

In *Conference Proceedings*, pages 45-59,  
International Expressive Arts Therapy Conference (Feb 2017, Chennai),  
presented by the Psychology Dept of Women's Christian College,  
and the East West Center for Counselling and Training

## "Story and Storytelling in Storytelling Therapy and Expressive Arts Therapy"

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*Abstract: This paper presents theory about, and examples of, ways story and storytelling have been and could be used in Storytelling Therapy, and also in Expressive Arts Therapy (which involves the holistic combined use of any of the arts). Also discussed are ways story can be used in all of the Expressive Therapies (of which Expressive Arts Therapy is one).*

### **Introduction**

The time has come for *Storytelling Therapy* (also known as *Therapeutic Uses of Storytelling*, and *Storytelling and Healing*) to take its place alongside Drama Therapy, Dance-movement Therapy, Music Therapy, Visual Art Therapy, etc, as one of the Expressive Therapies. Storytelling Therapy -- like the other individual Expressive Therapies -- is also an aspect of Expressive Arts Therapy.

Stories and storytelling have been like Cinderella, fixing their older step-sisters' gowns, but never being able to go to the ball themselves. Stories and storytelling are often credited in the literature about Expressive Arts Therapy (McNiff 2009). However, Storytelling Therapy is only now emerging as a field unto itself.

This paper presents theory about, and examples of, ways story and storytelling have been and could be used in Storytelling Therapy, and also in Expressive Arts Therapy. The paper's primary research questions are: What are some ways story and storytelling have been and could be used therapeutically? And, What is Storytelling Therapy?

### **Story and Storytelling**

Story can be defined as, a series of events. Storytelling can be defined as, *relating* a series of events to one or more other people. A story can be a model of the past, and a model for the future.

Stories can be communicated through many mediums. However, the word, "storytelling," literally refers to communicating a story primarily with one's voice and body, usually in what could be called a performance, in the course of a social gathering in which all who are present can give feedback to each other as the event is occurring.

The words, "story" and "narrative" have slightly different meanings. "Narrative" tends to mean that a speaker is reporting what he/she experienced in a relatively unprocessed way. "Story," on the other hand, tends to imply that the teller has composed a work of art involving a beginning, middle, and end; with meaning added; and with the option of including *Direct Speech* by story characters. However, in reality, all narratives also involve shaping and assigning meaning to a series of events.

Regardless of whether a story character may be an animal, a human, or other -- all stories are about *situations*. Story listeners can *project* themselves into and *imagine* themselves in these situations. They may *empathise* and *identify* with -- and even possibly *imitate* -- the characters. Listeners get *practice for living* by considering if they might behave similarly to or differently from the ways story characters are behaving.

Stories can help to give people senses of identity and direction. Self, community, and society are all conceived of and experienced largely in terms of story. Stories are manageable ways to package data and give it meaning, with relatively easy storage in and retrieval from memory. One's story becomes a form of identity, in which the things one chooses to include in the story, and the way one tells the story, can both reflect and shape who one is.

Typical guidelines for performance storytelling are: 1) Visualise. 2) Describe. 3) At times, mime story objects. 4) At times, become characters.

Every story has an external shell and an emotional center. The external aspect has to do with the story's place and time, and other details. The internal aspect has to do with the relationships, and the yearnings and other emotions, of the characters. It is the internal aspect of stories that readers and listeners connect with on emotional levels.

In story, as in life, each action causes a reaction and has consequences. *Suspense* and *dramatic tension* concern when and how anticipated events might occur. For examples: Will good behaviour be rewarded? Will bad behaviour be punished?

When telling a story, one can have each character speak and move in distinct ways. This can be done *mechanically* (through planned sounds and movements), and/or *emotionally* (by imagining what the character is going through and letting the character's state of mind be expressed through the teller's ways of speaking and moving).

Speaking and moving styles of characters can be portrayed in terms of contrasts, such as: Slow / Fast. Pauses / Non-stop. Elongation-of-vowels / Staccato. Low-pitch / High-pitch. Humble / Arrogant (and other oppositional sets of personality traits). There can also be uses of rhythm in speech and movement, of melody in speech, etc.

