

10. UTILIZATION OF NARRATIVE APPROACH IN ART THERAPY IN CHILDREN WITH BEHAVIOURAL PROBLEMS

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Abstract: *The article deals with the possibilities of applying narrative approach in art therapy context and focuses on the situation of problems in social and cultural contexts, the development of alternative stories, and externalization as one of the basic techniques of narrative therapy. Along with looking for dominant, alternative and preferred stories, externalization develops potential for therapeutic and education intervention in individuals of various target groups. The article focuses, in particular, on children exhibiting problematic behaviour and disordered behaviour. The objective is to find the points interconnecting narrative therapy and art therapy in the creative potential and artistic anchorage, which, along with expression, embody a challenge of new opportunities to find new ways, methods and approaches.*

Key words: *narrative approach, art therapy, children, behavioural problem, externalization*

1. Introduction

The narrative approach in therapy stems from the knowledge that a fact is such as thought and spoken about. The individual processes may be enriched in the logics of individual life stories. It is an undoubted human need to integrate experiences and put them into a meaningful whole. In the target group of children exhibiting problematic behaviour or the so-called disordered behaviour, the possibility of narrative work opens new perspectives in the use of intervention strategies that would lead to the desirable change in the view on their problems and, thus, change towards positive behaviour patterns. The author stems not only from her own sources of education, when the primary source represents special education, the second on the narrative approach in psychotherapy and the third on art therapy, but, in particular, from the experience in therapeutic work with children exhibiting problematic behaviour, within which it is indispensable to not only use time-proven approaches, methods and techniques of work but also look for new stimuli that could be useful to the target group individuals.

2. Art Therapy concept

An individual's fine art expression leaves imprints, has been a means of communication since ancient times, up to the current graffiti, and the healing effect of art has been evident since time immemorial. The co-influence of a safe therapeutic space, when the one perceived as a client or a patient creates a work and an individual imprint in the presence of a therapist and his reaction or intervention or in the presence, reaction and intervention of other group members, forms the basic framework of art therapy. Art therapy is a therapy through a means of fine art. A more essential factor seems to be the process of producing a work rather than its result (Hanušová in Vymětal et al., 2007). Art

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therapy is perceived as a multidisciplinary domain combining artistic, pedagogical, psychological and medical spheres, which ensues not only from the means used within it but also from the wide range of clients and facilities where it is applied (Bažantová in Vybíral, Roubal, 2010). Art therapy creative activity is perceived as a conscious and active process giving feelings difficult to communicate and unconscious reactions a specific form. Clients may consider fine art activity as an acceptable method of ventilating emotions unacceptable for him and other situations. Fine art enables the externalization of feelings, troubles, problems or difficulties into an object, artefact, which the clients may use at their discretion: keep them or change or destroy them.

Art therapy works with both material and word by not only the production of a projective work in the presence of an art therapist but also by the subsequent verbal interaction, always by vision and in someone's presence. The current trend in art therapy stems from the presumption that fine art expression, at least in a certain form, may be included in each sphere of problems, that is, also in children and adolescents manifesting problematic behaviour. In art therapy, it is also important to establish a space for the production, that is, be able to create an environment where authentic work is possible. (Rubin, 2008) Art therapy allows working with various types of clients in clinical practise and special schools and facilities. It may be used in working with healthy people who want to deepen their self-cognizance and with children and senior people and is suitable for people having problems verbalizing emotions.

The utilization in children is of special significance since in children, it is difficult to express experiences through verbalization. A fine art expression reflecting on the internal world is a good means of understanding a child's internal states and processes. (Rubin, 2008) For example, aggressive tense may be ventilated through a work accepted by a therapist without evoking a feeling of guilt in the child. At the abstract level, it is possible to work with value-based and moral factors and lead children towards tolerance and understanding of differences. Children express their emotional problems by changing their behaviour, being anxious, obsessive or compulsive, having phobias, etc., which is why they are subject to therapy. Emotional problems and behavioural problems are joint vessels and it is necessary to work with both aspects. The fine art expression constitutes a safe, natural and spontaneous means of communication and expression of emotions (Hanušová in Vymětal a kol. 2007).

3. Narrative Therapy

The postmodern narrative social constructionalistic opinion offers useful ideas of how the knowledge, truth and power are represented in individuals, their families and social contexts. (White, Epston, 1990) It is indisputably more useful to approach people and their problems in a way which stems from, and correspond to, these ideas and thoughts rather than only use the individual narrative techniques. The basic ideas of this approach are as follows:

- reality is socially construed;
- reality is developed through language;
- reality is structured and maintained through narration;

- no unchangeable truths exist (Freedman, Combs, 2009)

The narrative approach in therapy stems from the presumption that human experience is organized in short or long stories and the narration of stories belongs among the most popular human activities in which the sphere of processes (events) is differentiated from the sphere of consciousness (meanings). Only the incorporation of an experience in the sphere of events gives it some meaning. The narrative approach is typical of focusing on various views on an individual through narration. Thanks to the therapeutic context, these views are hidden and events are set into a certain time period, are ascribed meaning and are interconnected. The narrative approach in therapy emphasises that we organize our lives on the basis of stories and interpret them based on such stories. And when we interpret them so, we develop a context which is accentuated by meaning. (Epston, 2009)

