum were living either with or near her people. Because her family had always disliked his dad, he became convinced that he had the wrong name and was part of the wrong family. At school he didn’t have many friends. Boys either wanted to hurt him or use him in some way. So he tried to avoid bullies and often wished his father were there to protect him and keep him company.

William was always searching for men he could look up to. There was a friend of the family and a local priest who took the boys camping. They both took advantage of William and abused him sexually:

I suppose I was a prime target, no father, little self-esteem and a mother who needed a helping hand with a delinquent child.

William was about eleven when the family moved onto a mission. He was ‘bashed
up’ from the first day. He learned there that, if he could supply the other boys with lollies and smokes, he could gain some acceptance. That was until the supplies ran out. Then I copped it again. So he came to understand the manipulative game he had to play in order to survive.

As William grew through puberty, he lived with a lot of physical pain. It was many years before it was recognised that he was suffering from rheumatoid arthritis, but for a long time he suffered in silence and became ashamed of his body. The stiffness prevented him from playing football, which added to his sense of being an outsider. He could recall being teased and ridiculed for being stick-like and having skinny legs, for being lazy and not playing a man’s game:

This is when I really discovered there was a whole group of other boys who were on the fringe of the Aboriginal community getting in trouble, and we all seemed to be looking for that sense of belonging and acceptance.

By this time William was fifteen and living with his younger brother and Mum. She tried to help him by buying him a guitar, a tape recorder and a record player to make up for his being excluded from football. But he was very unhappy, had no confidence and pursued friendships that were very problematic. Soon William left school and found a feeling of acceptance drinking with the boys. When he was seventeen his mother fell ill and after a short painful battle with cancer, died, leaving William to look after his younger brother. But William was drinking heavily by that time and his older brother came to take over the responsibility for the youngest boy. Although William was in too much trouble to look after his brother well, he felt squeezed out and humiliated. Blaming himself for his mother’s death and angry with his brothers, he left home, doing any labouring job he could find; shearing, cotton chipping or fruit picking, anything that would earn him enough money to pay for his drinking and keep him in with what, many years later, he called his pseudo family of drunks:

I had one thing going for me. I could out-drink some of the best of them.

6.1.3 Josey

Josey was born when her parents were very young. They had got married because of the pregnancy and they had a second girl eighteen months later.
Dad was Aboriginal. His parents, Pop and Nan, were very important and respected people within the family. Nan was a gambler and a heavy drinker and eventually she and Pop broke up. Pop had been the biggest drunk in town and was also very violent. But he got sober eventually, got his own house, found a new partner and tried to influence Josey’s dad. He didn’t succeed.

Dad could neither read nor write but he spoke English and sometimes spoke in language with his mates. He drank with both black and white men, had no religious belief and may have been a gambler. In some ways he was very generous. He often brought homeless or needy people home for shelter or food. This included young women whom he seduced openly and slept with at home.

Mum came from a non-Aboriginal family in another state. She never knew her real father and was brought up by her mother and a stepfather who drank heavily and treated her badly. The mother was killed in a car accident, so her daughter, Josey’s mum, was sent, at fifteen years of age, to live with her grandparents. This was a church-going family that was Protestant and actively anti-Catholic. Mum broke the strict rules of the family and got pregnant. Although her parents disapproved of the boy involved, they believed that their daughter had, as they said, ‘made her bed and would now have to lie in it’.

In the neighbourhood, Josey’s dad was thought of as a good guy, but because he was violent and abusive at home, his family called him a street angel and house devil. In spite of the fact that he had labouring jobs and work on the roads, providing the basic necessities for the family, they were always poor. He gave his wife only a small allowance with which to run the house. Most of his money he spent on grog, drinking heavily at home and at the pub. He was a drunk, but the absolute head of the house. He believed children should be seen and not heard and punished them physically if they swore, answered back or showed any anger. At the same time, he taught his children that it was important to be honest and to work hard and always pay the bills.

By contrast, Mum was a passive woman and easily dominated by her husband. He abused her when he was both drunk and sober and she took it all. But from time to time, when it got too much for her, she went away. Dad would arrive home from work and Mum would be gone. But she would always come back.

Josey was eventually the oldest of five children. All of them were beaten regularly. The two girls as well as the boys often had to put up with Dad’s crude games and
sexual advances. Dad’s friends participated in the games he played with his daughters at their expense and the little girls were often raped. The men had easy access to them because Dad was complicit in the behaviour of his friends and Mum was either unaware or powerless to do anything to protect them. Perhaps she just refused to acknowledge what was happening.

The family moved many times:

The first house was a small house that had two bedrooms, a lounge room and a kitchen. The lounge room was where one of the men who sexually abused us would take us and there was a fireplace that we could see by late at night. Dad would also have his mates in there drinking as well. Some times they would be in the kitchen drinking. I remember lots of violence in this house and us running away late at night.

The first school that Josey attended was Catholic and the teachings of Jesus became important to her. She loved God very much and was keen to attend Sunday school every week:

I used to go to a catholic school a few blocks away. I would even go to church. I would wear a lace scarf over my head and gloves. I loved going to church.

Josey was very fair compared with her siblings and Dad actively disowned her. He insisted that she wasn’t his and that her mother didn’t love her either. He always demonstrated his preference for his younger daughter. It took a blood test many years later to prove that Josey was in fact his. So being left at his mercy, as happened whenever Mum escaped with the younger children, was particularly miserable. Sometimes Josey escaped to her Nan’s place where she felt safe. But she was never free to remain there for long:

I would try and spend as much time as I could with my great grandmother, as I really loved being with her in her house.

On one occasion when she was six, Josey was with Nan because Mum had left home. Dad came, took Josey and sent her to a cruel and abusive family. After about six miserable months Mum returned and took Josey back and after another six months the parents were re-united:

Dad then came and sweet-talked Mum and they got back together and then we moved.
They moved to a small country town, where the family went from house to house, sometimes staying with parts of the extended family on the missions on the outskirts of the town and at other times living in a house of their own:

Because we had nowhere to live we moved into Dad’s father’s house. Pop built this house himself along the railway lines. At the moment I can’t remember how we all fitted into the house but I know that it wasn’t long before dad brought a small caravan and parked it at the front of pop’s house. The caravan was a really small one - probably one of the smallest you could get. It had a double bed at one end and a dining table that we would put down to make another double bed and that is where my sister, brother and I slept.

After a major argument between Dad and Pop, the family moved to a caravan park. Josey enjoyed the times at home when Dad was away working on the roads and dreaded the times when he would return. School became her safe haven. Although she had few friends, was very quiet, and not very good at school work, she was happy there, glad to be free of the fear, the physical pain and the responsibility she lived with at home, the place she called the war zone. Her favourite place at school was the library and her greatest honour was to be appointed the library monitor.

When they were living in the caravan park, Mum had her second boy. By this time, at the age of ten, Josey saw herself as the built-in baby sitter and was very outspoken about not wanting another child in the family. She told her mum, You just get pregnant and have kids for me to look after.

Before long the family had moved again, first to a dark, stuffy, musky smelling house where the rental agreement conditions involved caring for the disabled and epileptic owner, and then to another house that was full of memories:

It had a little verandah and a hallway that ran down one side of the flat with all the rooms coming off it. This is when I really remember Dad visiting our room regularly at night. This was the house where Mum caught Dad with my sister.

The memory of this night was particularly painful because, taking his anger out on Josey, Dad told her that no one would want her and that she would grow up ‘to be an old maid’. After being beaten she was sent next door to look after her brothers. While Dad went to jail for abusing Josey’s sister, no one ever knew that he had also been abusing Josey for many years and she never felt able to tell her Mum.

After two years, Dad was released from prison and sweet-talked Mum into letting
him come back to the family and they moved into a house that had belonged to the maternal great grandmother, before she died:

  This house did not even have running water or sewage - it was a pit in the back yard ... There was a big tank and we would get water delivered when it ran out. Dad got town water put on eventually, but there was still no plumbing. We would have to have our baths in front of the old fuel stove in a little round tin.

From this house on the outskirts of town, the children took the bus to school. There was never enough money to buy school lunches like the other kids. Usually the family had Weet-Bix for breakfast, sandwiches for lunch, meat, potato and vegetables for dinner and a Sunday roast. Fish and chips was the treat. The children ate at the table, but Dad always ate in front of the TV and Mum gave him his dinner there. The TV was the centre of family life. There were no magazines or newspapers. There was a set of ‘Golden Books’ but no one read stories to the children. And there were some Elvis records that Mum liked to listen to occasionally.

The children played in the yard, the park, or the street and Josey, as the oldest, was always responsible for looking after her brother and sister and getting them home by dark. Also, by the time she was eleven, she had become the one who listened to all her mum’s problems:

  I became Mum’s confidante, when she and I would lay awake at night waiting for Dad to come home - she would share stories with me.

For years Mum had lain awake not knowing when her husband would show, what sort of mood he would be in and if she would get a beating. As Josey got older she lay in bed with her mother waiting on tender hooks until all hours of the morning. The whole family dreaded the sound of his footsteps at night.

Mum and Josey almost never fought, except for occasional incidences such as when Mum punished her by burning her with a hot spoon, leaving a scar on her arm. But Josey idolised her mother and throughout all her childhood, longed for her attention.

When Mum got pregnant for the last time, Josey was fifteen and a pseudo-mother. All the time she was not at school she looked after her baby brother, even taking him with her when she went out at night with her boyfriend. The child grew up dependent on Josey and she, in turn, felt responsible for him.

Moving from house to house continued to be a way of life for Josey’s family but
finally Dad bought a property:

Again it was a small house and there was no sewage. We had to use a toilet down the back yard. Men would come by once a week and empty it. God it smelt just like the one at our great grandmother’s house. When Dad finally got the sewage put on, he built an extension on the back that had a toilet and laundry in it. Dad tiled the floor with left over tiles and it looked disgusting. I remember being very embarrassed about them.

Soon after turning seventeen, Josey became engaged and when her fiancé got a job in another town, she wanted to go to live with him. But her father disapproved, saying, ‘What will people think?’ However he eventually agreed to Josey’s move on the condition that she get married. So she did, glad to have a reason to get away from ‘the war zone’.

6.2 Attitudes the core participants brought to the series of workshops

The core participants of this study are survivors of their home-lives and their schooling. They all had some secondary education and, as adults, gained tertiary qualifications. But mature-aged and educated as they were at the time of the research project, they were struggling with issues of identity and the right to take their place in Australian society, often feeling self-conscious and out of place in public places. For example, as a reason for not walking along an unfamiliar street with shops and cafes in a small New South Wales township, William said, there wouldn’t be many black fellas in this place and so preferred to go by car. In most situations, Cathy experienced herself as an outsider and also felt ill at ease in public spaces. She stated:

We [Aboriginal people] need to claim our place here and now … we need to work towards healing, being aware of what’s stopping us from being here … now … [from being on the inside].

At the beginning of the workshop program, there were many apologies about not being able to draw. All of the Aboriginal participants reported that they wanted to withdraw from the program during the first workshop when they saw what they perceived to be fantastic drawings done by some of the non-Aboriginal participants. Cath thought her feelings of inadequacy began when she was at school:

I think that comes back to my school days because that … that’s where that blockage [with drawing] started … because I think I copped a lot of flack in those early school days … it was terrible at school … and nobody took the
time to want to tell you or teach you, or whatever, but they expected you to do it [art].

The following memory, recorded by Cath, epitomises the fear felt as participants were confronted with art materials such as oil pastels and a blank sheet of paper:

*When my lecturer said [at the beginning of the Masters of Indigenous Studies course] you know you have to get an art book and you have to ... get pastels and everything, like I panicked. I really panicked. I was ... I went into this fear state ... I was physically sick and everything. I said, 'I can't draw'. I really ... I really panicked. It was ... I'll never forget it ... incredible.*

There were various ways in which participants stated, with some apparent shame, that they couldn’t make *Aboriginal art* and had believed for many years that they therefore had no right to engage with art making. After two workshops involving the whole group of Aboriginal students doing their Masters of Indigenous studies at Southern Cross University, prior to the commencement of this project, I covered the walls of our room with their drawings. The following morning I found William looking at the work:

*I have just realised something. We are Aboriginal and we did this work, so this must be Aboriginal art. I had always thought that I couldn’t do Aboriginal art.*

William said that he had always believed he was expected to do 'Aboriginal art'. He had never had the opportunity to learn about art from his family or a community, had never allowed himself to paint or draw and his schooling had never successfully challenged his stance. Josey also believed she couldn’t do *art*. She had always thought it involved being able to do *that x-ray vision and dots stuff*.

Similarly, the Aboriginal participants believed they could neither dance nor perform in front of an audience and began the expressive arts therapy program with high levels of self-consciousness. William commented that he was embarrassed at parties because he couldn’t dance and always wanted to make himself invisible. After a movement exercise William said, *I can’t believe I did that. I always thought you could only do that in the bedroom.*

Cath similarly had never been brave enough to dance in public. At the beginning of the series of workshops, Cath said little about her attitude to creative movement but later stated how wonderful it was to allow herself to move expressively for the first
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time. She wrote a dialogue expressing her pleasure at this discovery. In it she stated, *the pelvis swing was so cool. I want to continue to find my rhythm.*

Cath stated in her initial interview that she had never been able to perform in front of an audience. During the first workshop and after the first performance exercise, she told the research group how terrified she had felt before she got up in front of them to present her prepared piece. Each participant had written a very short story based on a drawing. I asked the group to imagine that they were addressing a group of small children and to present their story as expressively as possible in order to engage the attention of their imagined audience. The exercise evoked so much laughter that I, as the facilitator, became anxious about serious issues being lost in the hilarity. One person after another collapsed in fits of uncontrollable giggles and I was afraid performers might feel laughed at. However, as I allowed myself to go with what was emerging, I gained some sense of the depth of people’s difficulty with holding their own space in front of others. Cath told me later she was very excited because at last, and for the first time, she had managed to perform in front of a group – something she had always wanted to be able to do. Her claim to a little more space for herself was indicative of how little she felt was rightfully hers.

The beginning of this series of workshops revealed that the life experience of these three people had equipped them with attitudes that denied each of them a sense of ease in this society. None had felt they had a right to occupy a space either in front of or beside others (particularly if they were white), or the freedom to dance, raise their voices, draw or write with any confidence that how they appeared or what they had to contribute would be acceptable. Many more of the attitudes of the Aboriginal participants are revealed in the accounts of their personal inquiries throughout Chapters 8 to 10, deepening our understanding of what they had brought to the series of workshops.

It is inappropriate for me to speculate about the origins of these learned attitudes: family, school, church, or the wider Australian society. Nevertheless, family life, the experience of attendance at school, association with the Christian church and growing into adulthood in the Australian urban environment had not enabled these three people to feel adequate to meet a standard they had, at some stage in their lives, internalised. The list below of the changes they hoped to make adds weight to this statement.
While I resist making assumptions or generalisations on the basis of the participants’ disclosures, questions of the nature of the transgenerational consequences of colonisation do arise. The historical context of people’s lives is now assumed to be relevant to health and wellbeing as is evident in a wide range of related studies: for example, studies by the psychiatrist, Ernest Hunter (1990), seeking the underlying reasons for Aboriginal self-destructive behaviour and mortality rates in the Kimberly (Rowse, 2006); the work of Maggie Brady, a social anthropologist exploring the social meaning of petrol sniffing in Australia (Rowse, 2006); the extensive resilience, depression and youth suicide studies conducted in Western Australia by Westerman and Vicary (Westerman, 1998, 2006a, 2006b; Westerman & Vicary, 2000) and the numerous examples of international studies, relating specifically to transgenerational trauma, that seek to understand all forms of abusive behaviour and learned helplessness in terms of intra- and intergenerational relationships (de Graaf, 1998; Dube, Anda, Felitti, Edwards, & Williamson, 2002; Renner & Slack, 2006). There is an emphasis on the need for research because the underlying mechanisms operating in these relationships are not well understood (de Graaf, 1998). As Westerman points out, there are enormous gaps within the knowledge base of Indigenous mental ill health (Westerman, 1998) and what is understood about people at risk, their experience of depression, low self-esteem and resilience (Westerman & Wettinger, 1998). Research in this field is in its infancy.

This research project however, does not enter into the discourses surrounding transgenerational trauma or engage in any way with the identification, measurement, classification or causes of symptoms of ill health. On the basis of my experience of working with Aboriginal people, supported by the weight of evidence in the literature, my position is one of acceptance of the reality of disadvantage, poor health and suffering across the Aboriginal population and across generations. Beyond this, the participants reveal through their stories and their expressive work what it means for each one of them to be brought up in their particular family and live with their reality in urban Australia. The core participants identify as Aboriginal, but each voice in this study is that of an individual speaking from his/her life-world.

Nevertheless, from the beginning of this inquiry, questions arose that point to the need for research that would result in better understandings of the attitudes that might be regarded as consequences of colonisation at the so called ‘soft end’ of the wellbeing
spectrum: attitudes to identity; attitudes to space; attitudes to the body, health and appearance; attitudes to rights; and attitudes to ability, capacity and creativity among many others. These are all attitudes on which feelings of self-worth and quality of life depend and they relate directly to issues of empowerment, resilience, rehabilitation and prevention.

The fact that each member of the research group wanted to make changes to his or her life led each to participate in this expressive arts therapy program. Detailing below the changes the core participant group sought reveals more of their attitudes, further contributing to an understanding of what they brought to the program.

6.3 Changes Aboriginal participants stated they wanted to make

In the initial interviews, the core participants expressed the changes they wished to make, which reflect how they felt on the day of their interview and what they were willing to disclose. They are therefore not definitive and as later chapters demonstrate, issues emerged and took shape in the course of the program. Nevertheless, the following list indicates some of the attitudes and values the participants held at the beginning of the series of workshops:

Cath said: I want to be …
- less conscious of other people’s thoughts or judgements or attitudes about me … less sensitive
- content with myself
- able to speak up in front of people
- more able to let go - stop longing for things that are gone
- more balanced
- truthful
- able to complete things
- able to make decisions more easily.

Cath also said: I want to …
- have the courage to take more risks, whatever those risks might be
- learn to be committed
- find out how to protect things that are of value to me without boxing myself in
- teach my children balance and direction
- develop a sense of humour
- let go the lonely sad part of me that is bitter
- see why I am angry … I’m scared of my anger
- deal with frustration and resentment
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- get things out ... telling the stories or drawing the stories ... I guess I want to be able to have ... get people ... to encourage people to do that;
- learn some new tools, some new ways to assist people, to support people in their journeys
- get better at decision making ... I always come up with two answers. I am so mixed up with the head and the heart ... I wish I could just get the one answer which was the right one
- know myself better ... learn how to know myself.

William said: I want to be ...
- not so easily hurt when people make derogatory, discriminating, racist remarks
- less sensitive about what other people think
- not so negative ... make negative things less important
- less clingy and possessive
- more confident so I don't avoid things that are difficult
- able to chuck away fear
- able to stop looking for father and mother figures.

William also said: I want to ...
- get over my sense of inferiority
- enjoy being myself
- confront my fear
- get rid of my anger;
- control my addictive behaviour ... I don't know if its addiction or compulsion or a lack of discipline
- get healthier
- get more order in my life ... less chaos ... stop eating on the run
- put shape and structure on my abilities ... make a career for myself
- have the courage to realise my dreams
- understand why I go from one extreme to another ... I'm all over people then I withdraw
- know why I'm so afraid of being alone at times
- work out why I can't make friends ... like ... I'll get to a stage there when I'm working with people really well and I'll cut myself off because I think their expectations of me are too high
- get a deeper understanding about ... my behaviour ... why I'm so afraid of being alone at times ... learn who I am.

Josey said: I want to be ...
- more honest with myself
- better able to set boundaries on family.

Josey also said: I want to ...
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- leave my partner ... I'm afraid of crumbling
- listen more to my heart ... be quieter inside ... the head races
- get my talking under control
- fill the void
- be really healthy
- change my weight
- go slower and be more aware of other people --- stop upsetting them with my bluntness ... be more considered in what I say
- focus on healing from the past rather than just brushing it aside
- get my affairs in order - money - bills - property - relationship
- find out about me ... who I am.

It is evident that the people who made these statements wanted to understand themselves better. This list indicates a desire for balance, order and greater control. Members of the core research group were seeking skills that would improve their relationships and enable them to be themselves with honesty and integrity. Most statements indicate that these people felt a need to find freedom from fear and the courage and confidence to enter more fully into life with the certainty that they were good enough and able enough to take their place alongside others. From my experience of each one of the core participants, they approached the workshops with a lot of apprehension but with curiosity and the willingness to make discoveries that would enrich their lives, making them stronger and better able to live well with themselves and contribute positively to the lives of others.

6.4 Resilience

At the beginning of this project it was not my intention to focus on a particular group of Aboriginal people other than to find the participants within what I had identified as my research community: Gnibi, the College of Indigenous Australian Peoples. As it emerged, however, the people who chose to participate and persisted from the developmental stage of the project through both phases to the end shared a number of significant life circumstances. As children they had all experienced what it means to live on a mission, to live on the fringes of Australian towns, to be brought up by parents who were damaged as a result of circumstances beyond their control when they were children, to be Aboriginal in a white dominant society, to attend white Australian schools, to live with violence, drunkenness and abuse as children and to experience extreme difficulties as a result of economic constraints in their early lives.
As young adults, all three participants had problems with alcohol and unhappy marriages.

Furthermore, because the core participants grew up in urban environments, we can assume, with considerable certainty, that they suffered from all the myths surrounding the people the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs (HRSCAA) (1992) referred to as the ‘forgotten people of Australia’. They were affected, as Ivanitz (1999) points out, with reference to the HRSCAA study, by such assumptions as ‘all blackfellas have been assimilated’ or caught between the notion, on the one hand, that they were ‘not real Aborigines’ and on the other, that they ‘belonged in the bush’. These, among the many contradictions and misconceptions about Aboriginal identity were prevalent during the years in which the participants attended school and throughout the lives of their parents (House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, 1992, 2001; House of Representatives Standing Committee on Family and Community Affairs, 2000; Ivanitz, 1999; Langton, 1981; Rowse, 2006; Senate Employment Workplace Relations, 2000; Taylor, 1993). That Cath, William and Josey have overcome their drinking problems, gained a tertiary education, raised families, are successful in the workplace and have the desire to make a positive contribution to society, is remarkable and a testament to their strength and resilience.