Telling stories may involve a combination of narrating (telling what happened) and acting (letting characters speak for themselves, through the afore-mentioned Direct Speech). A teller might let characters speak for themselves especially during emotional, dramatic, and turning-point moments in a story. There can be a big difference between *reporting* and *enacting* what occurred. Two forms of Direct Speech are: 1) Characters speaking to themselves, and 2) Characters speaking to other characters.

When a character one is playing speaks to another character in a story, one's listeners are placed in the position of the character being addressed by the character who one is playing. This occurs all-the-more-so in relation to a listener if one makes eye contact with that listener while one is speaking as a character. Then one can reverse roles, and put one's listeners in the position of the character one originally spoke as. This role-playing can help the teller -- and the listeners -- vividly imagine, experience, and feel what characters are going through. In these role-playing moments, a story comes to life: that which may have occurred long ago and far away is suddenly occurring in the here-and-now, *amongst* the teller and listeners.

When role-playing a character, one can give voice to opposing inclinations, ideas, and feelings within the character. For examples: A dialogue between the "Good

angel” (the conscience) and the “Bad angel” (the greedy side) of a character can be presented. In such a way, a character could consider some of the pros and cons of a possible course of action. Such internal debates may involve characters thinking and talking regarding both sides -- or many sides -- of a situation or question.

One can tell any story from a variety of points of view, including:

- 1) From a narrator's point of view (3rd person).
- 2) From the point of view of any character or object in the story (1st person).
- 3) As if it happened to oneself (1st person).

If a storyteller is constantly editorialising -- giving commentary, explanations, and interpretations -- the storyteller may be imposing his/her self into the equation and may be preventing listeners from *getting into* the story and making it their own. No matter who a story is said to be about, listeners on one level experience a story as if it were occurring to them.

A storyteller announcing the moral of a story after telling a story may be a sign that the teller is not sure the telling was clear. A storyteller leading a conversation about a story after telling it is an act of generosity and strength: this lets each listener formulate and share his/her thoughts about the story, and lets the story be something that is shared, not something owned just by the teller.

Four things a storyteller can do are: 1) *Play characters*. 2) *Narrate* what occurred. 3) *Explain* regarding what occurred (“The moral of the story is, be honest”). 4) *Command* regarding what occurred (“Be honest!”). Of these four roles: playing (pretending and fantasising) may help one to connect with listeners emotionally, but tends to give the speaker the least social power and authority.

Globally, a social-cultural urge for intra- and inter-personal reconnection and wholeness emerged in the late-1960s. One aspect of this has been the *Storytelling Revival*. In the USA, the Storytelling Revival occurred in conjunction with the Civil Rights Movements -- first with African-Americans (some of whom held “rap sessions”); then with women (some of whom held “consciousness-raising sessions” and “sister circles” in the process of developing the Women’s Movement and feminism); and also with Gay/Lesbian/Bi-sexual/Transgender people, people who have cognitive and/or physical challenges, and others. Thus, one could say storytelling has been used to help heal society.

### **Story and Storytelling in Storytelling Therapy**

*Storytelling Therapy* is also known as, *Therapeutic Uses of Storytelling*, and *Storytelling and Healing*. Including “telling” in the name of this form of therapy acknowledges the potentially therapeutic psychological, physical, and social aspects of the *process* of storytelling.

Story may be used in all of the arts, and in all of the Expressive Therapies. However, when a client is extremely depressed, dis-oriented, or in shock, he/she may not be able to relate to any story, and/or may not be able to use any story to relate with others. To compose and/or tell a story is an assertion of self. To tell a story is to assign meaning to experience, because part of storytelling is expressing how one feels and what one thinks about what occurred in the story. When clients cannot assert themselves or assign meaning to experience, they must be gently nurtured, and given the time and space to ‘pull themselves together,’ and ‘put the pieces together.’

Just as storytelling and drama can utilise within themselves all of the other arts, Storytelling Therapy and Drama Therapy can likewise utilise all of the other arts (as can Expressive Arts Therapy).