The following chapter focuses on the work of the core participants as they engaged with the first phase of the expressive arts therapy program. I believe their work demonstrates that a willingness to become aware, to reflect, learn and grow is at the core of the resilience that characterises these three participants. The way in which they responded to the research program and their accounts of their experience of it presented in the following four chapters offer substantial reason for hope that counters the despair we may feel in the face of the state of Aboriginal health in Australia as set out in my introductory chapter. The stories of the participants told above, and further revealed throughout the next four chapters, are about extreme suffering. Yet, they are stories that go beyond mere survival. They are about the will to be truly well in all respects, physically, mentally and emotionally. In so being, the participants transcend the legacy of damaging childhoods, breaking the insidious cycle of the transgenerational consequences of colonisation.
CHAPTER 7

RAISING THE CAPACITY FOR AWARENESS AND CRITICAL REFLECTION: PHASE 1

The previous chapter provided sketches of the childhoods of three Aboriginal people who were the core participants in Phases 1 and 2 of the research program. It also detailed attitudes and aspirations they brought to the Phase 1 program in which they were introduced to expressive arts therapy in the context of a group. Their experience of that program is the focus of this chapter, bringing together all that has gone before: my reasons for investigating an approach to emotional health and wellbeing appropriate to the needs of Aboriginal people; what I brought to the project; what the participants brought: the expressive arts therapy approach under investigation; and the principles and procedures of the research methodology.

In this and the next chapter, I focus on the expressive work of the core participants and what emerged as a result of the expressive arts therapy program allowing the reader to share the expressive outcomes of an experiential and creative process, the participants’ reflections on their experience and throughout, my own.

7.1 The workshops of Phase 1

Participating in this expressive arts therapy group workshop series allowed the participants to engage with a wide range of creative activities within a designated program according to each individual’s agenda and at each person’s own pace. The learning model, the Halprin five part process, introduced in Chapter 3 and exemplified in Chapter 5, supports this autonomy. However, for participants who were unfamiliar with an experiential arts-based approach to learning, there were aspects of the expressive arts therapy process that required introduction and careful monitoring.

In my capacity as practitioner it was my responsibility to develop and present the program in response to the emergent needs of the group. It was necessary to establish the fact that the focus of creative expression was on process and not product and that artistic skill was not a prerequisite for productive inquiry into one’s personal experience. Levels of artistic ability, of sensitivity, of commitment, trust, risk taking
and authenticity were all to be accepted as they were according to the capacity of the participant at any point in the process. As facilitator, I ensured that the participants were supportive of each other. I took every opportunity to encourage them to be both respectful of and responsive to their own and each other’s work in ways that were conducive to the building of trust and the creation of a safe ‘container’, in which group members could explore and share their personal stories, try out new ways of behaving, and be playful, creative and expressive, confident that they would be met with acceptance, respect and empathy. In the group context I could spend only a limited amount of time with any one individual and I made it my policy to engage with the work of the participants individually only when I was invited.

In order to make the best possible use of the time allowed for the Phase 1 program, it was important also that I exploited every possible situation that demonstrated how, in drawing, moving and performing, one allows creative work to emerge. In keeping with the principles of expressive arts therapy, I reinforced again and again the importance of engaging with one’s own work and that of others while setting aside preconceptions, judgements and the inclination to analyse, interpret or explain.

Every workshop offered many opportunities for the faculties of awareness and reflection to be applied to all levels of being: physical, mental and emotional. Consistent with the understanding that imagination is embodied thinking (Levine, 1997 p.40), the program I presented was grounded in the assumption that one’s capacities to become aware and to reflect on experience are dependent on the human capacity to imagine. From the first workshop, which raised questions of identity and personal story, trust and sense of wellbeing, to the time, six months later, when participants reflected on their own experience and the changes they had made in the course of the program, the research participants, as a group and individually, had many opportunities to give free rein to their imaginative capacities. The program required of them that they looked both inward and outward without judgement, that they listened to themselves and to others, observing carefully, recognising and identifying their own position while opening themselves to new possibilities and allowing new ways of acting, thinking and feeling to emerge. As defined in Chapter 4, this is the process of reflexivity, which is integral to all aspects of this research project.
Chapter 7: Phase 1

7.2 The processes and outcomes of Phase 1

In this section I track through time the development of the expressive work of the three core participants, presenting as data their drawings, excerpts from their writing, selected accounts of their performances, their comments and their reflections. I bring to this material also my experience of our interactions and my observations and reflections. At the end of each section, I draw on the second interviews in which the core participants reflected on their experience of the program and identified the changes they believed they had made over the period of the workshop series. Together, these various elements contribute to the picture that the work of the participants creates, proposing answers to the question this research project poses: What is the nature and impact of an expressive arts therapy approach experienced by three Aboriginal people seeking healing from the transgenerational consequences of colonisation? Central to my research question is the understanding that the focus of this inquiry is the experience of the Aboriginal people who participated in the program. Their experience of the second phase, detailed in Chapters 8, 9 and 10 will further contribute to the picture as a whole.

The integrated nature of a multimodal approach makes separating any activity from what precedes or follows it for the purposes of description and reflection, somewhat artificial. Therefore, in Appendix 9, there is a full account of Workshop 2, demonstrating how one activity flowed into the next or was resourced by a previous exercise. This appendix includes my reflections on the workshop at the time as the action research process of planning, acting, observing and reflecting shaped the development of the program.

As discussed in Chapter 3, expressive arts therapy is a learning/therapeutic/research process that utilises all modes of creative expression. In Phase 1, we focused on movement, enactment, sound, performance, drawing, writing and interactive group work. The presence of the visual imagery and the accompanying texts in this thesis could give the misleading impression that all other activities in this program were of lesser importance. The nature of drawing and writing is such that it can be documented without disclosing the identity of the participant. Recording fully any other activities would have involved the use of video and an unacceptable level of disclosure. I have sought to counter the apparent emphasis on drawing through my
portrayal of our experience in various modes of expression, but it cannot have the same immediacy as the reproductions of the visual imagery.

There were many interactions between and among members of the group as well as times when people worked alone. Much of this work could not be documented. I was able to record some of the interactions between participants and me as the facilitator. The volume of the data that accumulated throughout the project necessitated that I be selective in my representation of the available material, but I have sought throughout to present a balanced picture, mindful of the fact that my values and intentions will exert an influence on my process.

As I have established in Chapter 3, the research group’s learning process was experiential and within the frame of the learning model, the Halprin five part process. It is fitting therefore that within this chapter, I describe aspects of the work of the participants with reference to these processes: identify, confront, release, change and growth. I do so by linking this model with the theoretical underpinnings of the narrative based psychotherapies and processes fundamental to action research.

As is evident below, within each workshop, expressive activities, intense encounters, rituals and discussions were interspersed with playful and creative collaborations. It has been my intention to reflect the diversity of our activity and interactivity through the ways in which I represent the data in this chapter. In sharing a selection of ‘snap shots’ from the observable aspects of each person’s creative expression, I have sought to give the reader access to the story of each participant as it unfolded. The format therefore resembles a series of projected slide images that includes drawings, text and performances accompanied by a commentary made up of my observations and reflections.

Responding to the drawings, imagining the performances and interactions, listening to the voices of the participants in their writing and following my account of their process, the reader has the opportunity to engage with the work and experience of the participants. This is an important aspect of this thesis because, in accordance with the parameters of my methodological approach, there are ways in which the expressive work must speak for itself.

The wide-open space of the Southern Cross University sports hall with its high ceiling and shiny wooden floor, criss-crossed by a mesh of yellow and white lines became the
physical container for the group’s work. The centre of the indoor basketball court became the centre around which we stood in our opening and closing ceremonies. It was the centre of our circle when we gathered, as if around a fire, to listen or to share our stories. The lines of the courts became a rich resource marking out a stage, an imagined territory, a boundary, a pathway, a no-go zone or a past to leave behind. The huge area offered space to run and dance freely, to explore movement far enough away from others not to be observed, private places and corners to withdraw to where one could lie on a comfortable mat and draw or write or reflect alone. Our activities transformed the impersonal space into a place of personal journeys and shared experience, creativity, exploration and imagined possibilities.

Every member of the research group was important in creating and sustaining the life of the group. People learned from each other and gave each other support. But this study focuses on just three core participants and here I engage with the work of each one of the three in turn, referring to other group members only where their activity was directly implicated.

For the purposes of clarity and giving a clear voice to the participants, I continue to use a contrasting script for all the direct quotes from their work. I have written the descriptions that have direct bearing on the workshops in the present tense in order to maintain the immediacy of the work as it happened and as I recorded it at the time. My observations and reflections, however, are more distant from the events. In order to convey a greater sense of detachment, I have written them in the past.

7.2.1 CATH

In the context of the workshops, Cath is quiet, apparently restrained and very conscientious. She writes a lot and through her drawings is expressive and intense but she gets very frustrated and disappointed with what she experiences as an inability to move, to perform and be openly expressive of how she feels. In the first self-portrait workshop and the initial interview, Cath has told me of her confusion, her conflicts and her aspirations. But to the group I imagine that she appears knowledgeable, serious and somewhat out of reach. The following account begins at the second workshop. The portraits from the first and last workshops are compared at the end of this section.
**Workshop 2**

There is love. There is hope. There is pleasure and then there is pain, such deep intense pain. (Cath Workshop 2: spine)

As Cath explores her spine through movement, drawing and writing, she becomes aware of her pain. She also acknowledges her strengths, and how changeable she is. Although she recognises that sometimes she stand[s] tall and strong, there are times when she is all bent over and crippled ... or ... slightly bent and swaying this way and that. She identifies her longing for wholeness, singularity of purpose and the knowledge of her own truth. This she believes lies undiscovered in a place deep within her, a place where treasures of knowledge, insight and personal truth may be found. There are times when she wants to go there. She believes she must go there. Her spine says she has the responsibility to gather all her separate parts together and start a journey to that place. We all need to go there. She promises that they will but the question associated with her drawing of the spine remains: Why can't I just stand up tall and still?

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**Figure 7.1: Cath Workshop 2: Spine**
Workshop 3

In a piece of writing that is a dialogue, Cath’s head speaks to her body, accusing it of being a troublemaker. Head says, it wants to do right, but is confused because it cannot line up with the demands of the body. I get so damned confused sometimes, she writes. Through the dialogue, Cath expresses her longing for integration.

Speaking from the body, Cath finds the head dry and miserable .... indecisive and unsure .... making life hell. It’s all hard, she complains. There is the heart too, on the other hand, that wants direction because it is scared of making wrong decisions that will hurt others. But the body wants freedom to live ... move ... to scream .... to be creative and Cath feels held in, unable to give voice or movement to any of these strong feelings.

At her invitation, I engage with Cath with her drawing. I experience the forms in it as closed and, while accommodating of each other to some extent, disconnected. There is no communication between them. I suggest she choose an object in her drawing and go inside and see what is there. Cath accepts my suggestion and later tells me it was very useful. It helped me take my drawing a step further.

In the dialogue, Body pleads with Head to include Heart and Soul in important decision-making and Head promises to try. Cath writes:
So let’s begin by opening this shell tucked away in one of my corners and let out some of the wisdom that you have in there.

*

Workshop 4

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Cath draws from the resources she discovers in movement and then in her writing explores what arises from these activities. I don’t see her writing but her performance later on this day seems to me to be more focused. I experience Cath as more present in her work and I am affirmed in my response as at the end of the day she tells me:

I was really trying to forget about everyone else and stay with my own movement.

I know that she finds this almost impossible in her everyday life and feel encouraged that she is finding ways to connect with her body.

*
Workshop 5

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Figure 7.4: Cath Workshop 5: Ribcage

There are so many essential parts contained within you and yet I never really knew you before. How could I not know you, feel you, know what’s inside?

In a growing awareness of her body, Cath experiences and expresses a felt sense of what today she calls ‘soul’.

I felt you open and expand and for an instant I could feel the breath go right down to the depths of my soul.

She identifies again her deep desire for balance and knowledge of an inner self she also calls ‘spirit’ which she understands to be kept by the heart.

*

Workshop 6

On this day we work together to find all the expressions we use associated with the abdomen or the gut. Then, working alone, Cath identifies a ‘maternal spirit,’ which she finds in her abdomen. I am here! And in ‘here’ she confronts her anger.
These words are scrawled across Cath’s drawing. She also writes of staying in the moment and of her anger as righteous anger of the empowered maternal spirit.

Cath is partnered with Anna. They are facilitating each other in talking from three parts of their abdomen drawings. But Anna tells us that she has just found out that she has cancer and this week will have her stomach removed. Cath feels she cannot express her anger to Anna and restrains herself. Returning to the cognitive realm of ideas, she continues to write of finding the pathway – in the future.

*We will find pathways because they are there to be found.*

Having become very interested in the concept of ‘authenticity’, Cath is disappointed with her interaction with Anna. However, her anger re-emerges later in the day when she engages with a performance in which Josey is acting out a part of her life story. Cath erupts and with a clarity of voice I have not heard from her before, she shouts at the abusive man portrayed in Josey’s performance. *Fuck off you bastard!!*

But Cath’s doesn’t come to the end of this workshop with any sense of wellbeing. She feels cranky and dissatisfied. Having missed an opportunity to explore the anger she had begun to release in her drawing, she sees herself again as she did in her initial interview when she described herself as a bird in a gilded cage. I have, by this time, heard Cath talk about what she is trying to do and going to do; promising and planning to get started. But she often reports that she is feeling confused. Usually she is very quiet and withheld and with the exception of her brief outburst during
Josey’s performance, I sense a holding in her voice. It expresses itself in a whine. And yet she often tells me how much she longs to be expressive. I experience her as bearing her pain; a burden she is deeply tired of but is holding on to for reasons she has not yet discovered. I take a risk with Cath and suggest that when it is bad enough in her cage, she will find a way out. She is challenged by my response and undertakes to look at how authentic her story of wanting to ‘get out’ really is.

★

Workshop 7

Exploring the pelvis through a series of directed exercises followed by free exploratory movement, Cath identifies her pleasure in dance and her desire to be free from restrictions and inhibitions. She wants to find her rhythm and to give herself permission to play. Cath blames her head for her bad eating habits and inhibitions: She’s the one who keeps on telling us that we need chocolates, ice-cream and cakes all the time.

I reckon if you [belly] were smaller I would be able to do this swing much better.

Figure removed due to copyright restrictions

Figure 7.6: Cath Workshop 7: Pelvis: Connection

I wonder if all Cath’s moving, her focusing on her pelvis and her dancing with less shame is expressive of a process of reintegration in her sense of herself? Is she allowing herself to be present, in her body, free for even a moment from the harsh judgements and expectations she habitually imposes on herself? Her ‘shoulds’ and
‘shouldn’ts’ have become familiar to me and they echo in my mind as I watch her work. I should be balanced. I should be slim. I should be spiritual. I should be a good mother. I should be a good partner. I shouldn’t be confused. I shouldn’t be angry. I shouldn’t have this void inside. I should try harder. I should be on the right path. But today she laughs as she dances and here, in this drawing (Figure 7.6), little dotted lines join one part with another. A green organic form grows up from one area to connect with another and a flower blooms over a word written in small letters: Connection.

* 

Workshop 8

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Figure 7.7a: Cath Workshop 8: Legs and Feet: Feeling ungrounded 1

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Figure 7.7b: Cath Workshop 8: Legs and Feet: Feeling ungrounded 2
I go searching – constantly searching, but what am I searching for, when will it all stop? What am I searching for?

Cath writes from her movement exploration and from her drawing:

My feet, my poor feet, they feel very tired but they just can’t seem to stand still, very ungrounded.
I’ll go this way - I’ve found something, is this it? It looks familiar, there’s something about the smell even, is this it? No that’s not it, that’s not what I’m searching for.
My poor feet, more searching, searching, continually searching, they are tired of being ungrounded. Moving from this place to that place, to the next place.
Over there, yes there, no don’t walk that way, come back this way. Yes there, right there. I see something, I don’t know what it is but it’s there, there it is. Right there. It looks familiar, there’s something about the smell even, is this it? Is this it? No that’s not it, that’s not what I’m searching for. My feet are feeling out of control. All anxious. They just want to run and get the hell out of here, but they won’t move.
Constant spinning, round and round and round they go.
Repetition, repeating and repeating, over and over the same old ground – negative cycles - traumas - events in my life, past events, current events – things that have gone by.
Wait, I see it, there, there, look there. Yes, oh yes, I see something, let me pick it up and see, this could be It, this could be that which will make my feet more grounded. It looks familiar, there’s something about the smell even, is this it? No that’s not it, that’s not it.
Still moving, am I going forward or am I just turning and not really going any way forward or backward, I don’t even think that I am going sideways. What a weird thought, surely feet have to move one way or another. They would be able to move if they were grounded and confident with themselves. Am I growing with each step that I take, even if it is round and round in circles, is that OK? ... Will I ever become grounded?

We are working on the wide shiny floor of the sports hall. A large part of the hall is designated the stage and we sit as audience on the floor, off-stage, along a white line that usually marks the side of a basketball court. Cath can’t organise her performance in two separate areas of the stage according to the score. The areas overlap and merge as, slightly stooped and focused, she goes round and round in circles picking up, inspecting and discarding one imagined thing after another and the flower heads she has scattered across her stage. She is muttering complaints about a void in her life that she is trying to fill but can’t. She tries again to establish a second place for a contrasting movement but without conviction or completion and reverts to going in
circles in one area looking for something new, finding it with excitement but quickly tiring of it and throwing it away. **No, that's not it.** For the first time her performance is very powerful and we are all wide eyed and engaged. Suddenly Cath becomes frustrated with herself and unable to continue. With her permission, I engage with her, taking the voice of the one who is always enticing her to try yet another something new. Together, we allow a performance to develop that lends support to a core understanding in expressive arts therapy: ‘[t]he entire repertoire of our life experiences can be accessed and activated through the body in movement’ (Halprin, 2003 pp.17-18).

I crawl after Cath who searches here and there, bustling in circles searching for something that has to be out there somewhere. ‘I’ll give you what you want,’ I whine trying to entice her in my direction. She responds with politeness. I pluck at her clothing, ‘Remember me? I’ll make you happy.’ Cath is patient and reasonable with me but she moves on. I pursue her along the floor dragging on her. ‘Come on, time for something new. This is what you need.’ She is nice to me but moves on. I pull her back. ‘There’s something delicious over here. Come on.’ I pursue her, hang on to her and bring her to a standstill. The group becomes exasperated, wanting Cath to shake me off. **Tell her to fuck off!!** someone shouts. Her closest friend yells, **Yes, you've got her, you've got her!**

Cath stops and facing the group states with simplicity, **This is what I am doing. This is me.**

After a moment of reflection, Cath tells us that she is becoming more aware of how she is stopping herself – what her lack of passionate commitment to change is about. She says that she can see now that there is a part of her that **still wants to play the field.**

***

7.2.1.1. My observations

In her drawing, her writing and her performance, I saw Cath finally identifying and truly confronting a major life stance in which she was keeping herself confused, frustrated and moving in repetitive circles. My felt sense was that she had been looking outside herself for direction and solutions to her pain. Cath had sustained a
strong, calm, reserved, public persona and a dominant narrative in which she was on a spiritual inner journey. At the same time she was very unhappy. She experienced a lot of pain, a lot of confusion, a high level of frustration and periods of what she called ‘depression’. But, as I understood her, she was looking to the future and keeping herself confused and disconnected rather than finding what she needed to do to change and cultivate a different and more rewarding path. I saw her as being caught in ideas about who she should be and what she should do, rarely allowing herself to feel her feelings and be with herself in her body and in the present.

The power and authenticity of Cath’s ‘feet and legs’ performance moved me. It was compelling for all of us who witnessed it and profoundly satisfying for her. My active listening and responding to Cath came from a place where I was affected by what she was expressing and I engaged with her by embodying one of her narratives while finding expression for my frustration that this narrative seems to keep her at an impasse. In terms of expressive arts therapy this is an action that extends an empathetic response to ‘an aesthetic response’ (Knill, Barba, & Fuchs, 1995) or an ‘aesthetic intervention’ (Levine, 2005 p.68) requiring of me that I be fully present while continuing to observe from the outside (Halprin, 2003). Halprin refers to the witnessing audience as providing a ‘holding environment’ (Halprin, 2003 p.116) of unconditional acceptance and the intervening witness as offering the following:

- The witness organizes her interventions or feedback around five intentions: to acknowledge what is there, to deepen the experience, to expand the means of expression, to develop new resources, and to suggest possibilities for change (Halprin, 2003 p.116-117).

I understood Cath’s performance to be a beginning and, knowing how significant the word ‘authentic’ was becoming to her, looked forward to her further confronting what she had identified and finding how she could let go her burden of pain: the origins of her anguish (Bachelor, 1997).

In terms of the five part process practised within the life/art process, Cath’s way forward would involve a full exploration of her repetitive cycle and a willingness to be with herself in what she experienced as confusion. Her work throughout most of the workshops suggested to me that it masked her pain. Ultimately, if she were to allow herself to be present and remain true to her own process and determination to be authentic, I believed insights would emerge. Cath needed to discover how to articulate her pain in ways that involved some form of release. She would then be able
to distance herself from it in reflection, understand it better, perhaps make some changes in the way she was conducting her life. In some sense, she would have to let her pain go such that she could observe it and learn to live with it creatively instead of carrying it as a debilitating burden. Allowing changes to come about, making choices to act out having let go and cultivating these new actions would put her choices to the test. If they resulted in improved health, better relationships and a greater sense of wellbeing, they could justifiably become part of everyday life as an integral part of growth. This was my sense of Cath’s way forward, but in reality her way forward was hers to discover.

In action research terms I have described change informed by action in the ongoing cycle of choosing (planning), acting, observing and reflecting. From the perspective of expressive arts therapy it is creative living. Within this dynamic cycle, experiential and creative processes allow also for times and spaces of formlessness and chaos in which old ways of being, acting and thinking can come into question (Levine, 2005). It allows for the expression of deep feeling and the exploration of imagined possibilities. It is the claim of expressive arts therapy that this creative and expressive process has the potential to be transformative, giving rise to new narratives and identities, meanings and direction.

The question arose for me in my role as practitioner in relation to the participants with whom I had a deepening relationship: What level of intervention is appropriate? How can I best support and contribute without leading and imposing my vision. I am deeply interested in the process of transformation and have confidence in the power of the creative process. I wanted these workshops to show my approach in a positive light and I cared about Cath and wanted her to make the choices that relieved her of her suffering. I had observed her carefully for many months, had witnessed her stories, engaged with her performances, ‘indwelt’ her drawings and actively responded to her work. As is evident from the above paragraphs, I even began to develop a felt sense of the direction in which she needed to go and opinions about what would help her and what she could do for herself. Cath trusted me to be real and honest with her and may even have believed that I had answers. But we also both knew that my answers would not serve her. She had to find her own. I would have done her a great disservice if I had intervened in any way that robbed her of the opportunity to discover her own truth and learn how, within the context of her life-
world, she could best access that and appropriate that learning in future.

Because I am not a passive practitioner, it was important that I foster in the research group the understanding that any suggestion I made was firstly about me and secondly, something that could be rejected or tried out, experimented with, accepted as useful or discarded. My freedom to act as a mirror or to intervene in ways described above as the ‘aesthetic intervention’ of an ‘intervening witness’, increased as a function of the development of mutual trust between the participants and me. I needed to know that Cath would not accept anything I said as ‘The Truth,’ understanding that it was always only what I saw from where I stood. It might be useful and it might not. Even so it was necessary to take short accounts of what was happening in our interactions on the occasions when I was proactive. I checked often, asking such questions as, ‘Is that true for you?’ ‘Don’t let me put words in your mouth.’ ‘How did you feel about my participation?’ My interventions at the individual level within the context of the group however, were of necessity limited and, as stated above, only by invitation.

For reasons outlined at the end of Chapter 3, it was important that I make use of every opportunity to help participants gain a working knowledge and understanding of the learning model, the five part process. Cath’s reflections on the program suggest that she did. The Five Part Process provides me with a framework to deal with my blockages.

In the following section I give an account of the outcomes of the program as it was experienced by Cath. Comparing her two self-portraits, and in particular the ways in which she responded to them in her writing, indicate a shift in Cath’s approach, which is made clearer in her reflections on the changes she made and her experience of the program.

7.2.1.2 First and final self-portraits: Workshops 1 and 9

In response to her initial self-portrait, Cath discussed the colours and symbols and their representation in the drawing. Her writing of her desire for knowledge and new understanding was idealistic. She saw herself as on a journey that included love ... responsibility ... caring ... friendship and represented her personal hopes, dreams and aspirations, which she stated were never going to be easy to achieve.
Each side of the mountain is separated by my own Self and I don't understand why I have put this block between the two. My hope is that one day that block won't be there and that the two sides of my Self can be one.

I am the tree trunk with all of its multiple layers of rings; Rings upon rings of pain, hurt strength, courage and hope. Just as trees are grounded and solidly firm in the ground, I have to be just like that tree trunk. I have to find that place that keeps me solid and my feet firmly grounded in my reality.
In the final self-portrait Cath is surprised to find herself, not trapped in a dead cage but in a life-giving tree trunk in which there is room to grow and learn. I can feel the tree trunk expanding with every move that I take.

I have the impression that Cath has learned a different way of approaching her creative expression. The idealism associated with her first drawing is replaced in the second, by a more questioning approach. The latter is more immediate and her physical connection to the work more apparent.

Cath questions her capacity to bring together the two equally important sides of herself and sees a hole in the middle of the tree trunk that needs to be filled. She wonders also about her Aboriginality:

I am Indigenous, an Indigenous woman but why is that so important? Can’t I just be someone who exists? Do we always need to be something? Why is this so important?

Returning her attention to the tree trunk, Cath finally wonders if the answers to her questions lie in that place and then responds with the following:

There is something inside that keeps telling me that there is no such place. Those tree trunks are mythical and so are the creatures that live inside them.

I see in this writing the emergence of a new understanding of her narratives and the ways in which they and her discovery of them through her drawing can serve her inquiry into her own truth and understanding.

7.2.1.3 Change

This is a summary of the changes Cath understands she has made. It is based on the transcripts of the first and final interviews for Phase 1, which include the Narrative Assessment Interview (NAI) protocol. Cath states in the interview following the series of workshops:

It’s clearer how I work. I know nothing is straightforward with me and there is always a head response and a heart response. I accept that more and it’s about me trying to be honest and real and aware about others in my life.

Cath feels lighter and so has lost the sense that troubled her six months ago, that she should try to be funnier and liked by others:

Because I’m feeling a bit more ok with me - their views and opinions don’t matter as much because I know I’m trying to be authentic ... I really like
that word … such a powerful word for me. Yeah, other people’s views … they’re not such a big thing with me anymore.

Changes have come about also in Cath’s relationship with her children:

Something’s happened recently where my relationship with my kids feels lighter. Something’s shifted in me - an acceptance of where they are in the present. I’m aware of my kids and where they are now [not where they were seven years ago when she left them] … having a present relationship with each of them individually. Our relationship is two ways now. I’ve accepted the present … not completely … not finally … not letting go. Letting be, I think that’s it. Letting it be … That was quite a huge thing for me I guess … That all came about because I really wanted to be authentic with myself.

The obligations Cath initially talked about as constraints have taken on a different meaning:

For the first time I really want to be responsible … meet my obligations.

And her attitude to pain has changed:

The pain … yeah, the pain is there … but the whole bit in order to avoid pain … I’m okay with feeling pain now. If I don’t feel it I can’t deal with it. You know, it’ll just sit there and … and … nothing.

Cath has called into question her attitude to balance, which has been a major issue for her for a long time. She has thought that because she is Libran she should be balanced, but feels she never has been:

Maybe it’s my whole perception about balance. I think I need to re-look at that … ‘cos it’s changed.

Finally Cath states eloquently what I had seen emerging in her ‘legs and feet’ performance and it reinforces my felt sense that, through the experience of the workshop program, the participants gained awareness and became more capable of critical self-reflection.

I am much more aware of the things in my life that stop me from being authentic … about my feelings and needs … I have learned that I need to be more authentic and honest with myself.

Cath made a statement towards the end of her second interview that was for me profoundly moving. Given my approach to expressive arts therapy, I could not have been offered a greater gift:

I’ve stopped looking for myself. I understand that I am in the process of creating my life.
7.2.1.4 Cath’s experience of the program

These reflections were recorded during the second interview. Here I have put together Cath’s statements and have rewritten her reflections in a way that is true to the contents of the transcripts of her final interview, re-presenting them in a condensed form.

I have come to appreciate expressive arts therapy more and understand better how it can assist me with dealing with and confronting issues and learning from the activity. I have come to know that I personally like the power of drama and how this provides a safe place for self-exploration. In the legs and feet workshop I was able to identify probably the biggest problem/barrier/challenge in my life - the thing that stops me from moving on.

Performing my drawings was helpful for me because I was able to give voice to the things that my drawings were wanting to show.

I would like to pursue this work both personally and professionally - developmentwise and then teach it at educational institutions as well as in Aboriginal communities in small groups or workshops.

7.2.2 WILLIAM

In the context of the workshops William is a man of few words. He seems very contained and works quietly, with a great deal of interest and seriousness, apparently always giving himself to the process to the best of his ability and with a lot of enjoyment. As a result of the initial interview I know something of William’s vulnerability, but to the group I imagine he looks quietly strong and confident. This account begins at the second workshop.

Workshop 2

In the workshop on the spine, William identifies his confusion: Growing strong and upright, I am confused by weakness and flexibility. I assume that he means something that relates to the droopiness of the branches – perhaps a lack of firmness or determination. Through movement, drawing and writing he explores the part of himself that he experiences as weak … scared … undisciplined in contrast to the part that is trying to be strong.
Figure removed due to copyright restrictions

**Figure 7.10: William Workshop 2: Spine**

I am my spine: I am being pulled in two  
I am trying to stand upright and strong  
Yet I am continually struggling against my own weakness

* *

**Workshop 3**

As William explores the possibility of multiple narratives he gives both his head and his body a voice:

- **Head:** I know you may look at me as the leader  
- **Body:** Well you always told us to follow you and shut up

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**Figure 7.11a: William Workshop 3: Head**
William’s drawing expresses an inner conflict and his written dialogue gives some indication of this and of some feelings of regret. Body blames Head for all the stupid unilateral decisions it made without thought for the consequences for the body. In its defence, Head argues that it was presented with so many possibilities, it was difficult to tell the good from the bad until it was too late. Head can see however, that it has often made bad choices:

I know now that the scars you hold both internally and externally are from my decisions.

Head explains that it is finding it difficult to change and asks for time to learn. Body concedes that it wasn’t all bad, remembering that Head had in fact made some very good decisions for both of [them]. Head undertakes to listen more to the needs of the body and make collaborative decisions. William’s second drawing suggests there is something hopeful about these decisions.

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Figure 7.11b: William Workshop 3: A flame is lit

At the end of the workshop William seems very satisfied with his day’s work, stating that he sees his drawing improving and that he is pleased with his increasing freedom to move.

I am really growing in my risk-taking as I have never done movement work before.

*

Workshop 4

Focusing on his shoulders and arms, William identifies his tendency to seek healing from an outer source and asks in a poem if it is possible to heal one’s self.
In his writing he expresses his remorse for the times he has caused pain to others. At the end of the day he writes on the workshop evaluation form:

All I can say is I totally love and believe in the process and enjoy the challenge.

* 

**Workshop 5**

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**Figure 7.13: William Workshop 5: Ribcage: Freedom colours**
In a drawing focused on the ribcage William expresses his longing to be both free and complete.

**Imprisoned by a small dark space. Stiff, straight edged and limited.**
The colours emerge but are still imprisoned by the box. Sadly, circles of completeness seem so far away but he expresses the hope that one day they will join and be complete.

William continues to work quietly, exploring every activity that I offer but never inviting input or asking for direct interaction. My sense is that a lot is happening that is not expressed and that that is as it should be at this time. Intuitively, I want to give William the maximum amount of time and freedom to move at his own pace. So for now I don’t intervene or ask questions.

* 

**Workshop 6**

In a day focused on the abdomen William explores what is going on at gut level and he writes: *Something needs to change. I need to find a new approach.*

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**Figure 7.14: William Workshop 6: Abdomen**

Choosing three elements in his drawing he first identifies their qualities, speaks from
them to a partner and then creates a three-part performance to be witnessed by the group.

1) Negative Energy
   I want to hurt you
   I don't like you
   I don't like your type

2) Self Protection
   I need more help
   I need more food
   The more the better

3) Pressure
   I can't take this any more
   Something needs to change
   I need to find a new approach

In his performance, William is on the floor, almost on his back with his feet and hands in the air in what seems like a great struggle with others and with himself. He looks as if he wants to kick out at something but restrains himself. He has pinned himself against the wall with his feet and hands up in front of him, fending off something. Go away, he mutters between tight lips. His voice is strained and thin. Suddenly he rolls over into a slumped sitting position and, with fists full of some imaginary substance, stuffs his mouth in what looks like desperation. I see him as a pathetic figure, engulfed in self-pity, trying to meet some unarticulated need. Finally thrashing around on the floor he mutters, I've had enough. Something has to give. A participant responds with pity, Give him what he wants and he'll get sick of it and move off. My inclination instead is to oppose him in his place of restrained anger and frustration but the time does not feel right. As his performance finishes William initiates a conversation with me in which he makes it clear that he is utterly tired of the anger route. He says it has been his path for many years. However he also rejects the way of the nice guy. He sees only two alternatives and feels stuck between them. I make little comment but reflect on William’s playing out all his performance either sitting or half lying on the floor. He shares with the group that the self in the place where he is stuffing his face does want comfort and reassurance, but I continue to think of that place as one of self-pity and imagine it as William’s response
to being stuck between the ‘nice guy’ and the ‘angry bloke’ neither of which are satisfactory to him.

William invites a discussion about anger and the place of emotional release. He has experienced workshops in which there was an expectation to ‘let their anger out’. He doesn’t believe that it is always good for everyone. He has exploded so often in his life he says he is sick of it and wants to find another way of responding to frustration. We have another workshop the following day, so I leave him with his questions. Consistent with the approach characteristic of expressive arts therapy and many other therapies that are client- or as in this case participant- or learner-based, it is of utmost importance that William find his own solution to this dilemma.

We return to William’s performance as ‘unfinished business’ the following morning. I invite him to explore further what he identified and confronted the previous day. He is keen to try out anything because he has been thinking a lot about it overnight. I ask him to go back to the position on the floor that expressed his frustration. ‘I am going to be the one who wants you to get angry. Cath is going to be the one who wants you to be nice.’ I explain. We use a gym mat against his hands and feet, and lean on it. I say, ‘Okay William, find a new way out’. Cath goads him in a winy voice. ‘Come on Willie. Be nice.’ I push and provoke him. ‘Get mad Willie. Come on you’re a bloke, get into it.’ He pushes this way and that and eventually slides out muttering, I don’t have to stay here and walks off. The group protests. Cath and I feel ignored – walked out on. We say we can’t take him seriously. ‘What have you just done? How do you feel?’ I ask. William replies, What I often do ... I just gave up and it doesn't feel any good. William wants to try again and gets back on the floor between the wall and the mat and we lean into him embodying his opposing narratives. At the point when he is about to repeat himself, he suddenly realises that he has another option. He springs to his feet, stands very tall and faces us saying firmly:

I don't want any part of your fight. I don't have to take this any more.

Did I hear or imagine a resounding cheer from the group as William stands his full height? I invite him to experience this posture fully and state very loudly, ‘I’m William and I’m proud.’ He does so with a big grin and states:

I feel great!
Writing on this work later, William titles his reflections: **Making a choice and taking the right action.** He recognises that his choice was strange to him. **It has never been part of my past.** He sees that he came from sitting on the floor to an empowered standing position where he was able to speak with authority:

*I was able to state that I refused to take this anymore and assertively say exactly this. I was sick and tired of being in this same old predicament and I had the power to stop it there and then. I did exactly that.*

This was a complete turn around from the feelings and emotions I had when I was seated and having pressure put on me feeling the limited options. But I found a new option, to be assertive and get on my feet and state that I did not want to do this anymore and ask that others respect my wishes.

William realises first that he had a choice and then that changes in his thought pattern, his physical position and his voice were all implicated in his action as he exercised that choice. Finally he states:

*I learned that I needed to ground myself to stand firm in my choice and belief.*

★

**Workshop 7**

We are working on the pelvis and through our movement exercises William discovers a new freedom from self-consciousness and shame and that he loves to dance.

*I got to say I love to move, to dance, to be myself and be free. I love the release ---- the happiness.*

His writing reveals another inner voice that tells him that it is **shameful.** People are looking and judging and it is more important to focus on what they see. He should not let them feel uncomfortable. William persists with his dancing saying:

*Freedom is the movement - experiencing the movement - being sensual - being sexual*

The other voice expressing disgust says, **This should be done in private.**
The joy of being free to move, to be centred is like a whole new level of living.

★

Workshop 8

Part of our exploration of legs and feet has just involved a foot massage given by two participants simultaneously. I joined in and gave William a head massage at the same time. He tells the group:

I couldn’t believe I could feel so cared for. I felt like crying.

Together we list all the expressions we associate with legs and feet such as ‘putting my foot down,’ ‘standing my ground,’ ‘not having a leg to stand on,’ ‘being legless’ and ‘understanding’. In movement, William explores two expressions that are familiar to him and one that is not.
After completing this drawing William performs for the group using more than half the sports hall as his stage. A very expressive sequence of movements begins with what I imagine to be confusion expressed by twisting and turning his bent over body while holding his head between his hands. This evolves into a staggering walk. As he begins to unfold his body, he finds a higher level on which to perform. He wobbles along a balance bench and gradually getting his balance, opens up, assuming a still and powerful position. Standing tall with extended arms, William is, for me, an imposing figure of natural authority.

***

7.2.2.1 My observations
Throughout the series of workshops I watched William gradually allowing himself more and more space in which to play and explore. As he explained it, his confidence grew as his self-consciousness abated. According to his workshop evaluation chart he consistently found the activities valuable and made a substantial commitment to every opportunity offered to him, taking risks and challenging himself.

It became apparent that William had a well-developed veneer of quiet self-containment. The questionnaires on trust indicate that he did not really trust anyone at the beginning. He stated in his second interview, It's basically the way I am. He said he was afraid other people would pull out of the workshop when they got to know him. But, as he noted, he got to know and trust each person better because of the interactive group work.
There was fun, laughter, crying, hurt. People cried and the group felt close to them. The fun stuff was really important 'cos we laughed together ... we felt closer ... we could talk openly ... truthfully ... in a fun yet serious way too.

Reflecting on William’s statements about working in a group while considering also his expressive work and all that it revealed for him, I am conscious again of the importance expressive arts therapy places on the quality of the container: that which surrounds and supports a person as they engage with the process of exploring their lived-experience. To be allowed to be private or to play and experiment, to be offered unconditional acceptance, to be listened to, engaged with and responded to, to feel safe and to experience feelings of trust and, as was possible in this group, to offer all these actions to others, is a rare opportunity. It was one that William engaged with fully and he was therefore able, according to my felt-sense of him, to enter into an expanded experience of himself both alone and with others.

7.2.2.2 First and final self-portraits: Workshops 1 and 9
In an interview following the drawing of his first self-portrait, William said he had been thinking about the spiritual, physical and intellectual parts of himself and decided to articulate these ideas by drawing a three-sided figure.

Within this self-portrait William depicted three phases of his life. There was his family.

They were there and I didn’t really have to unpack them or think about them.

There were the teenage years,
Chapter 7: Phase 1

Where I got complexes and understood words and knew what abuse was and trying to figure out why people do these things.

These were the years of doing to other people what he felt had been done to him.

Well, okay, if people do that to me, I'll do it to other people too because that's the only thing I know and I hate myself and I hate others too at the moment.

William said that there was jealousy and rage in this phase because he never saw himself being as good as others who also always had more than he had.

The third part of the drawing was about William trying to make sense of his ‘spiritual side’ with an uncertainty about the role addiction played in his life.

But I also understand that there's this addiction stuff that's messing the three parts up. But, I don't know if its addiction or compulsion or it's a lack of discipline.

There is considerable distance between William and his drawing. It was an expression of what he thought and remembered. Later, he ‘talked about’ the picture rather than ‘talking from’ it as was to be encouraged throughout the program. This type of narration is a clear example of external narrative sequences, the first in the three part narrative processes model (McAdams & Janis, 2003) in which past or recent, real or imagined events are remembered and articulated. I align these processes with those that serve to raise awareness and identify issues as in the first of the Halprin five part process.

The second part of the Narrative processes model is internal narrative sequences which involves a full engagement in the lived experience, bringing to awareness the tacit feelings and emotions connected with the events that are being recalled. In articulating these internal narrative sequences, what is real for one is confronted and the emotions that are aroused are released in the process of re-experiencing. In non-verbal expression, in talking from one’s drawings rather than about them, being present in enactment and performance as well as in the retelling of experience, the creative processes of expressive arts therapy open up spaces for the same full engagement in lived experience. Hence I associate the ‘internal narrative sequences’ of the Narrative processes model with ‘confront’ and ‘release’ of the five part process.

Reflexive narrative sequences are the third part of the Narrative processes model. I relate these to the process of change and growth as they involve the reflexive analysis of articulated experiences. In these ‘de-centering’, reflective processes there is the
possibility for new meanings and different perspectives to emerge.

In spite of the fact that I had assured everyone in the research group that levels of skill were unimportant, I know that William had no confidence in his drawing ability and was apprehensive about the results. William’s first self-portrait was his first attempt at what would become, in expressive arts therapy terms, a way of ‘working with sensory experience and then working with what arises’ (Halprin, 2003 p.90); a process of experimentation, exploration and play that facilitates a freedom to move from an external narrative mode to an internal one as defined by the Narrative processes model. I was sure that a trusting relationship between William and all of us in the research group would have to be built before he could begin to enter more fully into this experiential process of personal inquiry.

Looking at his final self-portrait alongside all his drawings from the workshops, William becomes very aware of the black in them and states:

I see all the black intense stuff - fear - darkness - whatever it was is in every picture. I want to keep going into that.

William’s reflecting on the drawing in a follow-up session leads to his identifying his fear of being left alone. Although, most of the time, he can only see that this means
his partner leaving him ... being home alone ... not going out ... having no friends, he also sees it as a challenge that he would like to rise to. He is aware that he imagines that others, like his partner, sees the dreary, sad, fearful part of him that he is beginning to identify as his old self. He, on the other hand, wants to be and be seen as a healthy, proud, black man.

Exploring the black in his self-portrait William does another drawing and focuses first on a little, brown, bowed figure that expresses this blackness. My own questions and prompts are missing from this account. The interaction is not recorded apart from my writing down most of what William says.

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Figure 7.19: William Workshop 9: Follow up

Sitting slumped on the floor he gives the little brown figure a voice:

I'm a heavy-hearted figure with lots of gloomy thought. I'm surrounded with black lines of sadness and loss and loneliness. I'm unconnected, isolated, depressed and unmotivated. I can't see out. I'm cut off.

He recognises that this little figure has been there for more than thirty years and speaking from it says:

I arrived first when Dad went ... when I was seven.

From this little figure William is able to address his father:

I am seven. I'm surrounded by sadness, fear, loss ... Dad, I'm scared. I've got nothing now. I'm lost.

He tells his father how it feels to be left and unprotected and then, taking the part of the father, William responds to the little boy:

I heard you say you were lost and broken hearted ... denied a lot of things because of me. I can see you were left when I walked out ... there was a lot of hurt in your life ... and sadness ... I heard you say you were hurt when I was violent and drunk. You needed me to give you all those things you wanted and expected ... I wasn't there. I feel sad that I caused that ... that my decisions could have such a big impact on your life. I can't help feeling responsible for some of it. I feel sad for what I've done. I didn't give you
an explanation. You had to piece it together yourself. You had the loss. You’ve just experienced that yourself. But you didn’t walk away. I feel pretty proud of you because you did something I couldn’t do. You’ve tried to identify our ghosts.

In this statement made as from William’s internalised father I see the cycle of transgenerational suffering being broken.

William further explores his drawing by identifying other voices that he finds he can use as resources. Speaking from the little figure to the right of the centre of the drawing he states:

I am little and active … bright eyed … grounded but not stuck … ready to move … arms outstretched and open.

From the taller figure on the right he says:

I am tall … bigger … powerful, knowledgeable, wise, protective, inspirational, loving, kind and giving.

And finally he stands tall and from the blue of the sky and the sea addresses the little boy:

I am the sky … the sea … all the things you love. Hey! I want you to look at me not for me … feel me … touch me … experience me … be me.

At the end of Phase 1, William recognises he has many more choices than he had previously imagined and identifies fear as his major issue. He gives evidence of his developing awareness by explaining that when he is caught in self-pity and fear of loss his pattern is to build something around himself that shuts him off from other people and the world around him. In this way, I understand, he validates and reinforces his fear of being left alone: a self-fulfilling prophecy.

My observations of William and my reflections on his self-portraits indicate to me that William has become more self-aware. Allowing space for the emotions associated with his story he is better able to reflect critically on them, his own attitudes and his actions. The changes he experienced and his reflections on the program outlined in the following sections give further support to this claim.

**7.2.2.3 Change**

This is a summary of the changes William understands he has made. It is based on the transcripts of the first and final interviews for Phase 1, which include the Narrative Assessment Interview (NAI) protocol. As the transcript indicates, William has made
a number of significant changes in his life and he feels he has made a lot of inroads into understanding himself better. He states:

I am now aware of certain areas in my life, which I need to continue to work on.