Note: *Psychodrama* (which was first developed by J. L. Moreno in the 1910s, and which involves acting out situations from participants' memories and imaginations) can be said to have been the original form of Drama Therapy. People sometimes speak of Drama Therapy *and* Psychodrama, but actually Psychodrama is one form of Drama Therapy.

Stories and storytelling can be used therapeutically in a variety of ways. I would propose that the term, Storytelling Therapy, might serve as an umbrella term for all forms of therapy that utilise *Narrative Psychology* (please see References).

*Narrative Psychology* concerns ways people use narrative to integrate facts and events, and weave them together to make meaning. Narrative is a primary mode of cognition of self and other.

Two manifestations of Storytelling Therapy are *Narrative Therapy* (a form of therapy) and *Narrative Medicine* (a way of approaching patients) (please see References).

*Narrative Therapy* has been developed since the 1970s, especially in Australia. This method has primarily been limited to 1) use with teenagers and adults, 2) the use of personal-experience stories, and 3) conversational speech. Narrative Therapy especially involves reframing experience to emphasize how a client has successfully used coping, survival, and resiliency skills -- and how the client could use such skills in the future. Narrative Therapy is partly based on the idea that if one controls the story of one's life, one could then better control one's life.

*Narrative Medicine* is a way of approaching people who are experiencing illness. Narrative Medicine provides a set of principles for training healthcare-givers. These principles involve encouraging patients to compose and tell stories of their illnesses and recoveries; and are designed to improve the quality and effectiveness of healthcare by helping healthcare-givers to develop their listening skills, including their abilities to recognize, absorb, interpret, and be moved by the stories of illness and recovery.

Some forms of Storytelling Therapy are forms of *Metaphor Therapy*, involving using the *Projective Technique* of having the client project him/herself into characters that are external to the client's self.

Stories are sometimes referred to as medicine. It is said that it a story *works* on a person.

What is *healing*? The word, healing, may literally refer to flesh recovering after being lacerated or bruised. The healing may involve flesh knitting itself back together after being torn apart. This may result in a scar. To speak of *emotional healing* seems to be a figurative way of saying that something similar to physical healing can happen regarding one's emotions, as one recovers from a painful, crushing, shocking, and/or devastating emotional experience.

What is *therapy*? It seems that *Talk Therapy* itself could to a large degree be considered to involve Storytelling Therapy, as Talk Therapy clients generally tell about what they have been going through, and in the process tell the stories of their lives (their Life Stories). A principle of Talk Therapy is that clients re-visiting events in their pasts can be therapeutic because when traumatic events originally occurred, the client may not have been in control of the situation or of him/herself, and may have developed some coping mechanisms that may have become hindrances. Now, with the therapist as mentor and guide, the client can re-visit traumatic past events, this time in control of his/her feelings and reactions, and he/she can observe what happened in the past. This re-visiting of the client's past, this time with the client in control, is thought to have the potential of being therapeutic for the client.

Two founding thinkers in the field of Storytelling Therapy are the Psychologist Carl Jung (Jung 1971); and the Mythologist Joseph Campbell, who saw the stages of the hero's journey as representing the inner maturation and actualisation of the individual (Campbell 1949). (Please see References.)

More than any other member of the generation that founded psycho-therapy, Jung laid the foundation for Storytelling Therapy. He believed in helping a client to integrate aspects of his/her psyche through the use of symbols, images, and stories. A symbol is any tangible thing that could represent a thought or feeling.

Three techniques Carl Jung used to help clients engage elements emerging from their unconscious are:

- \* *Explication* -- Thinking about a symbol in a personal story (such as an experience or dream).
- \* *Amplification* -- Finding that symbol in other stories (including mythology).
- \* *Active Imagination* -- Speaking to and as that symbol.

Explication and Amplification are techniques for *interpreting* the unconscious. Active Imagination is a technique for *experiencing* the unconscious.

Amplifying involves comparing and contrasting other stories with aspects of one's personal-experience stories, and dreams. The therapist asks the client, "Does your situation remind you of a situation in any other story?" Thinking about this may remind one that the situation one is facing has also been faced by many others in one's culture and society, and may give one ideas regarding ways to handle the situation. Considering myths, fairytales, and other traditional stories can help one to

recognise the power of archetypal elements outside and inside oneself, and then put one's personal experiences into a larger perspective. Understanding the functioning of archetypal characters and situations within oneself is a way of synchronising the beating of one's own heart with the rhythm of the cosmos. (Singer, 2000, pp. 126-8.)

Jung's approach to therapy is useful and popular for practicing the Expressive Therapies. Jung believed that a productive part of the therapeutic process could involve expressing inner thoughts and feelings in symbolic concrete forms. He believed that one could access, summon, give voice to, get at, get a grasp on, unearth, excavate, incarnate, and express certain contents of one's unconscious through artistic play. These playful art activities could include creating, shaping, constructing, building, composing, and otherwise arranging material drawn from one's memory and imagination.

In play, one can express various aspects of one's personality, including aspects of which one might have previously been unaware. One way to play is to *personify* material -- pretending pots and pans, plants, animals, etc, have human-type consciousness, personalities, and language abilities.

A good way for one to explore aspects of one's unconscious is to produce images and voices, and thereby cause aspects of one's soul to surface. Then one could observe, interact with, incorporate, and utilise these hidden aspects of one's personality. Jung believed that accessing aspects of one's unconscious is a central aspect of therapy. Only by accessing such aspects could one begin to integrate the aspects of one's self, to create a whole, unified self. Jung referred to this integration process as *Individuation*.

According to this approach, one may benefit from seeking out and becoming 'friends' with the numerous personalities inside one (the aspects of one's inner personality). Once this friendship occurs, the conscious ego and the inner aspect can proceed

together, in an integrated way. Being able to access aspects of one's unconscious could make one a more resourceful person.

Both dreams (coming from one's unconscious) and fairytales (coming from one's culture and society) can heal, counterbalance, criticise, help one to work out compromises with, and complete, the conscious attitudes of one's self, and of the dominant culture of one's society.

It can be therapeutic to become aware of familiar spirits, voices, attitudes, and feelings, within oneself; to consider, in one's imagination and daydreams: What figures often pop up and confront, guide, advise, encourage, and/or discourage one? With what imaginary figures does one often consult? What animals, elements of nature, emotions and inclinations (all of which can be personified), and what people, often come to mind?

One may have 20 or so regularly-present internal voices. One may at time imagine these voices talking with each other. Getting in communication with one's unconscious may involve achieving more "relatedness" -- with aspects of one's self, and with aspects of one's environment (including people).

When working with a story, including therapeutically, among the things one can do are

- 1) *Think, feel, visualise, and imagine* the story.
- 2) *Write* the story.
- 3) *Draw* the story.
- 4) *Tell* the story (as narrator, and as characters) -- to one or more other people.
- 5) *Sing* and *Chant* the story (using rhythmical, melodic, and other styles of speaking).
- 6) *Move* and *Dance* the story (using postures, gestures, rhythm, and various styles of moving).
- 7) *Discuss* the story.

One aspect of the craft of leading Storytelling Therapy (and Drama Therapy and Expressive Arts Therapy) sessions is deciding when to invite the client (or group of clients) to utilise which medium. Each medium has its own characteristics. For example, imagining and writing are usually individual, quiet, and introverted activities (involving going inside oneself). Drawing may provide opportunities for new aspects of the story to come to the client's consciousness. Telling is the only medium on the list that specifically involves the client interacting with another person (or persons). Singing-chanting and dancing-moving involve sending aspects of oneself out into the space around one, which may include other people: thus, these are extroverted activities.

Clients speaking to and as characters who exist in their imaginations is often associated with Moreno and the therapeutic practice he founded, Psychodrama. Later this method was incorporated into *Gestalt Therapy*, where it was called the *Empty Chair* technique. However, also from the 1910s, Carl Jung was practicing a version of this method, which he called *Active Imagination*, especially with patients in mental hospitals in Switzerland. Also around that time, Jung was inviting patients/clients to express themselves through numerous art modalities. Thus Jung was an early developer of methods central to both Psychodrama and Expressive Arts Therapy.