He has a deeper understanding of some of the things that he likes and is better able to express himself. He has realised that everything that others do and say is not about him so when he thinks he is being over sensitive, he is learning to stay centred and say to himself, oh, okay, that's because that person must be having a bad day. It's not about me. But he recognises that that's hard to practice every day.

William has become aware that he has to work at not making the negative things very large in [his] life. He believes it requires a lot of focus and, like being honest with one’s self, a life-long effort, there being a big difference between knowing about something and actually practising it:

I have to work on trusting myself to be honest with others … still not able to say what I want … still saying it to please the situation. I know it’s an issue and I’m dealing with it.

In relation to his family, his ex-wife, their children and her family, William sees that he must balance his own needs with theirs and has a clearer understanding of how to bring more order into his life so that he can achieve that. He has much less fear of the antagonism of his ex-wife’s family than he had six months ago, so is better able to negotiate time with his children:

I know where I need to stand and the distance I need to keep from ex-in-laws and things like that … and also it comes with a bit of respect too. You know … I know my children … I can’t just turn up and get them to choose me over their aunt … who loves them and their mum … their grandfathers and that … I work out a time to … to deal with that.

Also William has come to terms with being seen as a father who is not with his children twenty-four hours a day, failing to meet, what he has felt, until recently, are society’s expectations of him. He believes now that you can be a dad wherever you are, and his relationship with his children has begun to improve:

I’ve had a lot of good conversations with my sons and daughters. I can tell that that’s changed a bit.
William would like to pay more attention to his health and diet:

I’d like to pull it right in and get closer to it.

He recognises that his eating habits are a source of a lot of feelings of guilt that he needs to attend to but he is also encouraged by some changes:

I’ve come a long way again in knowing what’s what. So I suppose I’ve moved forward in understanding it, but not doing …

Important choices affecting his lifestyle relate to the pressure William has felt to help Aboriginal people and fulfil their expectations of him as an Aboriginal man. He says, you know, you got to clean up your own back yard, and he is learning to say ‘no’:

I’ve actually said no to a couple of things … And I won’t do something just ‘cos someone else tells me to or ‘cos they might say, you know, you’re in the Aboriginal group over here … or the Aboriginal people … or the Aboriginal race or … and they look at me straight and say ‘you’ve got to do this’. … ‘No, no, I don’t.’ And I’m okay with that. And that’s … that’s integrity in a different way ‘cos I’m choosing not to go out there and burn myself out and be totally useless to everybody including myself.

William wants to overcome his tendency to feel sorry for himself:

Yeah that ‘poor bugger me’ stuff is still there sometimes. I’m tired of it.

The most significant issue that William identifies as needing his attention is his area of dark unknown fear …

That’s the bit that I want to keep going into.

He finds that his fears are in a different area than he had previously experienced them and that he has gained a deeper understanding of what some of them are and new ways of dealing with them:

I’ve learned how to … you know … stand in a more proactive way or … as opposed to standing there all fearful. Because when you stand there all fearful of course someone’s going to have a go at you. I’ve learned there’s another choice. There’s another option and I’ve tried to practice the other option.

William has also identified the source of fear that creeps up on him and overtakes him when he is not expecting it:

It’s past experience … my fears always come from my past experience. ’Cos if someone does something at a certain time at a certain place in a certain
way when I've been somewhere like that [in that sort of situation], all of a sudden the fear comes in. It's going to happen again. It has to happen again.

Fear, William understands, robs him of his power and at its worst, governs his life. His growing capacity for critical self-reflection has helped him identify his fear and in some instances he has confronted it. He wants to understand it better and find ways to make the changes that will help him overcome it.

7.2.2.4 William’s experience of the program

This is a compilation of William’s reflections on the program as a whole. Although it is condensed, the statements are true to the transcript of the second interview.

The expressive arts therapy program gave me the opportunity to be the artist. Performance was a challenge and I've hardly ever done any art before. Now I can and my artwork has developed. I am more free to draw, dance, act out issues and to do expressive art as opposed to 'Aboriginal Art' as society expects.

The program has given me a deeper understanding of my fears - how I can express things. At the beginning I was waiting for direction. Now I can take something and explore it a bit more - tools for me - and to share.

Most significant was the pelvis workshop - the movement and the workshop where, through acting out, I discovered new ways of dealing with pressure put on me by others ... another option.

The workshop series was a short period but it was full of stuff. People spend a lifetime doing only half of what we did in that short period. This work is the sort of work I have been interested in for many years. I just didn't know what it was called. I want to dance, to sing, to write, to draw. I never really knew how all this could work in the area of individual and community development.

I would love to know how other art forms could be used in expressive arts therapy: photography, song writing, creative-writing, music. I have a deepened desire to work in this area in the future. I realise there's so much to this expressive arts therapy stuff that I don't really understand and I haven't finished exploring me yet.

7.2.3 JOSEY

Josey was very expressive and communicative in the context of the workshops. She gave herself to the process with commitment and enthusiasm allowing her feelings to show and touching the group often with both her tears and her infectious laughter.

The following account begins at the second workshop.
Workshop 2

I am my Spine …
Reaching for solutions
But stuck in illusion

Josey’s explorations of the spine through directed, paired and free movement, drawing and writing reveal, for her, an underlying sense of confusion:

This way, then that way
This is confusion

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Figure 7.20: Josey Workshop 2: Spine

Josey experiences a flowing of emotions through her spine and, in her writing, acknowledges the potential for what she calls true awakening. Throughout her writing, references to idealistic states of being are interspersed with the recognition of her bubbling and babbling and she demands that her body conform to an image of how it should be.

I am my Spine
Silent and waiting
For God’s sake tuck it in!
Gee now, straighten it!
Josey flips from humour to fantasy to fleeting moments of awareness of her body and recurrent expressions of a desire for something that she perceives to be out of reach.

Workshop 3

Having interviewed Josey at length I am aware that she wants to slow down, learn to listen to herself and develop the capacity to focus quietly without all the noise that she experiences within. I get, really ... kind of hyped and excited.

She stated in her interview:

This head just wants to take you anywhere, you know. It's got me over there, pruning and smelling the roses and ... I'm actually sitting here and it's like ... get back here, we're here!

So it is with pleasure that I observe Josey’s working quietly. Grappling with how to give form, line, colour and texture to her experience allows her imagination to lead her, and she is focused and composed.

Figure removed due to copyright restrictions

Figure 7.21: Josey Workshop 3: Head

Josey creates a dialogue between her head and her body and acts it out with a partner. Under her direction, the two performers are at odds, pulling in opposite directions.

Body: You're not the boss and we are sick of you acting all Deadly!!!
Head: But I am! I have the brains, eyes, ears, mouth and nose. See, I want to go this way. So stop fighting me!

After further verbal argument and physical tussle the recognition that they are both
needed and can work together as a whole emerges. Body says that cooperation requires, *opening up and listening to the rest of us.* The performance ends with Head and Body reaching an agreement to listen to each other.

There is in this piece of work a reasoned solution to an issue that Josey has identified. But the issue has yet to be explored as she continues a search for what she believes at this point will be a *feeling of completeness.* In this process however, Josey has identified her feelings of confusion and the ambivalent nature of one of her narratives.

* 

**Workshop 4**

Something different emerges in Josey’s work on the day that is given to the shoulders. She explores her *mother nurturing* which at first raises questions for her about carrying burdens that are not hers and cradling a child too long, such that the weight becomes too heavy. So she demands of herself that she *lighten her load* and instead *nurture the spirit.*
As she takes her drawing further, she identifies something small and deep she calls a life spirit:

\[
\text{With colour purple I lay within the cradle} \\
\text{I am nurtured by the breast} \\
\text{I am only a tadpole today}
\]

After a session in which they write about their drawings, Josey and the other group members gather in a circle to share their experience, witness each other’s stories and offer their responses. Together we explore the possibilities of confronting issues that have been identified. With their permission I extend some participants in order to model how we can engage with our drawings as a way of uncovering what is true for us. Josey’s work offers an example of an exploration. She chooses to read her writing aloud and a new issue arises. Unexpectedly she becomes blocked and very upset trying to say ‘breast’. Through embarrassment and tears, she says the problem is the presence of the men. She wants to persist and with encouragement from the group manages to say the word and repeat it several times with growing confidence. She owns and talks about her shame and sense of acute vulnerability. Two of the men, however, state that they can’t understand why she is embarrassed and that she doesn’t need to be, thinking that this should help. Reflecting on this later, Jack apologises for having dismissed the reality of Josey’s feelings because they didn’t make sense to him and recognises this as a familiar pattern of behaviour that causes problems in his relationship at home. The group as a whole is very moved by Josey’s willingness to confront her shame and appreciative of both her courage and Jack’s openness.

These outcomes are supportive of an assumption that underlies my practice of expressive arts therapy in the context of a group: Where there is trust and the willingness to ‘show up’, be present and be authentic, there is tremendous potential for people to learn from each other and gain insights through supported, mindful interaction.

In the last session of the day Josey creates a family sculpture in which she takes her own role as the older sister and allocates each member of the group a part in her family. This work is a further indication of the value of a group when it is a safe container. Taking courage from her disclosures regarding her feelings of shame in the
morning, Josey sets a scene through which she tells something of her story of violence and abuse. The group provides a ‘holding environment’ (Halprin, 2003 p.116), in which Josey is seen and cared for. Each member of the group is fully present for her and most cry with her as together some of the pain of living is re-experienced and released.

Josey apologises to the group for having put forward such awful material, destroying, she thinks, all the fun of the previous session. But the group protests. Each member thanks her for her courage and her trust and she writes at the end of the day:

After today I realise that although I said I asked from myself 100% previously, I really didn’t. Today I was able to take a big leap of faith with the group and tell my family story. I thank Judith for being a very skilled facilitator. She was able to support without intruding. These workshops are beneficial for people who want to go on a journey of experiencing and healing. Today confirmed it for me.

★

**Workshop 5**

Focusing on the action of the ribcage we explore the idea and the experience of being open and closed with movements that engage the whole body. The participants are also encouraged to become aware of any feelings that might arise as they move. Consistent with a holistic approach to health (Jagtenberg & Evans, 2003), the body is understood to be an integral part of who we are as human beings, its actions and wellbeing affecting and being affected by the spiritual/emotional and mental aspects of being. From the perspective of expressive arts therapy as it is practised at the Tamalpa Institute:

All the stresses of our lives are stored in and affect the body, often creating distress and imbalance, which are reflected in our emotional and mental states (Halprin, 2003 p.17).

From this viewpoint, which also underpins my approach, what is present in the body will express itself in movement:

Since movement is the primary language of the body, moving brings us to deep feelings and memories. The way we move also reveals disabling and repetitive patterns. Whatever resides in our body – despair, confusion, fear, anger, joy – will come up when we express ourselves in movement. When
made conscious, and when entered into as mindful expression, movement becomes a vehicle for insight and change (Halprin, 2003 p.18).

I see Josey’s work as supportive of Halprin’s perspective. Having explored and entered fully into a closed position, Josey is unable to make the transition to becoming open. As she reports later, she is stuck in a very familiar, dark place in which she feels as if she is sinking and drowning. She is curled up on the floor and her breathing is very restricted. Others continue their exploration of the ribcage through movement while I get on the floor very close to Josey. I breathe with her and ask her to find the smallest possible movement that might begin to lead her out. From the focus on the breath to the smallest movement of the fingers, then the hands and the arms she begins to open and is eventually able to find her way to her feet. With my support and that of the music she walks very slowly round the hall. She says being big feels huge and scary. But she chooses to breathe and to move.

She wants to run away, but chooses to stay. We continue walking in time to the music and she becomes more sure footed. I ask her, ‘Are you ready to stand alone?’ We stand a little apart. I ask, ‘Can you find a movement that feels safe and reassuring?’ She begins to rock herself quietly, a discovery she makes use of later, reporting the following week that when she was under pressure at work and felt she was losing control, she took time out, found a chapel and returned to this position of rocking herself, a position of self-support, which after a short time enabled her to go back to work and deal with a staff conflict creatively.

In this work, Josey further confronts some of the fear and pain she has carried with her from her very damaging childhood, discovering that no matter how bad it feels in that dark space it seems easier to stay there than come out. This is a journey inward made possible by her readiness to explore and my presence as someone who she knows is willing to journey with her, offering unconditional acceptance and empathy without taking on her suffering (N. Rogers, 1993).

Josey’s pain and fear is confronted and released also in her drawing of the ribcage and the writing that emerges from the drawing. Both these activities facilitate ‘de-centering’ (Halprin, 2003; Knill, Levine, & Levine, 2005) in which the creative processes of symbolic enactment, art making and writing allow for a distancing from traumatic events. As Josey writes of her drawing below (Fig. 7.23):
I am the memory of childhood stored,
Making short breaths so not to be seen
I am the black lines showing how many times I was hit
I am the red lines deep with blood
I am heart, I take life to the edge of existence
I am the drawing, screaming out softly

The drawing and the writing become a container from which she can begin to step back in order to ‘see’ the material and the life experience in a new light, in other words, to generate new resources and solutions (Halprin, 2003 p.75).

Figure removed due to copyright restrictions

Figure 7.23: Josey Workshop 5: Ribcage

Stay small, become invisible
Don’t see me
Pretty moon and stars have gone
Boogie man is coming, quick hide
Pass me by
Trapped by the tentacles
Go Away! Bring on the light
Wish good could find me
Wish it could hear me
Wish it could reach me

Consistent with the five part process, identifying, confronting and releasing allow changes of perception to arise and new possibilities to open up. Josey writes on her
workshop evaluation form:

I always end the day feeling very grounded. I started the day very vulnerable and unsure of my level of participation because I was afraid of tapping into a place that was painful. With the exercises I believe that I was strengthened to move through that painful place to a loving and nurturing place without fear.


Workshop 6

Josey associates the abdomen with feelings of anger and with food. In her drawing today, an adult figure is enclosed but demanding angrily to be let out. I will be heard!

Figure removed due to copyright restrictions

Figure 7.24: Josey Workshop 6: Abdomen: Face of anger

Responding to her drawing, Josey identifies three elements of particular interest:

1. The inner person. 'Let me out!'
2. The line of life force. 'I am here'
3. Cheeks of green puffing out full and about to explode
Using her drawing as a resource, she explores the place in which she hides and gets lost in juxtaposition with one in which she is powerful and another where, feeling needy, she overeats. In her performance, she enacts these three elements and maintains her freedom to move between them until Jack, participating in her performance, triggers a withdrawal to a curled up position on the floor. She states later that it was the sound of a man’s voice that sent her back into her closed, dark space in which she hides and becomes immobile. I encourage Josey to speak from her dark space and she whispers, *Let me out*. Gradually, and with support from the group, she calls in a stronger and stronger voice as she slowly changes her physical position and opens until finally saying aloud:

*You can’t bloody keep me in here!*

Later she reports that it is getting easier to come out of that hiding place and writes on the workshop evaluation form:

*Thanks so much for your commitment to helping me through my pain and to finding me under it all. I really appreciate your insight and knowing how best to come into my world and bring me out. I know how lost I have been in it and do want to come out.*

★

**Workshop 7**

An unexpected opportunity for release presents itself in the workshop on the pelvis. It begins with exercises intended to free up the hips, reduce self-consciousness and promote a pleasure in movement supported by music. As Josey begins a series of directed movements lying on her mat, she begins to laugh at herself. Her laughter is contagious and soon we are all laughing – literally rolling on the floor with laughter which has the effect of relaxing everyone and opening up a space of play in which people are much less inhibited.
Josey shares her work with the group without apparent difficulty and in her writing claims her right to enjoy herself and have fun in spite of the voice that warns her that someone might think badly of her.

*I don’t care. I will be me and enjoy and become full of life and keep on exploding. So forget about dictating to me. PISS OFF!*

*Figure 7.25: Josey Workshop 7: Pelvis: Orgasm*

**Workshop 8**

The last workshop on the body focuses on the legs and feet providing an opportunity for the participants to experiment physically, embodying their understanding of the many figures of speech that relate to these parts of the body. Josey identifies the familiar feelings associated with ‘losing her footing’ or ‘losing ground’ and avoiding or running away from situations that seem difficult. By contrast she explores the physical sensations and emotions associated with ‘standing up for herself’.
Working from her drawing Josey prepares a movement sequence that incorporates, according to the score, the two contrasting elements in the drawing joined by an appropriate linkage section.

**Movement:**
- Unstructured: Running from a problem
- Strongly determined: Standing up for yourself

Using a very large part of the sports hall for her performance, Josey bustles randomly back and forth apparently avoiding something that she doesn’t want to face.

*Got to get away. Got to get away. Got to get away!*

She begins to run away but suddenly stops saying, *Wait a minute. Wait ... a ... time!*

Then she grounds her feet, draws herself up, takes on an assertive posture and using a strong voice shouts:

*Look, you bastard!!! Stop it!!!*

I see Josey trying out new ways of dealing with the deep-seated darkness that has accompanied her all her life, developing new resources with which to confront it. Gradually, she is finding her voice and her feet. After this workshop she writes:

*I believe something has shifted in me to have been able to find the ability to stand up for myself. This work is really helping me to move out of my immobile positions to be more effective and whole as a being.*
I have also realised that my level of trust in the group has increased and the trust that I was able to show came from my trust in Judith, her skills and compassion and most of all insight.

***

7.2.3.1 My observations
All Josey’s feedback throughout the series of workshops involved the issue of trust, reiterating its fundamental importance to a program that addresses wellbeing through experiential and creative processes. As is evident in Chapter 6, Josey has had little experience of trust and lived her childhood under the constant threat of every kind of abuse. As an adult she has suffered debilitating levels of fear of an inner darkness and severe physical restrictions as a result of overeating. In the workshop environment, however, she felt safe with people she could dare to trust. Her wholehearted approach to her inquiry into her lived experience began to reduce her need to avoid her difficulties so they began to surface. I saw her as experimenting with resources that would make it possible for her to make fuller use of the creative processes that uncover, reveal and bring understanding and meaning. I believed she would not always have to deal with the confusion that attended her efforts to avoid the pain she carried and suppress the multiplicity of voices within her.

In Josey’s work, the value of the integrative and holistic nature of expressive arts therapy is made apparent. Through movement and listening to her body, through drawing and allowing her drawings a voice, through enactment and interaction she was able to penetrate the screen of noise that goes on in her head. As her mind quietened and she became present with her work, her real issues began to emerge and throughout the program, the depth of her fear became apparent. While Josey was able to express some of the feelings that were evoked by her story, her capacity to be present with her deeper feelings was, from my experience of our interactions, still very limited.

Process experiential therapy practice (L. Greenberg & Pascual-Leone, 2001; McAdams & Janis, 2003) is in principle, broadly consistent with the five part process. From this perspective a client needs first the quality of support that makes it possible for him/her to be in the present, engaging fully with the sensations and emotions
associated with the problem-saturated narrative and the feelings that arise in the re-experiencing of them. These must be articulated, creating, as understood in expressive arts therapy, the possibility of de-centering. Then what can follow is the process of reflexivity in which what has been expressed is reflected on critically. This leads to the construction of new meanings and the possibility of reconstructing the problem-saturated narrative. The change, the fourth part of the five-part process that comes about in the process of reflexivity, must be put into practice and cultivated in daily life, which is ‘growth’, the fifth part of our learning model.

Expressive arts therapy understands this healing process to involve the restoration of the person’s imaginative capacity. In contrast to the isolating effects of living with fantasy, imagination enables one to reach out and make one’s self known to the other: the capacity to be emotionally articulate. The arts are seen as a medium of the imagination, giving communicable form and substance to one’s capacity to be who one is (Levine, 1997).

Each artistic medium embodies the imagination in a concrete and specific way. Through the use of sound, movement, visual language and dramatic enactment, I imaginatively express my being-in-the-world (Levine, 1997 pp.41-42).

Returning from theoretical concerns to my felt sense of Josey and her process, I believed she needed many experiences of feeling safe. She needed acceptance and supportive interactive spaces in which to play and explore, creatively allowing her imagination free rein such that she would have the opportunity to become more emotionally articulate. It was my view that Josey, at that stage, should take her process in small steps doing only that which built her confidence in herself and gave her reason to trust her ability to keep herself safe. As her awareness and confidence grew, I believed she would become better able to identify her deeper issues. But she would for some time need support in truly confronting them and expressing the salient feelings her stories evoked. They would have to be witnessed, accepted with empathy and responded to to her satisfaction before she would be able to distance herself sufficiently from her darkest experiences in order to reflect critically on her re-experienced sensations, emotions and consequent attitudes.

By the end of the Phase 1 program Josey positioned herself between two opposing attitudes. On the one hand she wanted to explore her fear and come to terms with the aspects of her past that affected her health and wellbeing: Bring it on, she said. On
the other, she was afraid of being overwhelmed. It was, I believe, important that she moved slowly and treated herself gently, finding within herself someone able to nurture her damaged inner child. She needed to know a lot more about her own inner resources so that she could trust herself sufficiently to face and observe the darkness that at that time she believed resided in a part of her.

However, as is evident from Josey’s work, the changes she experienced and her reflections on the program, she took advantage of every opportunity to learn, increasing her capacity for awareness and, with courage and imagination, began to open herself to the possibilities of reflexivity.

7.2.3.2 First and final self-portraits: Workshops 1 and 9

figure removed due to copyright restrictions

Figure 7.27: Josey Workshop 1: Self-portrait 1
I experience Josey’s second self-portrait as bold and focused compared with her first drawing. She had little to say about her first self-portrait but of the second, much larger one, she writes:

I am standing in the sea of my sticking up for myself.

There is here the strong physical presence of a woman without shame; a woman who is remembering to breathe … letting go. But her drawing does not suggest that she has retained a sense of being grounded or having found her feet. She writes however, that she is searching.

I have layers yet to see
Onion pulled apart - discovery
7.2.3.3 Change

This is a summary of the changes Josey understands she has made. It is based on the transcripts of the first and final interviews for Phase 1, which include the Narrative Assessment Interview (NAI) protocol. Following is a summary of her reflections recorded six weeks after the end of the program.

Josey believes she has slowed down a little and is more often coming from a quieter place: the heart. She is creating things at home and at work that remind her to slow down and is continuing to draw as a way of focusing and quietening her mind. She states also that she sometimes explores her drawings by becoming them and letting them take her where she needs to go. She feels that she has got to know herself better as a result of the program. Having found a part of herself that has always been too scary to go to. She now feels that she can go there a bit.

Since the workshop program, Josey has been feeling less overwhelmed, stronger and more able to face her difficulties, realising that she doesn’t have to jump right in but can do it gently through her drawing.

Josey continues to feel unhappy about how she looks but thinks she has more choice in what she says and how she acts. She feels good about what she is trying to implement in her life and has a clearer sense of direction.

I have a clearer sense of the changes I want to implement – changes I have wanted for years are happening slowly. I’ll keep chiselling away.

A statement about change written by Josey at the end of the program suggests that she feels more aware of herself and is beginning to be able to reflect on her experience in ways that are productive for her.

I am now wanting to try different ways of getting out of my little hurt self, of coming out of my trauma state. I feel that I am becoming more aware of what is happening for me, a bit like becoming an observer. I am also finding I have more resources that I can call upon.

In terms of the five part process Josey feels confident that she can identify and confront issues on her own but needs support to express or articulate the feelings associated with aspects of her story.

I have a possible problem with release on my own.

I see this as Josey’s having sufficient self-awareness to take responsibility for herself,
recognising her limitations and ensuring her own safety.

7.2.3.4 Experience of the program

Josey’s reflections on her experience of the program were recorded in the interview that followed the workshop program. Using the transcript and her workshop evaluation forms, I collated her statements and present them here in a condensed form, being careful to remain true to their original expression.

Old patterns are really hard to break but I have found a way of exploring my emotional issues to their fullest without having mental blocks such as I had in counselling. This work takes away the filters you put on your issues. With counselling it’s easy to be inauthentic - unreal. The creative expression is ‘the truth’ of what is happening and what is being remembered. It’s about how my stuff relates to me and my life, not how it fits into someone’s model of counselling. The movement ritual helped me get into my body so I could focus more on what was on the agenda.

I found some part of me. Drawing helped. It allowed me to listen to the feelings that come up, taking me where I need to go. When you're drawing, you don't know where it's taking you. You start dialoguing with a drawing and it's like oh shit yeah this is - this is me. Like movement too - it puts you in the moment - it puts you more into your body - brings you back in there and that's where the memories are. They're in your body. You share them and you feel them and you remember them and they come. Sometimes words cannot explain a feeling where movement can more easily.

What I like about this work is you just go with it and I really like expressing myself in this manner. If you open up and let go, you can actually go to some really great places. I very much enjoyed the dancing and movement and acting out. I got to the point where I felt comfortable with them.

I took risks. Hitting the wall contributed to increasing my trust in the group. I went deeper and people were supportive and encouraging. They quietly allowed space for me and space for what happened. I had a connection with you and trusting you made it easier. I built a rapport with individuals in the group. The Master’s course helped prepare some of us and then eating together, moving together, coming into people's spaces, talking one on one and in threes always with different people, and in the group, acting out together and creating the family sculptures all really helped.

Also the structure and direction of the program and your facilitation was good and clear. I knew where I was and I felt safe. You came into my life and visited me in my stuff rather than me going into your life. You didn’t talk to me about this stuff. I talked and I found out. I wrote and insight came. I drew and I listened to my drawings and they spoke back to me my own knowing and understanding.
Words cannot describe what I got out of the workshop experience. I enjoyed the whole process. It has been very good for my spirit. I feel that I can allow it to become a part of my very being. I have found a child worth loving and I have only just started.

7.3 Concluding remarks

I have given many examples of the practical application of the five part process throughout this chapter. From this account, it may appear that the process is unidirectional. It is important to remember, however, that in reality it is much more organic and variable than linear and as pointed out in Chapter 3, where it is first introduced, parts may be repeated many times and a participant may on occasions seem to begin a process of inquiry in the middle or omit stages. And the process may continue over many months. As a learning model, it is not a dictate or a prescription but a useful guide in an experiential, creative, therapeutic, learning process.

Consistent with the cyclical nature of action research, the five part process is continuous, regardless of the level at which the participant chooses to work. It can apply to a simple process of learning in which an individual or a group discovers a new approach to a social problem or to deeper levels of transformation at which people change or discover how to accept themselves and live creatively with suffering. Applied to an inquiry into one’s lived experience, it is a way of life that depends on the willingness to be aware and authentic, planning and making choices, acting out those choices, observing and reflecting. Following a cycle, the process leads to deeper understanding, greater awareness, and the discovery of new choices. In terms of expressive arts therapy, to live in this way is to live creatively. The learning cycle of the five part process encompasses essential spaces for exploration and play where ‘the ability to stay with the experience of nothingness and fragmentation’ (Knill, Levine, & Levine, 2005 p.45) is cultivated and practised. For change to take place there must be a process of de-structuring in which one’s beliefs and attitudes and ‘one’s old identity come into question and [are] taken apart’ (p.45).

There are significant parallels between these concepts and the notion of reflexivity as I have used it with reference to narrative-based psychotherapies, the narrative processes model and critical action research. From the expressive arts therapy perspective immersion in the ‘formlessness and chaos’ discussed by Levine (2005) allows new meanings to emerge in symbolic or metaphorical form.
There is a degree to which the creative output in this chapter speaks for itself, demanding of the reader also an engagement with the material that goes beyond both mine and that of the participants. It was my responsibility to be trustworthy, present, empathetic and responsive in the workshops and interviews, as authentic as possible in my responses, aware at all times of my own biases and predispositions, rigorous and truthful in my documentation and as clear as I could be in my communication and re-presentations. However, as I stated in Chapter 5 and repeat here, neither the researchers nor the reader will be able to claim knowledge of the ultimate voice in this expressive work. In reality, it is a body of dynamic material offering up new insights with each new reader.

Questions regarding how and when changes took place for participants during the period covered by this research project are outside the parameters of this inquiry. The phases of transformation within the process of experiential learning are deeply subjective and tracking them would require a level of awareness and a commitment to meticulous documentation not undertaken by the participants in the program. It is understood that a lot happened that could not be recorded and changes will have taken place as a result of the program and also as a result of concurrent circumstances external to the program, changes of which even the participants may not have been aware.

However, as the interview process recorded their reflections on the program and allowed for the documentation of the changes the participants reported, we are able to gain some insight into their experience. This material, together with my account of their work as they inquired into their personal stories, support the title of this chapter and my conclusion that, at the very least, the expressive arts therapy program in Phase 1 of this research project raised the participants’ capacity for awareness and critical reflection.
In order to protect the participants and honor my commitment to confidentiality there is an embargo on Chapters 8, 9 and 10. Application for access to this material can be made through me, but will be given only with the permission of the people involved.
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Chapter 11: Implications

CHAPTER 11

IMPLICATIONS OF THE RESEARCH FINDINGS

This final chapter is one in which I draw together the strands of a research project undertaken in response to the critical state of Aboriginal health outlined in the introductory chapter. As I come to the end of the project, concerns that pertain to intervention in the affairs of Aboriginal people are a matter of public debate and concern (King, Lonne, Bland, & Healy, 2007; Marr, 2007; Murdoch, 2007; Rintoul, 2007; Ashleigh Wilson, 2007). The far-reaching consequences of colonisation are, more than ever before, in the public eye: the destruction of culture, the breakdown of family, economic and social disadvantage, disempowerment, illness and emotional suffering. As is evident from Chapters 6 to 10 these are factors that shaped the lives of the core participants whose stories, because of their courage, determination and grasped opportunities, are, I argue, a testament to the resilience of the human spirit and the power of the creative process.

This chapter begins with my concluding reflections on the research outcomes. I view these in relation to three factors: the intentions that led to my initiating the project; the participants’ experience of change; and how these changes would be framed by the various related psychotherapies encompassed by this thesis. This is followed by a discussion of aspects of responsible practice of expressive arts therapy with Aboriginal people as revealed by the research experience.

My reflections include also an assessment of the phenomenological methodology that I developed in response to the research question that emerged as the project evolved and I indicate directions in which, I believe, this project points regarding further research.

Central to this final chapter are the conclusions the participants came to as a result of their experience of expressive arts therapy. I summarise their views of its place in the education system and its appropriateness to the needs of Aboriginal people. Their views and experience support what I have argued for throughout this thesis: a place for expressive arts therapy in the mainstream of Australian contemporary thinking. On the basis of the research participants’ experience and mine as
researcher/practitioner, I articulate the position I take regarding expressive arts therapy as a soundly based approach to learning and a therapeutic intervention with such potential to be of value in the Aboriginal health and education fields that it offers hope in a landscape that for so long has been viewed with anxiety and despair.

11.1 Conclusions

11.1.1 Reflections on the project’s outcomes

As I embarked on the research inquiry four years ago, one of my goals was to demonstrate that expressive arts therapy had the potential to make a positive contribution to existing Aboriginal emotional and social wellbeing services. The project has affirmed my confidence in the creative process and I take the position that having located expressive arts therapy historically and theoretically in Chapter 3, and made its creative processes transparent in Chapters 7 to 10, I have revealed the nature of the practice. Furthermore the statements of the core participants have made abundantly clear the ways in which their engagement with expressive arts therapy impacted on them in the short term. Thus, through a reflective form of heuristic inquiry and the narrative portrayal of the data, I have answered the research question regarding the nature and impact of expressive arts therapy.

11.1.1.1 Reflections on the outcomes for the research participants

Central to this project was my intention to create a situation in which a group of Aboriginal people could explore their stories and discover experientially ways by which they could help and sustain themselves. In this way, the processes of an arts-based psychotherapy were demystified as they were experienced and understood in the participants’ own terms. I take the position that disempowerment, feelings of inferiority, a wide range of emotional states of being and many so-called ‘dysfunctional’ behaviours, more often than not are explicable in lay terms and that psychology, far from being a mystery, is about human behaviour and therefore rightfully the domain of each individual. Thus, I have maintained throughout my respect for the authority of the individual as the only one who can legitimately articulate his or her own subjective experience. The work of all the participants and in particular the documented work of Cath, William and Josey indicates that the language of learning and healing is a language that is meaningful to people willing to
learn to live their lives mindfully: with awareness, authenticity and a commitment to critical reflection. The understandings the participants shared in their final interviews and in many individual sessions bear testimony to the fact that expressive arts therapy offers an explicable and accessible approach to learning and living that can become a natural part of daily life.

The insight the participants gained and the changes they claimed they made were due in their terms, primarily to their becoming aware of what they were doing and how they were feeling as they found the courage to be honest with themselves. They learned to resist making judgements of their creative work and, finding a degree of self-acceptance, took responsibility for their own feelings and actions and expressed themselves more freely in a variety of ways. For William, the notion of identifying one’s narratives and discovering that it was possible to reject some and act out others was particularly meaningful. That he could choose to stop the movie in his head and act rather than react was for him a liberating discovery.

Josey returned again and again to the notion of staying awake, being attentive:

I don’t pay attention ... Oh God ... I keep going back to sleep ... I keep just drifting off ... I don't value enough in myself to keep me going.

At the end of Phase 1, she saw herself as becoming an observer of her own behaviour. If she were not careful to maintain herself in every respect, physically, emotionally and mentally, practising the things she had learned sustained her, she became emotionally vulnerable in most adverse circumstances. Identifying and confronting feelings as they arose were meaningful processes for her, because, as she discovered, inattention usually initiated feelings of confusion and loss of control which, if not confronted, led to frustration and anger, losing it, ultimately spiralling down into a painful state of despair.

Cath found most significant the concept of occupying her own space and living authentically. Learning to be accepting of who she was in the moment, rather than what she wanted to be or believed she should be, relieved her of much of her inner confusion and engendered in her a desire to be real with others, transforming her concept and experience of relationship:

One of my biggest learnings ... over this period that we've been working together ... is about me acknowledging others ... seeing the other ... allowing
the other to be ... accepting the importance of the other ... all those things sound like allowing the other in.

11.1.1.2 Terms in which the experience of therapy is framed

The related psychotherapies identified in Chapter 3 would in different ways account for the therapeutic process and the changes the participants made. In principle, none is at odds with any other. In terms of the five-part process associated with the Tamalpa Institute’s approach to expressive arts therapy, the participants learned variously to identify, confront, release and change. And wherever change was integrated into their daily lives and sustained, there was growth. Also, from the holistic perspective of Halprin (2003) the director of Tamalpa, the changes the participants made could be viewed in terms of an increased sense of balance between the mind, the emotions and the body resulting in a greater sense of integrity and spiritual enrichment. The data put forward in this thesis, I suggest, makes such a claim possible.

Many other exponents of expressive arts therapy such as Levine (1999) would see change in relation to the healing of the imagination activated in the creative process. In such terms, Cath, William and Josey explored their personal realities through the various creative modalities. They increased their range of play (Knill, 2005) and their capacity for experimentation and discovery. In so doing, through the imagination they gave form to hidden fears, conflicts and emotional pain, gaining insight, understanding and a greater sense of wholeness as they encompassed the inner truths their inquiries revealed. Through their creative self-expression they reached out to others, thus gaining freedom from some of their debilitating fantasies, the legacy of destructive childhoods.

Process experiential psychotherapy would emphasise the value of emotional expression (Elliot, Watson, Goldman, & Greenberg, 2004). Similarly, from the frame of reference of the constructivist narrative processes model (L. Angus & Hardtke, 1993), the changes the participants made would be viewed in terms of the strength of the therapeutic alliance and the significance of emotion in the articulation of new meanings and perspectives on self. The participants told their stories in many ways. They symbolised the associated emotions as they found the freedom to articulate both verbally and non-verbally the feelings they experienced. They also gave voice to
their many previously hidden and often conflicting narratives and grew in their capacity to reflect on their experience. Thus, as I have demonstrated throughout the accounts of the workshops and individual sessions, the participants engaged in processes that involved both emotion and cognition, which again and again impacted positively on their sense of identity, empowerment, freedom and wellbeing.

11.1.1.3 Practicing reflexivity and sustaining change

When the participants consciously incorporated and practised critically reflexive processes in the context of their daily lives, they reaffirmed the understanding that they had choices. However, month-by-month throughout the project, I had supported the participants in the questioning process of reflexivity and they demonstrated a growing ability to question themselves and reflect on their own responses. They had also acquired techniques and practices they could use to help themselves in critical situations and had learned experientially which of a wide range of creative practices were most helpful: identifying, confronting, releasing and making changes through such reflective or expressive practices as movement, drawing, or writing, or, if necessary, seeking the help of others. However, as is evident from the data, there were many times between sessions when each participant failed to put into practice those things that had proved most helpful and the lapses in awareness and periods of self-neglect indicate the importance of some form of ongoing support.

In summary, and as this thesis demonstrates, expressive arts therapy promotes wellbeing as a lifestyle in which changes and new patterns of behaviour are discovered, practised and sustained through the ongoing exercise of personal inquiry, imagination and creative expression – that is, different modes of critical reflection and reflexivity. Individual therapy, similar to the therapeutic workshop, serves to inspire, open up new possibilities and develop awareness. Life stories are told, effective and ineffective narratives are revealed, feelings are articulated and experience is reflected on. All of these activities open up the possibility of change. But therapy is a beginning not an end and my work with the core participants brought this into focus. Observing what happened in their lives from session to session raised questions of how they could best sustain themselves.

The reality is that in their places of work, many Aboriginal employees and employers are unwell, stressed or burnt out because each, in his/her own way, is dealing with the
legacy of personal and family tragedy. Where Aboriginal people work with non-
Aboriginal people there is frequently anxiety, a lack of understanding and poor
communication. Consequently the workplace is often an exceptionally demanding
environment. Furthermore the families and communities of Aboriginal individuals
are very often beset with problems. Thus, individuals are surrounded by people who
are unable to offer relationships that nurture and support.

The life experiences of Josey, William and Cath suggested that one person in a family
may break the cycle of substance abuse and violence, grow resilient and gain an
education that ultimately ensures employment, but it can be at great cost. From the
margins of their families, people like the participants in this study watch with the pain
of awareness, sometimes ostracised, sometimes used, often torn by guilt or the
longing to help, coupled with the frustration of feeling powerless. By any standard,
the situations that surrounded each of the participants were often negative and their
impact on them was repeatedly problematic, revealing important implications of
responsible practice.

11.1.1.4 Living creatively with the past
As the participants dealt with long-standing problems that had their origins in their
childhoods, they sometimes revisited issues they had at least in part already
confronted. Their sharing these experiences provides us with rare insights into the
inner worlds of urban-based Aboriginal people. But for them, questions arose
regarding what they could expect as a result of re-experiencing feelings they
associated with those pasts: As Josey stated:

I thought I’d dealt with some of this stuff a long time ago, but it comes
back up, so does that mean it happens again?

It was my hope that Josey, Cath and William would eventually discover the answer to
this question experientially, and through reflection, learn what made their living with
their past experiences progressively more manageable.

From an expressive arts therapy perspective, therapy does not negate the past:

Psychological suffering is intrinsic to the human condition; in a sense
psychopathology is normal. The task of therapy is not to eliminate suffering
but to give a voice to it, to find a form in which it can be expressed.
(Levine, 1997 p.15).

Halprin (2003) refers to Jung’s concept of the shadow that contains wounded
recollections from childhood. She writes of the elements of that shadow that run like
threads through our personal stories, affecting every aspect of our lives, ‘resulting in certain kinds of situations that present themselves over and over again’ (Halprin, 2003 p.178). These repetitive patterns, when confronted, can serve as ‘keys which open the way to self-awareness, understanding and change’ (p.178).

My understanding, as I expressed it to the core participants, is that what happened in the past does not go away, but it can lose its grip on us as through our imagination we find words and forms with which to give expression to it. Also, in discovering other parts of our selves or rediscovering parts that we have lost, new ways of thinking emerge and we find more rewarding ways of responding. The adult parts of ourselves can make choices such that we are no longer defined by our pasts and the ways we learned to survive when we were children. We may revisit past experiences many times, but each time it is with greater understanding until we can let them rest as they become integral parts of a much bigger whole. Ultimately it is about living creatively with our experience of life. Josey brought her understanding to our discussion on this topic:

So it’s about finding new scripts ... so one day I wake up and go ‘shit, this script doesn’t work for me anymore’ ... at least I have enough resources to be able to go and make new ones of my own. And that’s okay.

It is my understanding that as we struggle towards a sense of integration and wholeness, rather than trying to rid ourselves of our past, we are growing to encompass it. Josey understood this in terms of integrating the self:

So it’s about allowing my stuff in further instead of pushing it away ... until I allow it all to come in.

Integration is a life-long process that requires the will to make use of one’s resources and continue learning: a stance that cannot be maintained in isolation or without adequate support.

11.1.2 Implications for responsible practice

It is in the light of the reality stated above that I regard the responsibilities associated with developing workshops and training programs in expressive arts therapy for groups of Aboriginal people. The participants’ response to the Phase 1 series of group workshops indicated that an expressive arts therapy group program, regardless of its duration, should not be undertaken without professional counselling services being readily available to every member of the group during the program and for a
period after it ends. Most of the members of the research group took advantage of the individual support I offered as my duty of care during the group workshops and every one sought at least one individual session at the end of the program.

The research indicates also that long-term training in expressive arts therapy should be in the context of groups that are given every opportunity and encouragement to become self-supporting. Through the course of training, relationships should develop such that the group becomes a surrogate family that continues to support and inspire its members long after the training is complete. Support networks through the various facilities made possible by modern technology should be set up and ongoing meetings on a pre-arranged and regular basis established as an accepted practice associated with the training and subsequent professional practice of the trained. Regardless of the degree to which lives are transformed through the creative process in therapy and in training, individuals who have made changes in their lives need the encouragement of significant others who can offer understanding. This is of particular importance where trainees are survivors of early childhood sexual abuse and family violence.

11.1.3 Assessment of the research methodology

To further support and expand on my claim that I have answered the research question, I assess the major conclusions from the programs of Phases 1 and 2 and from the research experience. I do this in terms of the values inherent in critical action research, existential phenomenology and a heuristic form of phenomenological inquiry in keeping with the creative process of expressive arts therapy, all of which, as I have argued, are compatible with Aboriginal approaches to research. While examining the limitations of my research methodology, I acknowledge the parameters within which it was implemented and identify its strengths and the possible directions for further inquiry and development.

Critical action research seeks an ongoing, widening participation in the processes of change emerging from each project. As befits the spirit and practice of this mode of inquiry, the core participants in this project all applied aspects of what they had learned in the course of the workshops and individual sessions to their own lives, within the context of their families and to training programs they were implementing in association with their employment. They recognised that the creative process at the core of expressive arts therapy and many of its techniques could be adapted and
implemented in a wide range of situations and in groups with which they were engaged in education, in health, in community development and leadership training. Thus, the outcomes of the project expanded outwards in widening circles, as others were affected both directly and indirectly by the practice. In the same spirit, my goal as practitioner was to improve my practice and, as researcher, to initiate an inquiry into the potential of an arts-based therapy that would contribute to the development of services delivered in the area of Aboriginal emotional and social wellbeing. My initial hope remains that this project is a first step and that the action I took will result in training and further research: observations and reflections of others including Aboriginal people who, by bringing their own experience and cultural understandings to the practice will generate new and more widely informed and appropriate plans of action.

Similarly, the emergent research methodology of this inquiry I see as a first step towards the development of approaches best suited to researching the value of the creative process for Aboriginal people seeking change in their lives and healing from life experiences that have compromised their wellbeing and caused them to suffer. This research embraces an expanded field of ways of knowing, giving voice and form to ways of learning most often marginalised by the mainstream of the academic world. Thus it points beyond its own limits in the direction of numerous possibilities of exploring the role of imagination in all the modes of creative expression and its function in learning and healing.

That expressive arts therapy is a culturally appropriate approach to Aboriginal emotional and social wellbeing practices is made apparent by the opinions of the core participants in the discussion below. And, as my professional and research experience attests, Aboriginal people from many different backgrounds, ages and cultural groups are very responsive to the processes and techniques of expressive arts therapy. But, there lies before us a vast field of possibilities for Aboriginal researchers to bring to this body of work their cultural understandings such that a truly Aboriginal form of expressive arts therapy emerges appropriately named and with its own Aboriginal terms of reference. Such a development would further endorse the claim that this thesis makes for a place for expressive arts therapy within the mainstream of established and accepted approaches to research as well as to healing and social change in the context of Aboriginal emotional and social
It is, however, apparent that a lot of work needs to be done if we are to understand why and what aspects of expressive arts therapy are most effective. Such in-depth inquiries into subjective experience, comparable to the studies conducted by Lett (2001) as discussed in Chapter 4, would require the participation of Aboriginal people capable of a high degree of reflexivity and trained in expressive arts therapy or a related psychotherapy.

The critical self-reflection and distancing essential to evaluating the programs the participants were experiencing in both Phases 1 and 2 were skills they were in the process of developing, but not yet able to exercise in any depth. The fact that a more analytical evaluation of the processes with which the participants engaged was not possible within this emergent study, need not, I argue, be seen as a limitation, but rather as an opening out of possibilities for further research. As is evident in the previous four chapters, the core participants were actively engaged in an inquiry into their own lived experience. I have demonstrated that through the processes of immersion and reflection, they gained insight and understanding, making meaning of experience in ways that revealed possibilities for new choices and change. Similarly, through the processes of immersion and reflection, I, as researcher/practitioner, have had the opportunity to gain fresh insight: an opportunity open also to the reader.