Ways a client can recall or create stories in the context of Storytelling Therapy include:

- 1) A client can play, with any materials. During or after the play period, the client may discuss with the therapist what emerged in the course of the playing.

- 2) A client can personify his/her emotions.
- 3) A client can personify his/her personality traits.
- 4) A client can play and work with characters who exist in the client's memory. In this process, this acronym can be useful: ROQI -- Remember, Observe, Question, Imagine.
- 5) Any images, story motifs, and other fragments in a story -- and in a client's memory or imagination -- can be used as starting points. A client could make up new stories that might be inspired by, and might incorporate, some of these fragments. In *Improvisational Theatre*, including *Playback Theatre*, many ways to help people compose stories almost 'out of thin air' have been developed.
- 6) A client can compose a story including any four words. One or more of the words could be words the client or therapist feels it might be helpful for the client to work and play with. This activity can be done using any number of words, although five would probably be the maximum to keep the activity being comfortably easy.
- 7) A client can engage in *Collaborative Story-making*, taking turns extending a plot. Participants could sit in a circle, with each adding a sentence. When this activity is played by just two people, a therapist and client for example, it is easy for a participant to make a plot suggestion that the other participant may accept or refuse, or for a participant to offer two or more plot suggestions that the other participant is invited to choose between.
- 8) A therapist can lead a client through the *Six-part Story-method* (6PSM), or some other similar story-making method.

Mouli Lahad, who coined the term, Six-part Story-method, and has written about it, is a psychologist who is interested in people's psychological methods and styles of coping, being resilient, handling stress, and surviving.

Lahad refers to a client's story-composing ability as an aspect of *Bibliotherapy* (*Book Therapy*), and as an assessment tool.

The 6PSM involves the therapist inviting the client to draw a story in six episodes. (Presumably the client is asked to originally draw the episodes, rather than to speak or write them, because the unconscious can communicate through drawing at times.) The client is encouraged to draw simply, with stick figures. After the story is drawn, the client is requested to tell and explain the story, and answer questions about it, orally verbally.

The six questions are:

- 1) Imagine a character (the hero or heroine of the story). Where does he/she live?
- 2) Does this character have a task/mission? If yes, what is it?
- 3) Who or what can the main character call on for help in relation to the task/mission?
- 4) Who or what obstacle(s) stands in the way of his/her carrying out the task/mission?
- 5) How might the character cope with this obstacle(s)?
- 6) What ending does the client give to the story.?

The therapist should seek to understand the dominant coping modes of the story's main character. It is along these lines that the therapist could then approach the client regarding obstacles and ways of handling them in the client's 'real' life.

Lahad proposes that the story a client creates demonstrates the way the client habitually perceives and reacts to the world, and that this kind of communication by metaphor is useful in psychotherapy.

He assumes that by composing a projected story based on the structure of fairytales and myth, a client would communicate the way his/her self sees itself. He claims that Marie-Louise von Franz, the interpreter of fairytales from a Jungian perspective, has found that these six elements are always represented in fairytales (von Franz, 1987) (Lahad, No date).

The 6PSM technique is commonly taught as part of training in Drama Therapy in the UK and is increasingly included in training for Clinical Psychologists and *Cognitive Analytic Therapy* practitioners in general.

A limitation of this method is that it depends to some degree on a client's conscious decisions regarding what stories to tell and what not to tell. A client's conscious decisions could communicate more about what a client wants to say about his/her condition, as opposed to what that condition actually is.