While I acknowledge the limitations that are inevitable in any research process, particularly one which involves an exploration of subjective experience, I defend the approach I took in this project in terms of its power to respond to the research question. Ethical issues that relate to confidentiality and the protection of research participants, for example, impose limitations by determining what aspects of the research data can be readily accessible to those most interested in and standing to gain most from the material. Also, the critical nature of the circumstances of Aboriginal people most likely to benefit from the development of an arts-based therapy raises the questions, ‘Is it effective?’ and ‘Is it effective in the long term?’ While the thesis can, I believe, claim that expressive arts therapy made a substantial impact on each of the participants, the research made no attempt to answer the latter question. Longitudinal effectivity studies cannot be developed until such time as there are appropriate numbers of participants available, an Aboriginal form of expressive arts therapy is established and a culturally appropriate and reliable method of assessing wellbeing is
developed.

According to the phenomenological parameters I set, I have maintained a consonance between the art-based mode of inquiry central to the practice of expressive arts therapy and the research methodology through which I have explored this approach. I will not have met some expectations established by the conventions of qualitative data analysis because I have conformed to the existential phenomenological ideal that attributes ultimate authority to the research participants. Thus, the data presented in narrative form is not subject to terms of reference that stand outside the meanings the participants attributed to their own experience. The challenge of dealing with such data in a meaningful way that is true to this objective is indicative of the tension inherent in researcher/practitioner inquiries, which call into question the place and nature of interpretation (Ragland, 2006; Reason & Bradbury, 2001c).

Choosing an ‘existential’ phenomenological approach over ‘descriptive phenomenology’ as discussed in Chapter 4, I did not attempt to reduce the data to thematic descriptions. Re-presenting them in narrative form accompanied by images and poems served, I suggest, to retain the soul and emotional substance of the human encounters as befits an inquiry into the nature of an experiential and creative process.

The subjective nature of this research experience, in its entirety, exemplifies a phenomenological approach to research that makes no apology for the fact that it does not engage with ‘proof’. As an inquiry that sought understanding and insight, it was not concerned with analysing and explaining. Regardless of the urgent need to know what is most effective in the treatment of human suffering, the field of emotional and social wellbeing is resistant to conventional methods of qualitative research (Dudgeon, Garvey, & Pickett, 2000).

Across the spectrum of wellbeing, people are rarely detained or hospitalised. They are living and interacting with others in their communities and attending their places of study or work and recreation. I discovered early in this project, in collaboration with the research community available to me, that there was no place here for diagnosis, classification or the objective measurement of change. The innumerable variables were such that a controlled effectivity study was impossible. Characteristic of a phenomenological inquiry into human experience, the data of experience was at the discretion of each experiencer. Some were more articulate than others, more able
to be authentic, more aware of his or her intent. Characteristically also, this study was
heavily reliant on trust within the researcher/participant relationship: a dynamic
interaction that changes variously as a function of time and familiarity. All these
factors contributed to shaping an emergent methodology that developed in response to
real-life situations and beyond responding to the research question, informs us of both
the limitations of such an approach and of further possibilities.

As I sought to re-present the experience of the participants in a way appropriate to the
scope of a thesis, it was necessary to pare back the material and make choices about
what to include and what to omit, foregrounding one interaction at the expense of
another. I feared losing the voices of the participants: a fear that again and again
demanded of me that I remain aware of my own biases and desires, that I attend
carefully to the material as it was, and that ultimately I trust my intuition and my
integrity.

I draw parallels from my experience as an artist when I observe that the process of
writing this narrative, the process of facilitating a person’s inquiry into his or her own
story and the process of making art have much in common. As one struggles to
uncover the essence of a particular art project, one does so not on the basis of an
intellectual process, but according to a felt sense of the ‘rightness of things’. This is
not to suggest that one’s intellect is excluded from the process because choices are
informed by one’s knowledge built on various kinds of learning and knowing. But
ultimately the interpretations involved and the decisions reached are based on
intuition: a subjective imperative. In making art, there is always a sense in which one
feels informed by the emerging artwork. Through this interplay between the artist
and the material, something is revealed that transcends both. And in art-making, as I
understand it, the work does not reach completion without the engagement of the
viewer or audience.

Thus the narrative, as I have presented it in this thesis, calls on the active participation
of the reader. The work lends itself to various interpretations according to what each
reader brings to it. Where there is a genuine willingness to engage on the part of the
reader who is mindful of his or her personal biases and predispositions, there is the
possibility that new understandings will emerge and a contribution will be made to
knowledge.
I conclude that research methodologies that are consistent with the principles of Indigenous research and best suited to arts-based healing practices for Aboriginal people must be developed and go beyond the general nature of my initial inquiry. The need for knowledge of best practice in particular circumstances and with specific groups of people will inevitably give rise to innovative approaches if expressive arts therapy, re-formed with Aboriginal terms of reference, finds a place within the fields of Aboriginal health and education and emotional and social wellbeing. The views of the research participants in the following section strongly support the realisation of this possibility.

11.1.4 The cultural appropriateness of expressive arts therapy and its place in the tertiary system

11.1.4.1 The views of the Phase 1 group workshop participants
I invited all the people who participated in the Phase 1 program to respond to a brief, open-ended questionnaire regarding the cultural appropriateness of expressive arts therapy, the need for training programs in the field, the most appropriate institution to deliver such a program and the status of the student best suited to undertake study of this nature. The views of the Phase 1 participants who were either Aboriginal or who were working in Aboriginal services and engaged in Indigenous studies are included in the summary below. It is followed by a more detailed account of the views of the core participants, which were recorded as a part of their final interview.

Each participant stated that expressive arts therapy was, according to their experience, a culturally appropriate practice that has the potential to address the health and wellbeing needs of Aboriginal people. They were in agreement regarding the importance of providing training in this field and believed that courses would be well placed either in the context of wellbeing programs within an Aboriginal college in a university or in a tertiary institute such as TAFE. Most of the participants expressed the opinion that people undertaking this kind of study needed to have considerable life experience and maturity, indicating that a training course in expressive arts therapy, such as the Phase 1 program, should be offered at the postgraduate level.

One of the Aboriginal participants working with Aboriginal families in crisis stated that he saw this arts-based approach to healing as a non-threatening way for Aboriginal people to express their feelings and tell their stories:
I believe expressive arts therapy should be implemented into the Masters of Indigenous Well-Being course. I feel the students will benefit because it is a non-threatening way in which to express feelings and it allows people to tell their stories. There is depth to the program.

Another participant regarded expressive arts therapy as a very valuable tool because the materials used were not only attractive and natural to Aboriginal people but provided them with ways of expressing their pain in times of crisis when talking could be very difficult or too confronting. She wrote:

Indigenous people relate to what they see on paper (the image). A drawing can speak to them .... bring the hurt and pain out through paint.

Trust was a major issue for some. A participant wrote:

Trust is a huge issue. (I found a quiet internal acceptance of myself within the workshops and that meant that trust happened). There was no feeling of mistrust in the group.

She believed that she could make use of many aspects of expressive arts therapy in her work but because she worked with very damaged people, the approach would have to be introduced very slowly and programs adapted carefully to meet the particular needs of individuals in crisis. Another participant found the work safe and deeply useful.

11.1.4.2 Conclusions of the core participants

By the time of their final interviews, the core participants had already made use of some of the arts-based activities they had experienced in the context of the Phases 1 and 2 programs. They had all applied them to their personal lives, to family members and to various work-related situations in their respective roles as trainers. Seeing expressive arts therapy as relevant to the Aboriginal people with whom they worked, they planned to continue to make use of many of the processes they had experienced in the workshops. They spoke of expressive arts therapy as a relevant approach to a wide range of learning situations because they saw it in the following ways:

An approach that transcends the limitations of written and spoken language. Cath believed that all forms of the expressive arts were appropriate to working with Aboriginal people but that there were limitations for some in the area of written language. While Cath had felt safe using words to express herself, she was aware that many of the Aboriginal people with whom she worked in her professional life were
Chapter 11: Implications

restricted in their ability to express themselves in words. In this case the diversity of modes of expression, as Josey stated, was a central strength of this arts-based approach to healing. It used, she believed, a language that people could understand because movement and drawing or painting had always been central to story telling in Aboriginal culture. According to William, expressive arts therapy encompassed a wide range of languages from which to choose in order to inquire into and express one’s own stories. Consequently he saw this arts-based approach to healing as ideal for Aboriginal people.

**An unthreatening approach:** Cath saw the absence of intimidation throughout the project as an important factor in the practice being appropriate to Aboriginal people. She said it did not have to be intellectual or academic or ... scary ... in books ... in a class room ... or in a surgery with white walls. Good work could be done in the natural environment, under a tree or on the beach or anywhere where people were most comfortable. Cath thought that expressive arts therapy offered education in a new way, circumventing entrenched attitudes and fears about institutions and intimidating people such as doctors in white coats:

> It’s somebody there who’s allowing me to tell my story in a way that’s comfortable for me. And the tools we were using ... aren’t ... they aren’t complicated tools. They’re not ... you know ... I don’t have to have a science degree to understand how to use them ... They’re not technical ... tools ... it’s not about operating ... a computer or anything technical ... it’s ... it’s simple relevant tools that are being used ... And that’s ... I think that’s a good thing for Indigenous people. Well, certainly good for me.

**Meeting individual needs such as developing the confidence to be present, overcoming shame, feelings of inferiority, fear and anger.** The core participants all recognised, as had other participants, that programs should be adapted to meet specific needs and particular levels of engagement. One of the strengths of expressive arts therapy that Cath and Josey identified was the opportunity and support the practice gave to individuals to participate at their own level according to personal choice and capacity.

Of particular relevance to Cath, as an Aboriginal woman, was her discovery of the way in which she related to the space around her and her learning to occupy it and be present in it without apology. She believed that many Aboriginal people like her
needed to become aware of what was stopping them from claiming their own space and being here now at any point in time. This was an example of something Cath believed Aboriginal people, as individuals, could be empowered to change:

With Aboriginal society, we focus too much on the bigger picture. There are just too many problems we can't fix. We have to focus on the little stuff and then that starts to build.

Cath had discovered that the process orientated approach I had taken to all forms of expression overcame the problem of shame such that it was possible for Aboriginal people to participate in creative activities that previously they had not felt skilled enough to try. Expressive arts therapy, Cath said, took out the shame element because it was not about the comparison of talent but the expression of personal story in one's own colours.

There were many aspects of her own work throughout the Phase 1 and Phase 2 programs that Josey saw as very relevant to others. Given the historical context and family circumstances she shared with many Aboriginal people, she believed that she also shared an inner stance of begging or asking for permission, often seeking validation from others. Expressive arts therapy, Josey believed, offered a way by which people could learn to change the demeaning things they said to themselves such that they could become empowered rather than down trodden. Through creative processes, they could find a different way of being.

For William, expressive arts therapy was the most appropriate approach to healing for Aboriginal people that he had experienced:

This is the most appropriate stuff that I've ever used that helps me deal with being black ... in a predominantly white country.

He observed that there were many other things he could do to learn directly about Aboriginal culture but, from his experience, expressive arts therapy had met his need to learn how to live as a black man with all the scars associated with both being black and being black in a white world. His growth in awareness had impacted on all facets of his life and had given William what he thought was a greater understanding of the behaviour of others whose lives had been shaped by fear and anger.

An approach that can be fun, generate a sense of pride, challenge old patterns of behaviour and offer hope. For William the appropriateness of expressive arts
therapy to Aboriginal people also related to the fun of being creative in a group context and the sense of pride that participation in the creative process generated. Furthermore, in his experience, Aboriginal people were so critical of themselves and each other that they were usually too afraid to step outside familiar activities such as football, gambling and drinking, which they continued to do because, as he said, they are acceptable to everyone else. In the workshops William had found ways to challenge this pattern of behaviour as he had his habit of working out what people wanted and giving it to them in a way that had in the past required of him the bare minimum. He had developed the will to be honest with himself and consequently with others and had found in expressive arts therapy the hope that Aboriginal men could change.

An approach that is consistent with Aboriginal ways of knowing and being. According to Josey’s experience of expressive arts therapy and her understanding of Aboriginality, there were ways of knowing that were common to both. She found that the emphasis expressive arts therapy placed on all the senses was very relevant to an Aboriginal way of being in the world. In her experience, Aboriginal culture did not assume the intellect to be the most important faculty in the process of learning. As I made clear in Chapter 3, the expressive arts therapy profession, from its inception has approached the human being as a spiritual and physical, thinking and feeling being in the context of his or her life with others in the world. And this, Josey believed, was in keeping with the concept of ‘holism’ as she understood it from her experience of working in the Aboriginal health sector. She stated, expressive arts therapy has a way of tapping into and pulling out the whole person.

Aboriginal people, Josey believed, want to be self-directed and this was a freedom she had enjoyed throughout the program. She felt she had interpreted for herself and found her own meanings and understandings:

Expressive arts therapy is really good because they’re my words and my interpretations and my understandings. … I interpret. I read. I see me. You (the facilitator) probably do too. But - it was what I found rather than what you found. It was self-directed so I explore and go as far as I want. We were free to explore how we see … in our terms - our language - according to our traditions. It’s about how it relates to me and my life not how it fits into someone else’s model of counselling. I write for me and
understanding comes to me. 'Cos you don't need to understand my problem – I do.

Josey also saw in this practice the potential for incorporating ceremonies that she thought were more characteristic of Indigenous cultures: a practice central to the Tamalpa Institute’s approach to expressive arts therapy. There was, Josey believed, scope for creative rituals through which an inner knowing could be evoked and new patterns of behaviour and ways of thinking established and practised.

Access to training. Consistent with all of the participants in this project, the core group saw expressive arts therapy as a much needed and culturally appropriate approach to learning, healing and the development of resilience. As Cath, William and Josey came to the end of the project, they shared the hope that Aboriginal people would have access to training in this field so that students could not only help themselves, but, with adequate training, contribute to the health and education services made available to Aboriginal people throughout the country.

Thus, my informed and felt sense that expressive arts therapy is a culturally appropriate approach to Aboriginal wellbeing is endorsed by the experience and expressed views of the participants. Their lives as Aboriginal children and adults, their studies and their professional experience meant that they brought to this research project considerable understanding of the needs, attitudes and cultural sensitivities of Aboriginal people.

11.1.5 Not an end but a culturally appropriate and promising beginning

In response to the crisis in Aboriginal health, there is a body of literature which argues for approaches to counselling and psychology that are cognisant of the socio-historical-political factors that have contributed to the current situation, e.g. Vicary and Westerman (2004); that are inclusive of Indigenous epistemologies, e.g. Meyer (2001); that are respectful of culture and of not being bound by the mechanistic view of the human body characteristic of the bio-medical model, e.g. Silove (1999); and that encompass all aspects of the human being (Human Rights and Equal Opportunity Commission, 2005).

I have argued that the non-judgemental, client-centred practices in the tradition of
existential-humanistic thought are respectful of cultural diversity, personal values, beliefs and commitments. They are emancipatory in intent and inclusive of non-Western knowledge. I have argued also that, tempered by the constructivism of a post-modern era, these narrative-based psychotherapies are expressive of the values and principles currently accepted as essential to the framework of an educational or therapeutic approach to Aboriginal emotional and social wellbeing in as much as it is understood today (Dudgeon, Garvey, & Pickett, 2000). Expressive arts therapy, as it is presented in this thesis, is grounded in this tradition, but brings, in addition, all the richness of the creative process and a multi-modal approach to self-expression. As William stated and I repeat, This is the most appropriate stuff that I’ve ever used that helps me deal with being black …

As I reflect on this research journey spanning five years of my life, I am mindful of the fact that there is a lot of work to be done before we have an in-depth understanding of why expressive arts therapy is so appropriate. But, this body of work reveals that it is. Cath’s, William’s and Josey’s inquiries into their lived-experience made this abundantly clear and to accompany them on their journeys was indeed an extraordinary privilege. Their work offers hope. And as I go through the process of editing the final chapter of this thesis, the candles on the lawn in front of Parliament House spell out in flickering light the words ‘SORRY THE FIRST STEP’. It is my hope that this research will make a small contribution to one step among a multitude of others we must take Towards Wellbeing, righting the wrongs of the past.

In light of the depressing situation, as articulated by numerous government reports on Aboriginal health to date and the fact that much of the emotional and social wellbeing spectrum has for many years been neglected (Young, 2001), a multimodal arts-based approach with such evident potential to be of value in the fields of Aboriginal health and education, must be further developed. The work must go on.
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TOWARDS WELLBEING

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APPENDIX 1: A BRIEF HISTORY OF ART THERAPY

American and British art therapies share a history that began in the 1940s in the context of hospitals and psychiatric wards. The development of art therapy was strongly influenced by the work they did within these institutions, which operated in function of disciplines that were very different in nature from art therapy. The concepts of diagnosis, disease and treatment were governed for many years by the constraints of the medical model (Vick, 2005 p.5). Thus the influence of the empirical approach to research that characterised the fields of psychology, medicine and psychiatry inhibited the development of art therapy’s own body of research literature (Malchiodi, 2003b).

The art therapy profession in the US brought together art, medicine and psychology and, in the UK it evolved as a synthesis of art, psychology, medicine and education. Both have therefore emerged from very many perspectives (Malchiodi, 2003b) as hybrid disciplines (Vick, 2005), which initially relied on frameworks of therapy established in traditional fields of psychology and psychiatry. However, in both countries, art therapy played an important role in changing perceptions of mental illness in ways that humanised psychiatric disorders. The profession expanded beyond an approach restricted to the treatment of patients classified as ‘mentally ill’. As Vick states with reference to British art therapy, it responded to the challenges presented by a widening range of client groups in diverse settings as the awareness of the need for human services extended to such groups as refugees, the elderly, and victims of war, the holocaust, domestic violence and sexual abuse (Vick, 2005).

As British art therapy developed, understandings about its role shifted from its occupational function and its role as a diversion to its function as a psychotherapeutic practice. Throughout its history, as is evident in its literature, it developed along traditional psychoanalytic lines (Waller, 1991 p.7) and, as was so in the US, was for many years grounded in psychoanalytic theory (Wadeson, Durkin, & Dorine, 1989). Within that context, art also shifted from its original function and came to occupy one or more of the following roles: a means of communication; a container of emotions; a link between the unconscious and the conscious or a way of accessing the unconscious.
Appendix 1: A Brief History of Art Therapy

Also, as Freudian concepts gained popular currency across the Western world, artists in their studios as well as patients in art therapy were seen to be placing an inner image onto the outside world in ‘the symbolic communication of unconscious material’ (Vick, 2005 p.8). I would argue that as a result of this view, artwork, particularly in America, became a tool for diagnostic purposes and thus, the image was high jacked. Expressive arts therapy strongly opposed this trend.

There have also been divergent understandings within the British profession about the role of the therapist (Skaife, 2000). The practitioner has been seen variously as a catalyst, a supportive container, a pro-active therapist or an analyst replacing speaking with painting (Gilroy & McNeilly, 2000; Schaverien, 2000). Those who emphasised art as a therapeutic occupation viewed the therapist as fulfilling the more passive non-directive role of ‘container’ for the patient engaged in the art-making process (2000). Others, influenced by the work of Jung for example, understood the therapeutic process to be one in which the therapist was a more active participant:

[T]he consciousness of both the creator of the image and the therapist came together and they could thus understand the message that the image conveyed (Waller, 1991 p.9).

Therapists of this persuasion were actively engaged in a directed therapeutic transaction between patient and therapist and this became the dominant approach among the divergent views that accompanied the development of British art therapy.

By the end of the 20th century there was a generally held view in the UK that the profession was sufficiently established to benefit from ‘creative discord’ (p.58); working together, respecting difference and staying within the tension (Dalley, 2000 p.86). While Skaife (2000), an art therapist practicing in the UK today concludes it is the artwork and images and the understanding of the psychoanalytic processes of transference and counter-transference within the clear boundaries of the therapeutic session that continue to form the foundation of British art therapy and practice, Dalley (2000), states that some therapists are now questioning the idea that there really is a right way of practicing art therapy. This, position, I argue, opens the field up to an exchange of ideas and a sharing of knowledge and experience across related disciplines.

In the latter half of the 20th century, American art therapy also was being practiced in new contexts and there were significant changes within the profession as it responded
Appendix 1: A Brief history of Art Therapy

to different challenges. There were trends that led away from analytic approaches towards an emphasis on the expressive potential of art making (Vick, 2005). This emergent interest in the creative process rather than the product has expanded the common ground between American art therapy and expressive arts therapy opening up greater opportunities for interdisciplinary exchange.

Furthermore, the art therapy movement in America has become pluralistic in its practice. Colleges teaching art therapy in the US have in recent years begun to encourage their students to diversify. Horovitz, who has been a leader in the field of American art therapy since the 1970s, was the director of the Graduate Art Therapy Program at Nazareth College in Rochester, New York, and on the board of Directors for the American Art Therapy Association (AATA). She stated in an interview on *Professional & Academic Perspectives of Art Therapy*:

One of the [current] trends is to be knowledgeable in other areas besides the field of art therapy. As a result, at Nazareth College, we are training students in an interdisciplinary clinic on campus. Here, students are exposed to Art Therapy, Music Therapy, Speech Therapy, Physical Therapy, etc. They also work with these therapists at the clinic often sharing the same clients (Horovitz, 2001).

A short time before this publication, *The American Journal of Art Therapy* (Alkins & Stovell, 2000 p.25) reported that 21% of art therapists in the US, the largest single group, described their theoretical orientation as ‘eclectic’. The discipline today encompasses psychodynamic, humanistic, Jungian, object relations, learning and developmental, family therapy, gestalt, trans-personal, psychoanalytic and cognitive-behavioural approaches. This diversity of therapeutic models is echoed throughout many of the psychotherapies, as revealed by the research of Angus and McLeod (2003) who found that the majority of narrative-based psychotherapy practitioners defined themselves as ‘eclectic’ or ‘integrationist’.

As American art therapy and British art therapy professions gradually freed themselves from the constraints of the medical model, therapists began to explore art-based research practices as well as adopting and adapting participatory research models from the behavioural sciences. Literature from the art-based therapy professions is now growing rapidly and offers many theoretical perspectives that have, over recent decades, emerged from practice.

Today, as evidenced by the work of such American authors as Malchiodi (2001) and
Kaplan (2000), among many others, the art therapy profession is losing its resistance to scientific research and is embracing, in particular, material that is emerging from the field of neuroscience. For example, Malchiodi (1993) discusses the relevance of research contributing to understandings of the relationship between the mind and the body and its effect on health and wellbeing. Emerging research on images and how they are formed in the brain and influence emotions, thoughts and wellbeing are of particular interest. Of relevance to art therapy also, are studies on the physiology of emotion and on-going research that addresses the effect the earliest care-giving relationships have on systems in the brain (Malchiodi, 2003a). A recent publication by Andrea Gilroy (2006), a major contributor to the literature on British art therapy, identifies changes in British art therapists’ approach to research also and a recent trend towards evidence-based practices in the UK. Gilroy believes that their current embracing of quantitative and qualitative, numerical, textural and art-based approaches to research bodes well for the profession, bringing focus to many aspects of art therapy that she believes need the attention of all practitioners (p.92).

Until recently most art therapists practicing in Australia were trained either in America or Great Britain. Those who have taught or are now teaching in any one of the four Australian universities that have offered courses in the field have made a substantial contribution to the development of the profession in Australia and, in 1989, together with other practicing art therapists, formed the Australian National Art Therapy Association (ANATA). This Association has recently incorporated the New Zealand association and become the Australian and New Zealand Art Therapy Association (ANZATA), which is now inclusive also of the various expressive therapies such as music and drama therapy.

Art therapy programs are offered at La Trobe University, The University of Western Sydney, The University of Queensland and until recently, Edith Cowan University in Western Australia. To be registered as an art therapist in Australia, it is necessary to have graduated with a Masters degree in art therapy from one of these university courses.

References

Appendix 1: A Brief history of Art Therapy


APPENDIX 2: A BRIEF HISTORY OF EXPRESSIVE ARTS THERAPY

Writing of the history of expressive arts therapy from the perspectives that have developed at the Tamalpa Institute, California, Halprin (2003 p.35-58) indicates that having made important connections with Indigenous healing systems in the early 1960s, expressive arts therapy developed in the context of somewhat ‘bohemian’ community art-making. Like many artists of that era, members of the emerging expressive arts therapy community sought to shake off the authoritarianism of the modernist era. They opposed the elitism of the mainstream arts establishment and fought to take art out of the galleries, and dance and drama out of the theatres and bring it to people on the street. Art was a way of life and life was to be explored and celebrated through art, ritual and community participation.

Throughout the second half of the 20th century, expressive arts therapy continued to evolve as an expression of a holistic paradigm. It sought to reintegrate the sacred and the secular and regarded creative expression as the natural right of all. While the arts establishment may have created an environment in which some professional artists and great art has flourished, benefiting many, the disjunctions between the sacred and the secular and between art and life, characteristic of Western cultures, was thought not to have served the health and wellbeing of the community as a whole (A. Halprin, 1995).

It should be acknowledged that the names included in a canon of contributors to the development of an art-based therapy will be contingent on the experience and values of the author. Hence, I do not pretend that my account is definitive. Many people, and a wide variety of practices and many streams of thought have contributed to the shaping of expressive arts therapy since the early influences of the psychoanalytic and neo-psychoanalytic figures such as Freud, Adler, Jung, Horney and Fromm. Firstly, numerous pioneers and practitioners from each specialist expressive therapy area have influenced its thought and practice. Halprin (2003) identifies the following specialists whose work resourced expressive arts therapy in its formative years: Anna Halprin was one of the main pioneers of dance as a healing art; Alfred Wolfsohn and Roy Hart developed an approach to working with the voice; Antonin Artaud, Peter Brook and Jerzy Grotowski were pioneers in the field of theatre and J.L. Moreno in the
development of psychodrama; Emile Dalcroze and Rudolf Steiner contributed large bodies of influential work in both movement and voice; and J.J. Leedy contributed to the therapeutic use of poetry; F. Goldberg and Wolfgang Roscher were key figures in the development of music therapy; and Feldenkrais’s work has contributed to understanding the body in the Tamalpa dance-oriented approach and movement practices. All of these and many other specialists have provided rich resources from which expressive arts therapists have drawn and continue to draw ideas and inspiration.

In addition to the exponents of humanistic psychology referred to in Chapter 3, there were many therapist and writers such as Jung (1964), Zinker (1978), Winnicott (1971) and Betensky (1973) who were not expressive arts therapists but had an impact on its early development. Other influences include the somatic and body oriented practices that have grown out of the work of Wilhelm Reich (1973) and subsequently, the bioenergetic practices and writings of Alexander Lowen (1976) and the holotropic breathing techniques and theory of Stanislov Groff (1985). These latter practices contributed to reinstating the body in psychological thinking and privileged it over the mind.

There has also been the influential person-centred work of therapists such as Natalie Rogers (1993)) and Rhyne (1995), the transpersonal psychology of Assagioli (1965; Assagioli), Boorstein (1996), Malchiodi (2002), Franklin, Farrelly-Hansen, Marek, Swan-Foster and Wallingford (2000) and the existential therapy of people such as Moon (1990/1995) among many others. Halprin recognises also that the influences of Christian esoteric practices, Buddhism and yoga have informed some contemporary practices.

Anna Halprin with her daughter Daria Halprin established the Tamalpa Institute in California in 1978. It grew out of a rich melting pot of ideas and experimentation and a process of cross pollination between humanist approaches, Gestalt therapy, emerging somatic psychology, theatre and dance, all of which can be traced back to the 1950s. Building on their extensive experience of modern dance and theatre, Daria’s training in Gestalt psychology and their associations with a rich variety of therapists and artists from various disciplines, the Halprins developed the principles and practices of community art making and established a movement-based expressive arts therapy practice and training program.
Shaun McNiff, Paolo Knill, Norma Canner and others founded the expressive arts therapy program at Lesley College Graduate School in Cambridge, Massachusetts, in the 1970s. The practice was then known as ‘intermodal expressive therapy’ and the school was first named the ‘Institute for the Arts and Human Development’. Subsequently Knill, moved away from Lesley College to develop his own practice.

In the 1980s, expressive arts therapy programs were developed also in Canada, Denmark and Germany and in 1995 the European Graduate School was established in Switzerland. During this period Knill and Daria Halprin became colleagues and Halprin was invited by Knill to teach at the European Graduate School. Other affiliated colleges have been established in Norway, Spain, Sweden, and Peru.

Since the early 1990s in America, a second university program in expressive arts therapy was developed in the Californian Institute of Integral Studies in San Francisco and an Expressive Arts Institute was opened in San Diego. The Southwest Expressive Arts™ Training Institute established a program in the International School for Interdisciplinary Studies (ISIS) in Tucson, Arizona. It was based on the intermodal model first developed at Lesley College. Finally, Glass Lake Studio which also began in the 1980s in New York, has recently been renamed New York Expressive Arts. Tamalpa and all these centres of education continue today to work with students from many countries. They have trained many practitioners who are working as therapists and as teachers in institutes in America and around the world.

Trainers and therapists together formed the International Expressive Arts Therapy Association (IEATA) in 1994, a professional organisation that encouraged the affiliation of artists, trainers and therapists alike, fostering the formation of a separate and independent field. Accordingly, expressive arts therapy continues to be seen as an alternative to art therapy and the various expressive therapies.

The central themes of each paper in a collection titled *Foundations of Expressive Arts Therapy* edited by Steven and Ellen Levine (1999) give a sense of the diverse ways in which therapists speak of their practices and the scope of the concerns of this discipline. Levine (1999) writes from a post-modern, deconstructive perspective. He has a particular interest in the concept of ‘poesis’, the Greek word for poetry and art-making which he understands belongs to human existence as an essential possibility. Being-in-the-world in a creative way requires no further fundamental ‘Truth’ as a
foundation for thinking. McNiff (1998, 1999) emphasises art as a kind of inquiry, a research, a way of knowing. Through art, we gain insights into life that are not available to us through purely cognitive means. Jacoby (1999) writes of art-making as a process that, with trust and compassion, opens us to the world of others and Halprin (1999) emphasises the reintegration of alienated parts of the self through expressive arts therapy seeing this re-integration as part of the larger task of the ‘healing of our broken world’ (p.148). Knill (1999) links imagination, play and art in a historical and anthropological continuity that ‘demonstrates their essential significance in human existence’ (Levine & Levine, 1999 pp.12-13). Art from his perspective is and has always been a ‘preventive diet as well as a medicine to ensure human well-being’ (Levine & Levine, 1999 p.13). This is a stance that is characteristic of expressive arts therapy as it is practiced in America today.

References


APPENDIX 3: KNILL’S CONTINUITIES ESSENTIAL TO PRACTICE

Knill has been instrumental to the development of programs at both the Lesley College Graduate School in Cambridge, Massachusetts, USA and the European Graduate School, based in Saas Fee, Switzerland where expressive arts therapy is practiced and taught. He also initiated the International Network of Expressive Arts Therapy Training Centres. He is an artist, a teacher, supervisor, psychotherapist and author. In *Principles and Practices of Expressive Arts Therapy* (2005), Knill details with his own terms of reference, the continuities he sees as essential to an expressive arts therapy practice.

Knill refers to the therapist as the *change agent* (p.77) and a therapeutic session as one of many possible *containers for rituals of change*. Those activities which are in place to restore wellbeing within this container he refers to as ‘rites of restoration’ (p.77), a term which is inclusive of the phenomena of imagination, play and the arts. Applied to contemporary society, *rites of restoration* include activities found in all forms of psychotherapy, counselling, supervision, coaching and religious healing rituals. In all, there is the practice of leaving the everyday situation and entering a *devotional space* (p.77) for a period of time (the therapy session) in which ‘there is a group or a person responsible for the performance of the rituals’ (the therapist or *change agent*) (Knill, 2005 p.76-85).

Knill (2005) lists the metaphors that characterise the situation that people who are seeking help may find themselves in: at the limit; on the edge; life lacking sense; something missing; being stuck; treading the same spot; against a wall; cornered; at a dead end; in dire straits; all of which suggest limits or boundaries (pp.77-78). This situation of helplessness Knill regards as one in which there is a *lack of play range*. Most *rites of restoration* involve interventions designed to increase the range of play as the client enters into the open-endedness of *doing as if* (p.83).

It is imagination, according to Knill, that allows for this increase: giving openings to addressing the absent; acting as if; giving voice(s) to; finding another perspective; using metaphors; making free associations; focusing on dreams; drawing how one feels; directing or performing re-enactments; dancing one’s emotion; expressing an experience in a piece of music; writing one’s self out; brainstorming; desensitising
with pictures; being a sounding board for another; giving an aesthetic response; telling one’s story. These are all ways in which we seek to make our experience manifest and examples of the many resources a therapist/facilitator draws on (process guiding responses in process experiential psychotherapy terms) as he/she lays out for a client possibilities for exploration. As Knill (2005 p.79) points out, all these techniques used in expressive arts therapy are applied by a wide range of therapists from diverse practices.

While it is recognised that clients bring their world to a therapeutic situation and all experiences are from within that world, it is an important understanding in Knill’s approach that the *rites of restoration* explored within the safe container of the therapeutic context provide for the opportunity of *alternative world experiences*. (Knill, Levine, & Levine, 2005 pp.75-69). While these are different from everyday life and its restrictive narratives, they are seen as fundamental to the process of therapeutic change.

As seen by Knill, and as practiced also within the Halprin life/art process discussed in Chapter 3, these creative processes that give rise to the *alternative world experience* are themselves aspects of *decentering*. This is a distancing from the narrative of distress which, according to Knill, gives the client the opportunity to ‘move away from the narrow logic of thinking and acting that marks the helplessness around the *dead end situation* to the *logic of the imagination* which is characterised by spontaneity and intuition, the unexpected and the unpredictable (Knill, 2005 p.83). These are the characteristics of play.

Knill suggests that adult play needs to be ritualised. Adults have lost the naivété and innocence that characterised their play as children, making it easy for them to move in and out of imaginative spaces. Being more immersed in reality, they need a disciplined form of play. In expressive arts therapy, a sheet of paper, a canvas, a dance studio, a performance space and the *distance* of fiction all provide a stage on which the adult can act out the possibilities of increasing the range of play, *distancing* themselves from their habitual reality, exploring alternatives without the sanctions of everyday life.

Furthermore, *play* as art-making in this context brings with it a rich form of experiential learning that can overcome a range of unproductive and resistant attitudes
such as ‘I never complete anything’, ‘I’m not talented’, ‘I can’t draw’, ‘I can’t speak out in a group’, ‘I never know what to do’ (Knill, Levine, & Levine, 2005 p.92) to which I could add, ‘I’m confused’, ‘I don’t know what’s the matter with me’, ‘I can’t explain’, ‘I can’t find the words’ and ‘shame’.

As described by Knill, a therapy session, group or individual is constructed within the frame of a conscious awareness of the following elements:

• the relationships of the people involved  
• the place in which the session is conducted  
• the shaping of the session itself, its opening, its closing and the phases and bridges between the phases within the session; (at the Tamalpa Institute, this is called ‘the score’)  
• the art materials to be used  
• the modes of expression, and the shifts between modalities  
• the motivation/willingness of the participant(s)/client(s) and their levels of skill or sensitivity  
• the interventions between the therapist and client/participant(s)  
• the processes of reflection.

As can be seen in Chapters 7 and 8, 9 and 10 of this thesis the above elements were applied to the expressive arts therapy program under investigation in this project.

References


APPENDIX 4: EVALUATION OF WELLBEING
Appendix 4: Evaluation of Wellbeing

Evaluation of Wellbeing

KEY

5 = absolutely or always
4 = almost completely or nearly always
3 = quite a bit or quite a few or quite often
2 = a little or occasionally
1 = not at all or never
Questionnaire

A. Are you free of hidden agendas – things in your life that have happened to you that you haven’t dealt with and you know affect your behaviour from time to time?
B. Do you welcome feedback from others?
C. Do you have a sense of purpose in your life that gives you hope?
D. Do you feel free to be yourself?
E. Do you feel as if you know yourself?
F. Do you speak and act out of choice feeling you are in control?
G. Are you satisfied with your life?
H. Do you feel loved unconditionally by at least one person? Would someone be there for you regardless of what you did?
I. Are you comfortable alone without using a prop like alcohol or drugs?
J. Can you put yourself and your needs first, ahead of everyone else?
K. Does your inner voice tell you that you are as good as the next person?
L. Do you find time to do things just for yourself – no one else?
M. Are you free of the feeling that other people’s anger or irritation is about you?
N. Do you have enough satisfying relationships?
O. Do you like or accept the way you look?
P. Do you feel as if you are growing as a person?
APPENDIX 5: EVALUATIONS OF TRUST
Appendix 5: Evaluations of Trust

Evaluation of Trust: (a) Trusting Others

A. Standing in a centre of a circle formed by this group, I could let myself fall in any direction and trust this group to catch me.
B. I could trust all members of this group to lead me blind-folded knowing that they would look after me.
C. I could reveal to this group information about my personal life, even things I am ashamed of, confident that this information would never be used against me or disclosed outside the group.
D. I could leave my children with this group knowing that they would be well cared for.
E. I could trust this group to value my contribution - not to shut down on me if I speak my mind.
F. I could leave my wallet lying around without fear that someone might help themselves.
G. I would not be afraid to disagree with anyone in this group because I know that we have the skills to resolve an argument without it blowing up into a destructive fight.
H. I could work on a project with this group believing that everyone would pull their weight.

KEY
5 = absolutely
4 = almost completely
3 = quite a bit
2 = a little with big reservations
1 = not at all
Appendix 5: Evaluations of Trust

Evaluation of Trust: (b) Trusting Self

A. As a member of a group forming a circle, I could be trusted to catch a person in the centre falling in my direction.
B. I could be trusted to lead anyone blind-folded. They would be safe with me.
C. I could be trusted with people's personal information. I trust myself never to pass on or misuse something told to me in confidence.
D. I can be trusted with other people's children.
E. I trust myself to be honest with others, let them know where they stand.
F. Other people's money is safe with me.
G. I trust myself to disagree with anyone in this group because I know that I have the skills to resolve an argument without it's blowing up into a destructive fight.
H. I can be trusted to pull my weight as a responsible group member.

KEY

5 = absolutely
4 = almost completely
3 = quite a bit
2 = a little with big reservations
1 = not at all
USE RED PEN: Of what value were these activities to you personally in this workshop?
5 = Really significant
4 = Very helpful
3 = Quite helpful
2 = Of little value
1 = None at all

USE BLUE PEN: What was your personal level of risk taking, effort or commitment in each activity?
5 = 100%
4 = 80%
3 = 60%
2 = 20%
1 = None at all

Any further comments:
The whole program for one workshop is described here in order to demonstrate the movement we made from one modality to another in an integrated process intended to raise awareness on all levels of being: physical, mental and emotional. This was a report written after the workshop, as was my practice after each workshop, so, this section includes my own observations of the group’s activities.

**Workshop 2: Spine**

**Focus:** identify

**Equipment:**
- Tables, chairs, gym mats
- Drawing blocks: Eckersley’s A2 Bank 50gsm
- Pastels: Water soluble oil pastels
- Smudgers and plastic containers for pastels
- Folders, A4 Notebooks, pencils, red, blue and black fine felt tip pens
- White board markers, butcher’s paper
- Sound system: iBook G4 Laptop and speakers, iTunes music program
- Life-size model of skeleton

**Entering and occupying the space:**

**Music:** *Walk a Country Mile* Slim Dusty

*Feelin’ groovy* Simon and Garfunkel *Tales from New York*

Claiming the workspace on arrival proved an important exercise. It was a non-verbal exercise supported with music. Exploring and observing the space by walking, changing pace and direction, moving from the perimeter to the centre and the corners, experimenting with moving out from a personal centre to acknowledging others in the space, moving in pairs, in threes, as a whole group, then withdrawing and ignoring everyone, all contributed to making the space familiar while raising awareness of one’s self as part of both the environment and
the group. Slowly, from guided exploration, people became more adventuresome and creative using the space in different and independent ways. Filling the space with music seemed to warm it and make it more intimate. Participants say they like the amount of space they have to move in and the exercise certainly helped me to relax into the group and the day.

**Opening ceremony:**

We formed a circle in the centre of the sports hall. William and Carl introduced an exercise in which a ball of wool was thrown around the circle, unravelling as it was thrown creating a visible network of connections for the group to reflect on.

**Movement Ritual:**

The warm up exercises and the movement ritual focused attention on the spine. A general lack of fitness and body awareness in the group made me uncertain about the freedom we had to use physical activities. I discovered I needed to be careful to offer movements in clear stages so that some people could stop and repeat movements at the point where they had reached their limit while the rest of the group proceeded. The emphasis was on awareness and acceptance, resisting the temptation to evaluate personal performance. With one pregnant woman, one considerably overweight and some with very little physical freedom, it is necessary to keep reminding the group of the importance of taking responsibility for themselves, developing an awareness of their limitations and not pushing themselves. At the same time I don’t want to set the ceiling for movement at the level of the most disabled participant. The group is demonstrating a lot of willingness to participate and, as a result of the exercises in this session, report that they became more aware of their spine and of its ‘warming up’. There is a lot of concern expressed about fitness and a related interest in learning more skills, so the group has elected to make the movement ritual part of each workshop and some have undertaken to practice the movements at home.

**Partnered exercises to bring focus to the spine:**

We had the use of a model skeleton for this workshop. Participants traced their partner’s spine and with reference to the model, explored each vertebra from the base of the skull to as far below the waist as appropriate. Everyone was very focused. The men working together laughed a lot but didn’t let their embarrassment stop them.

In a second partnered exercise, people stood back-to-back and without losing contact, moved to music. The focus was to be on the partner’s back and spine, listening to every move and responding to it and to the music. For me this was beautiful to watch and I experienced the energy in the group as intense. People worked with their eyes closed and their faces became
very calm, their expressions soft. This was an exercise in opening and acceptance, listening to the other while maintaining a consciousness of one’s own movement and an awareness of the music.

Music: You’ve Got a Friend. Roberta Flack

Guided movement:

Music: Sounds of Ithica from The Fig Tree

A guided awareness exercise introduced movement that explored the spine in detail providing opportunities to identify whatever arose for each individual.

From a standing position, slowly drop the head forward and let the upper torso, arms and hands follow until you are hanging towards the floor, with knees slightly bent.

Pause for a moment and then begin to rise up slowly until you reach standing again. As you rise toward standing, tilt your pelvis slightly under so as not to create an arch in the back. Engage the muscles in the thighs to support you as you slowly lift your torso and ‘unfold’ the spine as if stacking one vertebra on top of the next. The shoulders and head are the last parts you lift upright.

Let you arms and hands dangle gently at your sides. As you stand upright again, become aware of the body posture that you most naturally seem to drop into.

Notice how your head and neck come to rest atop your spine. Notice the shape and posture of your shoulder girdle and the placement of your arms and hands at your side in relation to your chest and shoulders. Become aware of the body posture that you most naturally seem to drop into.

Notice how your head and neck come to rest atop your spine. Notice the shape and posture of your shoulder girdle and the placement of your arms and hands at your side in relation to your chest and shoulders. Notice the position of your pelvis at the base of your spine. Notice the direction of your legs, turned inward or outward, thighs together or apart, and so on.

Repeat this dropping and lifting movement cycle several times: each time you return to standing, exaggerate some aspect of your posture that you notice.

With each exaggeration of your posture, speak a sentence out loud as if letting the posture itself make a statement. For example: “I’m tired of holding you up,” or “I can handle anything” {Halprin, 2003 #13 p.154-155}

Movement exploration:

Music: Song of songs from The Fig Tree

The guided movement was followed by a free movement exploration session, which began by participants finding space alone. They were required to centre themselves as they listened to
the first track of music. When the music changed, they were to take time to explore their spine through movement – listen to it – find out what it wanted to do. They could move to the music or ignore it – whatever worked for them. They were to experiment – letting the spine lead – lying, sitting, crawling, rolling, stretching, slumping, swaying, finding movements that expressed the way the spine felt - letting it talk. All but one participant’s explorations were conservative. They used limited space and few variations of level in their movement. Only one person began to use the floor as a possibility. While everyone participated, it seems that most people are very unfamiliar with this kind of activity. Jack has extensive experience of creative movement and is making a substantial contribution to the group by opening up a space for exploration, particularly for the other men. Through discussion later, I learned that self-consciousness frustrated everyone except the two participants who had had experience of dance. The idea that one could ‘listen to one’s body’, is foreign to everyone and they are unfamiliar with the possibility of identifying issues by attending to an inner state revealed through movement.

Participants were also invited to find words that belonged to the movement of their spine and to speak them aloud as they moved. This verbal activity was almost completely resisted. People may have thought of words but could not voice them. I observed that speaking is even harder than moving in front of others

**Drawing:**

The movement work led into a spine drawing. To encourage an awareness of the body as part of a whole being and to learn to use it as a resource in their explorations, I encouraged participants to give their spine a voice and, making use of all the movement they had explored, let the drawing go wherever it wanted to as if it had a life of its own. So now I have introduced drawing as another resource in the process of identifying feelings and attitudes or articulating experience.