According to Kim Dent-Brown, the 6PSM idea was devised in the 1980s by Alida Gersie, an Anglo-Dutch Drama Therapist who had been inspired by the writings of Vladimir Propp and Algirdas Greimas:

Alida Gersie had the idea of taking the fundamental story structure proposed by Greimas and of using it as a skeleton onto which new stories could be created. She taught this story technique to Mooli Lahad, an Israeli psychologist who developed it into the 6PSM. Lahad published about it and taught it internationally. (Dent-Brown, 2011)

Regardless of the details of how 6PSM was formulated, it should be kept in mind that the method involves a variant of a model that is the product of one hundred years of thinking by Anthropologists, Folklorists, and Literary scholars regarding the archetypal story of the hero/heroine. Milestones in this field include:

1894 -- *The Golden Bough*, by Sir James Frazer, Scottish Social Anthropologist.

1909 -- *Myth of the Birth of the Hero: A Psychological Interpretation of Mythology*, by Otto Rank, Austrian Psychoanalyst. Originally published in the German language.

1928 -- *The Morphology of The Folktale*, by Vladimir Propp, Soviet Folklorist and Structuralist. Originally published in the Russian language.

1937 -- *The Hero: A Study in Tradition, Myth, and Drama*, by Lord Raglan, British Anthropologist.

1949 -- *The Hero with a Thousand Faces*, by Joseph Campbell, USA Mythologist.

Each of these thinkers had a different approach to the hero's story, and stressed a different aspect of it.

One theme Frazer focused on was the need for the young hero to overthrow the old king, and so renew the kingdom and the cosmos in a cyclical manner.

Rank is known as classical Freudian: his hero's conflicts with his father dominate the story.

Propp saw a story composed of 32 *functions*, which can be reduced to a three-part structure: 1) There is a peaceful and happy home, 2) The home is broken-up by an



external villain; and 3) A hero from the shattered home defeats the villain and helps to re-formulate a new home.

Raglan developed a 22-step mythic-ritualist hero archetype culminating in the hero achieving a realisation (an apotheosis, a revelation) about himself and the cosmos.

Joseph Campbell saw this three-part structure: 1) The hero's community is oppressed, dull, and lifeless (for examples: people are unable to have children, and there is no rain); 2) The hero goes on a journey and obtains a sacred object; and 3) The hero returns to the community with the sacred object which he uses to revitalise the community.

In a number of these formulations, the hero/heroine facing and coping with obstacles plays a major role. Lahad focused on this aspect because he was interested in measuring people's coping mechanisms. However, some of these thinkers focused on other aspects of the story, such as the hero's fear of the unknown and refusal of the call to adventure; the hero's level of curiosity and love of adventure; the hero's desire to align him/herself with the power of the cosmos and then (with the help of a sacred item) liberate his/her people from oppression, etc. This is to say that a therapist need not limit his/her clients to Lahad's approach when inviting clients to compose stories.

In addition, one may at times want to omit mention that the character should be a hero or heroine. The hero term is loaded with implications that the character needs to do great things, for him/herself and his/her community. Cultural and religious ideals can also be conjured by the term, hero. A therapist may at times prefer to omit these possible implications, and simply invite the client to compose a story around "a character" of the client's choice.

Campbell's vision of story has been very influential in the world of cinema. Due in part to his influence, it is almost gospel that a Hollywood commercial movie should center around a hero/heroine who has a mission. This story-composition method has been widely taught to Hollywood screenplay writers since at least the early-1980s (McKee, 1997).

Some areas in which Storytelling Therapy clients can find stories, and story elements, to work and play with are,

- 1) Dreams.
- 2) Personal-experience stories, including: a client's Life Story (perhaps focusing on the client's unique interests, talents, and skills -- how the client discovered these and has developed them through education and work); Important episodes in the client's Life Story; and Something interesting that occurred in the past 24 hours.
- 3) Historical stories, and Current events stories (including Journalistic stories).
- 4) Folklore stories: Grandmother stories (Folktales), including Animal fables, Fairytales (Western, Indian, etc), episodes from Epics: Mythology; Legends, etc.
- 5) Stories relating to families, communities, businesses, nations, and other groups.
- 6) Stories from novels, plays, movies, tele-serials, and other types of literary culture, and popular commercial culture.

Options for story composition and performance include: Have one character do something a wrong way, and one character do it a right way. Or, have a character do something a wrong way first, and then a right way. A hero/heroine in a fairytale may make a mistake that may lead to his/her development and success. A popular story

formula in movies in India is: There are two brothers. One is an idealistic and kind policeman, one is a criminal. The criminal brother comes to see the error of his ways, and dies saving his brother or other family members. By making this sacrifice, he is redeemed.

Regarding Life Story work: Most forms of Storytelling Therapy involve working with a client's Life Story. There is a difference between one's life, and one's Life Story. One is at the centre of one's life. Thus, one may not have very much perspective regarding aspects of one's life. At times in one's life, things may be 'up in the air.' It may at times be difficult to detach oneself from one's situation and view the situation in a cool and objective manner. One may not always have a clear sense of where one is going.

On the other hand, when one constructs one's Life Story, one is constructing an object, a story, that is distinct from one's self, and that can be viewed as a whole. One's Life Story -- like any story -- has a beginning, middle, and end. Thus, one's Life Story may seem more manageable, and at times may be more inspirational and less anxiety-provoking, than one's actual life.

A popular (idealised) Life Story pattern is: *As a child I was free. I experienced a Golden Age of childhood. I could play, I was free, and I was unconditionally loved. Now I have many family responsibilities.*

A related Life Story pattern one hears from many women is: *I loved college and began to work, but then I got married and had to devote a lot of time and energy to husband and children. Now the children are growing up, so I have more time to pursue my intellectual, creative, and professional interests.*

As in the 6PSM method, one may ask: In one's Life Story, has anything blocked and prevented one from experiencing happiness? If yes -- Has this been caused by internal or external problems? Have there been *villain characters* in one's Life Story? What have been, and what could be, possible solutions to blockages?

One form of Storytelling Therapy is practiced in this way:

- 1) The client tells a brief version of his/her Life Story.
- 2) The client and therapist identify outstanding turning points, and themes, in the client's Life Story.
- 3) The client and therapist then create and/or recall, and share with each other, additional stories that relate to these themes and turning points in the client's Life Story. These additional stories can be from any realm of experience and culture. (This is what Jung calls, Amplification.)

Imagining, telling, and discussing personal-experience stories and additional stories may, 1) help the client to work through challenges that he/she may be facing in real life, and 2) give the client feelings and realisations regarding ways to envision and live the balance of his/her life.

Clients' dreams (material from the client's unconscious); and relevant fairytales, legends, epics, and myths (material from the client's culture) can be used in this process. One type of Storytelling Therapy is *Fairytale Therapy* (please see References).

Playing and working with stories from TV shows, movies, books, folklore, and mythology might give the client some sense of relaxation and fun, rather than facing the pressure of constantly thinking directly about his/her own situation.

The additional stories may be supplied by the therapist or by the client. The client may be most powerfully affected when the client supplies his/her own stories, and when the client tells such stories to others, and leads discussions about these stories. It is good for the client to be in an active role -- as much as possible -- in relation to the Storytelling Therapy process.

When composing one's Life Story, one may ask oneself: *Have I 'found' myself? Have I discovered one or more missions in life? Have I become aware of, and am I fully utilising, my unique talents, abilities, aptitudes, interests, and skills?*

The therapist or client may find or create additional stories that relate to delays, blocks, and challenges in the client's life. Additional characters and episodes may playfully, imaginatively, and creatively be inserted into the client's Life Story (with the client's permission).

Alternative endings may be given to episodes in the client's Life Story, and/or to the additional stories being worked with. In these alternative endings, difficulties may be overcome. In this way, possible solutions for real-life problems can be introduced and considered.

Imagining and discussing all of this may give a client feelings and thoughts regarding ways to envision, and to live, the balance of his/her life. Telling one's stories to sympathetic others may help to empower one and give one a feeling of control over one's life. One may find that a personal experience may involve social issues that may also have affected others. The processes of telling, listening to, and discussing such stories may lead participants to making plans designed to improve their selves and/or environments.