Throughout the drawing session, there was an atmosphere of intense concentration as individuals worked quietly and in their own space. Some used outside spaces but most worked on mats inside the hall. Other than to give out some smudging tools I didn’t intervene in any significant way. At the end of the drawing session I invited everyone to view the work of others and consider the words each drawing evoked for them. People wrote words on small stickers provided and attached them to each drawing. This activity was intended to encourage responsiveness to the work of others and open up new possibilities that could be used in the writing exercise that followed.

(Only a sample of the participants’ work is included in the following section).
Writing:

I suggested that participants use any of the attached words that were useful to them and write a poem from their drawing giving it a title. They could, if they wished speak from the spine, giving it a voice. Examples of the work from this session are as follows:

Figure removed due to copyright restrictions

**Figure A9.1:** Anna’s Spine

**Anna’s Spine**

I am Anna’s spine. Without it she would be like an amoeba - all soft and jelly-like. I am a flexible friend that gives her strong support and vitality. I give her structure; define her walk; provide her posture; her liveliness, her rest. I delineate her dance through life. I give her connection.

Through me, Anna can reach; can compress, can open, can close. I give measure to her breathing.

_Sometimes I remind her of her age......ooh I’m stiff._

She always says thank you to me for being strong and a symbol of stability in her body and her life. She marvels at the way I protect her; the way I carry her vital juices and thoughts just where they are needed. She wonders at my ability to be part of her conscious and unconscious efforts and activities.

_Sometimes I send shivers up and down the line and then, pop, electric light bulbs go off in her mind!

★
Dear Lou,
I'm neglected most of the time and my sleep and rest times are always interrupted by frequent visits to the bathroom, tossing and turning and dreams.
I'm always slouching inwards, well I guess that's what slouching is right?! But if you knew how important I actually am, you would treat me kinder, you would nurture me once in awhile, you would remember that although you like to put your body to the test, I am strong, yet very fragile. In hurting me, you hurt yourself, but not many people realise until it's much too late... when I am broken I am not like a toy or car, I can not be fixed once I am broken. Broken forever I have no feelings.
You need to take care of me. I like when I am sitting or standing straight. I like it when I have a very comfortable chair or lounge to sit and rest on. I like it even better when I have a very firm mattress to lie down and take the weight off for a while. I like hot water and being scrubbed. I don't like contact sports or being jumped on. I love massages...
I am not only the life force, I am what holds you together.

Love Spine

*
Appendix 7: Workshop Sample

Figure A9.3: Jack’s spine

I know my spine and my spine knows me

Jack

Sometimes I think my spine is afraid of me because I make it do things it doesn’t feel comfortable with like lifting heavy weights that create a lot of pressure on it. I bend it though. It loves that and I do look after it with proper exercise but sometimes it just gets tired and sore.

I reflect on my drawing: I have a sore spot. Please keep looking after me as you have so dearly up til recently. The stuff you do at home in your own time like the stretches every night before bed and those lovely walks you used to take me on early every morning. All that stuff makes me feel light and strong. You know how good I can feel and the benefits you get when I do and conversely the unpleasantness when I am neglected even if ever so slightly.

*
Figure A9.4: Nina’s Spine

My spine

Crocked and curved,
Yet strong and powerful.
Housing the centres of vibrational energy that emanates
and permeates into my being,
My life,
My interactions,
My world.
These prehistoric carvings,
Stacked one on one.
From the roots this creation reaches for the sky.
Magnetizing my consciousness to enlightened vibrations.

Yet somewhere in my travels,
Somewhere along my path,
I forgot the delicacy of this intricate structure.
Of the fragility within strength.
Heavy packs,
Full of love, adventure and passion...
Weighed and compacted...
Twisted and turned...
These fine and delicate vertebrae,
I have all but burned.

But I will keep on working,
To straighten my spine back out.
For in all physical reality,
I cannot do without.

*
Figure A9.5: Wicky’s spine

My spine reminds me of a snake living inside my body. Wicky

The snake is a symbol of wisdom and danger, venom and death, freedom and ecstasy.
I am asking it, respectfully for its message as it has touched my life; it is not a waited experience. I am realizing the way of getting my attention is by challenging me through money. Perhaps I should reconsider this weakness. This exercise has cost a lot but the process has touched my heart. It has made me prioritise, and realize the love of a friend whom I cherish. For me it is heart medicine. It offers an insight into my perspective, makes me choose, and challenges me to feel and go deeper and to feel my choices.
My body holds tension and hurts so often. I can feel what the tension is saying and stop it if I listen. My spine is always talking to me if I ask it, it will answer. Listen for the answer. Life is a gift I can give myself. Snake has got my attention and snakes' bite is not wasted on me.

★

Partnered Work:

People were instructed to look at their partner’s work, attend to the colour, the texture and the form. They were then to find movements that gave expression to what they experienced in looking at the work. In this exercise, most people were freer in their movements than they
had been when working independently but in the presence of the group. Responding to each other’s work was an introduction to expressing an ‘aesthetic response’; a response in which one indwells the creative expression of another but takes full responsibility for what the work evokes in oneself. When each person had had a turn responding to their partner’s work without words they talked together about the experience.

**Performance – enactment:**

In this exercise each person displayed their drawing while presenting their poem as a performance, imagining they were performing for children. The group was to create a sound backdrop to each performance by responding vocally to the drawing, taking some of the performance pressure off the speaker. Self-consciousness really took over these performances, which because of uncontrollable and infectious laughter, proved a great tension release. I was concerned at first that some participants may have felt they were not taken seriously and I had a sense of losing control. As soon as I recognised this, I decided to counter the feeling by relaxing and letting the activity take its course. It proved really productive and very therapeutic in an unexpected way giving me the opportunity to appreciate the extent of anxiety associated with performing in the group. The issue of raising one’s voice in any way was obviously very threatening and I noted the need for activities that would give the group opportunities to practice dealing with this fear.

**Group Work**

The group swung remarkably from the hilarity of the previous exercise to a profound seriousness, as people were required to identify someone in the circle who reminded them of someone significant from their recent or distant past. The person chosen in each instance was reminded that what was being said was about the speaker and was to be heard as such and not taken personally. The speaker was invited to speak directly to the other, stating something they felt they had left unsaid. ‘Looking at you, I am reminded of ---------. What I want to tell you is -------

This was a very moving session which some stated made a huge difference to the level of trust they felt. There were a lot of tears as people addressed family members who had died without their having said good bye, a sibling who had shut his brother out, a sister who had lost contact, a son who was growing away and becoming distant, a family member who a participant had never really got to know, a brother who was dying, an ex-husband a participant needed to tell would never again get what she had given away to him. She was able to express her anger to her ex-husband and while she was later concerned that she might have offended the person she addressed, the group was very accepting of her expression.
Another woman had wanted to address one of the men and was surprised to find that when it was her turn she couldn’t speak. We discussed the importance of not pushing issues and not feeling that everybody had to speak or to feel close to everybody, that it is good to let those things develop naturally when and if the feelings were authentic.

We discussed what the exercise had taught about the following:

- projection - what we say is often about ourselves;
- not getting hooked by the emotions of others;
- the relationship between trust and self-disclosure;
- what listening empathetically to the other offers him/her. Carl asked if the group thought it possible to love a man one doesn’t even know? He, an Aboriginal man, expressed a sense of feeling very close to Jack, one of the non Aboriginal participants. They had partnered each other earlier in the day and in this session heard something of each other’s stories.

The workshop concluded with filling out the evaluation charts followed by the closing-ritual introduced in the first workshop.

**Reflections:**

My sense is that the group is much more familiar with the idea of drawing, writing and thinking than moving, experimenting or attending to an inner state. Doing anything that involves performance that is observed, or raising one’s voice for an audience is really problematic. The group resists vocalising. Movement is for most people in the group very restricted. Also it seems that the idea of listening to the body is a strange concept for almost everyone.

There is uncertainty about writing from drawings and from movement. Also the writing indicates that participants need to give themselves permission to access their imagination and to develop an understanding of how to use their expressive work as a way of listening to themselves and reflecting on issues that arise for them or are of current concern. The writing suggests that instead of focusing in, listening attentively, or experimenting with possibilities, there is an engagement with ideas and ideals and a spreading out of thought that encompasses an enormous field and a profusion of possibilities.

People are holding to positive ideas of peace and love and harmony and spiritual growth. I have to be very careful to respect this as well as challenging it where possible. Jenny writes in association with her drawing ‘Know thyself. Breathe. To thine own self be true.’ It seems to me that I need to find ways to help people towards a more immediate, and authentic approach - encourage them to look beneath what can be a ‘nice’ or ‘acceptable’ surface -
perhaps constructed to avoid what is really happening. Paula’s drawing, for example, reminded her of the life of a young artist who had recently died. In her drawing she saw his dead body lying in the grass but did not realise how she could have used that image to explore her concerns further in her writing. I’ll ask her tomorrow if I can explore this with her with the group and maybe I can use it to introduce the concept of ‘identify’, as the first part of the five part process.

Reflecting on the workshop, I am aware that I need to be careful to recognise that the ideals and beliefs some people have constructed have been their salvation as they have pulled themselves out of the various consequences of abusive and painful childhoods. It is important for me to remember that there is a time to explore and a time to protect oneself and only the individual can determine what he/she is ready for. I must work sensitively with people’s timing while not missing opportunities to indicate new possibilities - not buying into people’s avoidance strategies if and when they indicate they are ready to make changes.

The feedback from the workshop is very positive. However, it is apparent that a lot of trust needs to be built before people will share any negative feelings about such a program. I, as the researcher/practitioner am the recipient of the feedback. Maybe that’s a problem. Would something different be said to an outsider? While all the evaluation charts have been filled out, participants have not responded yet to the invitation to offer written comments. I am aware how blunt an instrument this workshop evaluation chart is. It does serve to focus the participants’ attention on what is happening for them but does not give me much information about their experience of the workshop and how they reflect on that experience. I suspect everyone is too tired at the end of the day to give much to the evaluation. Asking for feedback in the days following the workshop does not seem to be very satisfactory. I suspect people are too busy and also recognise that the research into this approach to expressive arts therapy is my project. The participants’ energy is in their research into their own lives.
APPENDIX 8: WORKSHOP PROCEDURES

Organisational details included access to the work space, the availability of keys, tables, chairs, mats, sound equipment, art materials and everything needed to provide refreshments during breaks. Progressively, throughout the course of the program, the group shared the responsibility for these details.

The shape of daily sessions: Following the opening rituals, there were basically five sessions each day, three of which were in the morning.

1) Entering and occupying the space: Each day began with music supporting a warm-up exploration of space and free movement in which we focused on becoming present in the sports hall. The warm-up exercise acknowledged the fact that in coming into this expressive arts therapy workshop we were moving from the everyday situation into a particular space and time set aside to give special attention to our wellbeing and what best serves us in the process of enhancing or restoring that. I guided this introductory activity less and less as individuals found what worked best for them in their process of becoming present or ‘catching up with themselves’.

2) Opening ceremony: The warm-up was followed by an opening ceremony. It was always a group activity conducted in a circle in recognition of the importance of relationship and the part everyone has to play in the group. I sought ways to acknowledge the understanding that we each came from the context of our life-worlds, each of which was to be respected within the circle. Through modelling possibilities, I sought to make this session a brief time in which we acknowledged each other in some simple way, were mindful of the natural environment, brought to mind the people that were important to us and located ourselves in the context of larger current national and international concerns.

I introduced, for example, an opening ceremony that I had experienced at Tamalpa Institute, which involved giving a candle to each person in the circle. We put a jar on the floor in the centre. It could have been decorated with things collected from the bush outside, but I failed to explore this possibility of involving others in this way. One group member lit his own candle and then went to each person in the circle offering the flame. We stayed with our burning candles and focused on the person or people who, for whatever reason, were occupying our thoughts that day. Then, one at
Appendix 8: Workshop Procedures

a time, individuals put their candle in the centre, stating who it was for. This is for my sister's baby. She's in hospital. ... This candle is for the people who used to occupy the land we are on. ... I am thinking of my Mum. ... This is for my son. ... This candle is for the children all over the world who because of war have no homes. ... This is for my community up North.

It was my intention that as the series of workshops proceeded, members of the group would create new ceremonies to help us enter the space that we were creating, mindful of each other and ourselves and what we were bringing with us, what we were doing and how we were feeling. There was limited response to this invitation and I made the assumption that either we needed more time than we had for most people to gain the confidence to create their own ceremonies, or that people had too many work commitments between workshops to give attention to developing ideas.

3) Session 1 Movement Ritual: A movement ritual practiced at Tamalpa Institute (Halprin, 1979) resourced the first session of each day. It is a series of structural movements designed to support creative exploration and encourage coordinated breathing, smooth, relaxed movement and an awareness of the body and its placement in space. Parts of the Halprin sequence were introduced incrementally and the level of fitness and flexibility of each group member determined how far each person took each extension.

Careful attention is given to these simple movements and particular parts of the body, with increased awareness of how we have become accustomed to using our bodies. In this series of workshops the movement ritual drew attention to the importance of looking after our health. The focus of this activity was awareness of the body and of the breath and of acceptance rather than the achievement of any predetermined goal.

Each movement ritual session progressed towards a focus on the part of the body under investigation on that particular day and flowed into ways of approaching the new topic. These focusing activities varied from session to session, initiating the process of identifying personal issues that invited attention.

4) Sessions 2 and 3: The morning sessions were explorations that included the use of language, drawing, movement and writing, working in pairs, in small groups and with the group as a whole. While the activities were directed, the content was not. Individuals determined and worked with their own material and were expected to take
responsibility for what they chose to disclose to others and what they chose to withhold. The sessions were constructed to maximise the opportunity for participants to experience the processes of identifying, confronting, releasing and changing, determining new ways of acting as they sought to integrate what they were learning, into their everyday lives, in the ongoing process of growth. Each morning, I brought the group together at some stage to discuss one aspect of the five part process based on the work that had been done. The example I give below serves to demonstrate this model in practice. It was my intention to help the group become aware of this process and gain a conscious understanding of it in the wake of their experiential use of it throughout the program.

The morning sessions usually concluded with a circle in which work was shared, giving us the opportunity to explore the role of witness. Through a variety of exercises, I guided the participants towards focusing their attention on seeing what was before them and becoming aware of their inner response, resisting the inclination to judge, analyse and interpret. This is the process that Lett (2001) refers to as indwelling and defines as:

\[
\text{… a deeply empathetic/intuitive sharing of the feeling response to the person and material, by movement within and about the objectified inner landscape, but never by what is known as explication or interpretation (Lett, 2001 p.333).}
\]

We began by attending to material offered: a drawing, a poem, a movement sequence. Listening to what others heard and saw was sometimes used as a way of heightening awareness, but participants were encouraged to recognise that only the creator of the work could say what it meant. Meanings involuntarily attributed to what people observed were understood to be guesses but could be expressed as, ‘I imagine -----.’ Therefore the process of witnessing involved becoming aware of one’s own felt sense in response to what was heard or visible, recognising the response to be self-revealing rather than revealing of the other. In other words, participants were actively encouraged to own and take responsibility for their own feelings and responses.

Activities in these witnessing sessions sometimes included individuals expressing felt responses to work through drawings or movements as well as words. Halprin (2003 p.116-117) identifies this activity as aesthetic response in which the witness brings to
the situation his/her capacity to see, hear, sense and feel empathetically.

Witnesses engaged in this process offer the person who is sharing their material a special quality of attention, which generates an environment of care and support. At the same time each group member is learning appropriate ways to deal with his/her own work, which requires the same quality of non-judgemental care and attention for the personal process of exploration of one’s own material to be productive.

5) **Session 4:** After a lunch break the afternoon session usually began with a high-energy activity leading into a paired or group performance often resourced by the work done in the morning.

6) **Session 5:** The last session of the day emerged as a re-enactment of a participant’s story. Individuals scripted, directed or staged a scene from their family life as they had experienced it in their childhood. The whole group participated as the participant-director assigned each member a role in the play or tableau. The sessions ended with a group discussion followed by time in which everyone filled out the evaluation chart and had the opportunity to record the day’s proceedings.

7) **Closing ceremony:** This was constructed around ideas of awareness of what the day had been, of physically, mentally and emotionally finding our feet and standing our ground. We followed a movement sequence suggestive of opening and taking in and of giving back to each other and to the earth, and of mindful leave-taking as we prepared to return to our everyday situations. The group elected to keep this simple ritual as a way of closing each workshop.

**References**


Appendix 9: The five part process in principle and practice

The five part process and Buddhism: As a model for learning, the five part process is grounded in common sense and a wisdom shared by many religious, education and therapeutic practices. There are, for example, strong parallels between Anna Halprin’s five stages of healing and Daria Halprin’s model, and what the Buddha taught was the path to his awakening. Bachelor (1997) writes with reference to the Buddha’s first discourse, of the four ‘ennobling truths’ that marked that path. The first is anguish, which is to be recognised and understood (identify, confront). With this understanding, the second truth, the origins of anguish, must be let go (release). The third is cessation, which is acting out having let go and involves a change in behaviour (change). The fourth, the path leading to cessation, requires the cultivation of that path (growth). Bachelor argues that the four truths have regrettably been ‘relegated to the margins of specialist doctrinal knowledge,’ having been turned into four propositions of fact to be believed instead of truths to be acted upon as was intended: ‘understanding anguish, letting go of its origins, realizing its cessation, and cultivating the path’ (1997 p.6).

The five part process and trauma recovery: There are parallels also in the work by Atkinson, Frederick and Iles (1997) on trauma recovery, which they address in relation to what they call ‘Indigenous therapies’. In a paper presented in 1997 at the Rural Mental Health Conference, ‘Working Together’, Atkinson named the five stages of trauma recovery as:

- Telling the story [identify, confront]
- Making sense of the story [confront]
- Feeling the feelings [confront, release]
- Moving through loss and grief to acceptance [release, change]

The five part process and the narrative-based approach: There are interesting similarities, I argue, between the five part process and the narrative-based dialectical constructivist view (Greenberg & Pascual-Leone, 2001) of the steps involved in the process of creating meaning. As referred to above, the steps are:
Appendix 9: Five Part Process

- Emotional arousal in which one experiences what is personally important and meaningful (identify, confront)
- Symbolisation or articulation of the emotional experience (confront, release)
- Reflection (change leading to growth).

The five part process in practice: from Workshop 2 (see Appendix 8)

Identify: Participants were required to become aware of each member of the group and inquire of themselves if anyone reminded them of someone significant from their recent or distant past. They were then to think of something they felt they had left unsaid; something they would have liked to have said or would like to say to that person.

Confront: Each participant was invited to speak directly to the person they had chosen beginning with: ‘Looking at you, I am reminded of …’ ‘What I want to tell you is …’

The confrontation was not with the other person but with each individual regarding his or her relationship with a significant other.

Release: Statements were made and feelings expressed. There were apologies, expressions of gratitude, some anger and a lot of tears as participants addressed friends or relatives, for instance a member of a family who had died without her sister’s having said good bye; a young man who had shut his brother out; a sister who had lost contact; a son who was growing away and becoming distant; a young woman who was unknown to her sister; a brother who was dying; an ex-husband who had never been told how disempowered his wife had felt during their life together.

Change: The group discussed a number of issues that the exercise had revealed for them. These ranged from the awareness that we look at people we don’t know through the lens of past experience and sometimes project on to others our own attitudes, to the realisation that we can listen empathetically to the expression of emotion, even when it is directed at us, without reacting as if it were about us.

The major change that took place, as I perceived it and as some participants reported, was in the level of trust people felt for others in the group and the group as a whole as a result of sharing personal stories and the expression of the feelings they evoked in ways that were felt to be authentic. Witnessing and being witnessed were important
aspects of this process.

One Aboriginal man talked about how surprised he was to discover that as a result of the shared activity he experienced a sense of feeling very close to one of the non-Aboriginal men; and some time after this workshop, one participant reported that as a result of this session, she realised that she could renew contact with her sister and wrote to her.

**Growth:** The changes people reported are indicative of growth but it is understood that for growth to have really taken place, changes in new attitudes and understanding would manifest in new and sustained patterns of behaviour in every day life.

It should be noted that to make such clear-cut divisions between these processes as my report of the above exercise demonstrates is somewhat artificial. In reality the processes may overlap, merge or be repeated in various ways.

**References**


Recently, Hardtke and Angus (2003) developed a brief semi-structured interview protocol, the Narrative Assessment Interview (NAI), to address what was perceived to be a lack of ways to assess narrative change. The NAI questions are as follows:

‘Question 1: How would you describe yourself? If the participant describes herself according to a role (e.g., I am a mother), the interviewer would then ask, “What kind of mother are you?” The participant might respond with a description such as, “I am a loving mother.” The participant is then asked to provide a recent example from her lived experience that would illustrate this description of herself’ (Hardtke & Angus, 2003 p.254).

‘Question 2: How would someone who knows you really well describe you? The purpose of this question is to tap into the way clients perceive that others view them to assess further their view of themselves’ (Hardtke & Angus, 2003 p.255).

‘Question 3: If you could change something about who you are, what would you change?’ (Hardtke & Angus, 2003 p.256).

The NAI is based on assumptions drawn from a dialectical constructivist conceptualisation of psychotherapy (L. Greenberg & Pascual-Leone, 1995). It does not focus on the reduction of any symptoms as an indicator of change but rather gives access to the subjective experience of changes in self-perception. The questions are asked first in interviews at the commencement of a period of treatment. In final interviews clients are presented with a written summary of their responses to the NAI from the initial interview, so that they can reflect judiciously on their pre-treatment responses. The protocol gives indications of changes as clients perceive them and as they account for them and it can be applied again and again in later interviews.

I adapted the NAI protocol to meet the demands of this study. While it was designed to find out ‘whether or not clients see themselves differently after they have experienced significant gains in therapy,’ it was also concerned with ‘the degree to which that change in narrative construction is mirrored in the stories clients generate to describe themselves post-therapy’ (Hardtke & Angus, 2003 p.248 my emphasis). The strict use of the protocol, in a therapeutic context involves a more analytic approach to the structure of narrative than this inquiry was concerned with. Also, it has been used in clinical contexts such as the study of clients undergoing brief process
experiential therapy for depression (L. Greenberg & Watson, 1998): results were assessed in conjunction with measures indicating changes in symptoms. As stated in Chapter 5, the Aboriginal participants in the expressive arts therapy program were seeking change in their lives, but they were not classified in any objective way either at the beginning or at the end of the process.

References