I completed a PhD in Folklore at the University of Pennsylvania in 2010. As this paper is being composed, I am a Candidate for a Masters Degree in Psychology at the University of Madras. I have completed a one-year Counselling Training Course offered by the Chennai Counsellors Foundation. I have conducted counselling sessions as an intern, under supervision.

I have been using a lot of metaphors with clients. I have found that two popular metaphors for life are: 1) a seed searching for a place to settle, send out roots, and eventually bloom and blossom; and 2) a journey. Built into every human language it seems are: colours as metaphors for moods; and animals as metaphors for personality traits. Also popular with clients have been metaphors for feeling confused and unsure (feeling 'lost,' 'in the dark,' 'in the woods,' 'at sea,' etc). One saying that came up was the need to 're-chart a course.' Other metaphors that clients have used in sessions are: 'I was feeling on top of the world,' 'I burned his ears,' and 'I was beating myself up.' In each case I discussed, and (to use another metaphor) helped to *unpack* the metaphor with the client.

Expressions and proverbs can help one get a grasp on feelings, by expressing situations vividly and tangibly. Conventional metaphors (in sayings, etc) make it clear that 1) others have also been in this situation, so one is not alone in a sense, and 2) one's culture can suggest numerous possible ways to handle the situation.

One client was feeling stressed over trash being dumped on streets. As part of the amplifying process, I mentioned to the client the story of the fifth task of Hercules (the legendary hero from Ancient Greece): Hercules was asked to clean the Augean stables. These stables housed over 1,000 cattle and had not been cleaned in over 30 years. Hercules diverted a river to wash the stables clean in a single day. Even though this situation did not exactly match the kind of situations he was experiencing, the client expressed appreciation for this metaphor, and began thinking about how he could do something similar (divert pre-existing forces to help clean things up).

Another client reported feeling “non-binary” (feeling being neither a man nor a woman). This client was searching for ways to tell the client’s family members about this. As part of the amplification process, I mentioned the form of Shiva in which one side of Shiva’s body is female and the other side is male. The client expressed appreciation for this metaphor, but also said this metaphor did match the client’s situation because it was not that the client felt to be both male and female, but rather that the client felt to be neither, and did not relate to any gender labeling.

Speaking of ‘re-charting a course’: at times a Storytelling Therapist might assist a client to practice *Life-story Repair*. This involves helping the client to, in light of identity-shaking new circumstances in the client’s life (such as a mid-life crisis, a divorce, a medical diagnosis of a life-altering condition, a realisation that one is gay/transgender, etc), frame things differently, so the client could continue to have hope and direction for living as happily-ever-after as possible.

The therapist and/or the client might compose a *Healing Story* for the client. A Healing Story uses metaphors that may inspire the client to do the necessary to heal and grow. In a Healing Story there is often a character who clearly represents the client. For a wonderful discussion of the composition and use of a Healing Story, please see Mishti Verma’s paper in the same Conference Proceedings in which this paper is appearing.

The client telling a story to the therapist and/or others may be the most powerful way for a story to work on a client. When one tells a story to others, one has to think the story through, and take responsibility for it. One has to own a thing, in order to give it to someone else. A good way to learn something is to teach it to someone else.

Incidentally, the Healing Story Alliance is helping to facilitate to the development of Storytelling Therapy (please see References). The HSA is a special-interest-group of the USA’s National Storytelling Network.

### **Story and Storytelling in Expressive Arts Therapy**

Stories can be used in Expressive Arts Therapy, just as they can be used in all of the other Expressive Therapies (Expressive Arts Therapy is considered to be one of the Expressive Therapies). This use of stories can involve participants recalling and/or composing stories, and then communicating the stories through various artistic modalities.

The (physical, psychological, and social) *process* of storytelling can be used in Expressive Arts Therapy.

### **Conclusion**

It is hoped that this paper has introduced Storytelling Therapy in a clear and helpful way. Storytelling Therapy is just beginning to venture forth into the world, seeking its fame and fortune -- or, in psychological terms, its self-actualisation. Let us hope its destiny might involve helping to alleviate suffering, and to enable health and joy, among as many beings as possible.

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