3.1. Narrative Process

The narrative process uses specific expression language. For example, what can be perceived, heard and noticed the most intensively and the most frequently is identified as a ‘dominant story’ arranged by time or pattern and it is always possible to find something else relating to it, that is, an ‘alternative story’ leading to another exhibition of behaviour of the one who is narrating it. We also look for details in a story and try to stimulate the client to describe them vividly by posing questions since a story containing numerous diverse details is more descriptive. Therefore, at the beginning of the narrative process, we hear a client’s vividly descriptive story and, then, try to find events which have been left out; that is, we create a pattern from the dominant problematic story to an alternative, preferred story. There are many techniques to achieve this, for example, the unique episode, which is a search for exceptions to the problem, which are missing but assumed. (White, Epston, 1990, Epston, 2008, Skorunka, 2008)

3.2. Basic Techniques

The basic techniques of the narrative approach comprise externalization, deconstruction and authorization. **Externalization** focuses on how to separate a problem from an individual who is not a problem, but the problem is. If we separate an individual from a problem, we make the individual the author of a story. It is important to listen to the individual and formulate the name of the problem as a noun. Externalization as such is a language exercise in which an object unfolds from a problem. It is essential to develop a rich description of the problem. **Deconstruction** can also be perceived as a transformation. It is predicated on the principle that gaps and discrepancies are looked for in the structure and logics of a narration and are used for disrupting the narration. It is a process of transformation when one thing turns into another but something still exists there and only changes. **Authorization** strives to prevent the new something which is built from turning into impersonal level. (White, Epston, 1990, Epston, 2008, Skorunka, 2008)

4. Children with problematic behavioural

The concept of disordered behaviour usually represents negative deviations of children's behaviour from the standard. The question is what standard behaviour actually is. Lechta in Hutyrová, Růžička, Spěváček (2013) states that the concept of standard can be understood as fiction. Exhibitions of diversity in children in schools and school facilities are considered as necessary. On the other hand, it is necessary to define the standard, even for the society to function as a whole. Standard behaviour is behaviour which is considered as usual and is expected of the given individual. The expectations are influenced by a child's age, situation and cultural context.

For this reason, the contents of problematic behaviour themselves are the distinguishing criterion in disordered behaviour. The definition of disordered behaviour also includes the social, psychological and personal contexts determining the individual conditions for using this category (Hutyrová, Růžička, Spěváček, 2014). The term 'disordered behaviour' may be misunderstood. We do not have ambitions to introduce a new concept. It is only necessary to interpret this term correctly. Its indisputable advantage is that it enables quick communication as it intelligibly identifies the external, observable behaviour manifestations, that is, the 'surface' of the phenomenon to which it relates. On the other hand, this term forces us to believe that a behaviour disorder is an objective evaluation of a fact. (Pokorná, 2010)

However, this may be distorted by the subjective perception of the persons with whom the given individual comes into contact and communicates. The causes of problematic behaviour may be external and an individual's behaviour may only reflect on them. Disordered behaviour is always exhibited in relation to something, which can be specified through the following spheres:

- social relationships;
- relationship with oneself;
- relationship to things and their handling.

We can ponder how and whether at all the bearers of such behaviour knowingly experience the exhibitions of their behaviour and understand it as 'non-standard'. It is necessary to ascertain the influence of such behaviour on these individuals' experiencing and quality of life. We should always speak about a child who has a problem rather than about a problematic child. This essential aspect is reflected, in particular, in the attitudes of the child himself/herself, his/her parents, siblings, teachers, classmates and other involved person in achieving reparation and change. It is necessary to separate negative exhibitions of the child's behaviour from the child himself/herself. If we want the child to change, it is essential to develop a mutually positive relationship. Only then we can think about what should be the internal presumption for changing the child's problematic behaviour and can get to his/her value orientation, self-assessment, self-respect, etc. In remedying these behavioural manifestations, the child's self-reflexion is essential (Pokorná, 2010). The behavioural problems may combine social, emotional or development disruption.

5. Interconnection of narrative and art therapy work

Despite the new legislative changes of the recent years and the deinstitutionalization and transformation of the system of managing institutional education in the Czech Republic, the increased number of non-profit organizations engaged in the sphere of care of children at risk, the functioning of the system of care of these children has not changed much. (Hutyrová, Růžička, Spěváček, 1013) The system, despite certain qualitative changes, functions as a set of activities of public and non-public entities which communicate with one other with difficulties and, in some cases, are not even able to objectively perceive their own activity, let alone the activity of another division or department. A problem is also the insufficient number of workers in the sphere of social legal protection of children and field social workers. The timely intervention and comprehensive preventive education care, whether outpatient or within the schooling system, are missing. We have decided to open an art therapy group for children in the care of a school consultancy facility and a department of social legal protection of children exhibiting problematic behaviour and being between 12 and 15 years of age. The basic criteria of selection of children for the group are as follows:

- children at risk, that is, children with education problems and disordered behaviour;
- vulnerable children from socially and economically weak and disorganized family environments and neglected, tortured or sexually abused children;
- children who have experience in crime and in whom there is a concern that they will continue with their criminal activity and children experimenting with drugs (between 12 and 15 years of age)

Eight children have been chosen. They should meet once a month for 4 hours for a period of one schoolyear from September 2015. The art therapy group work should help children to accept corrective experience and practise the desirable social roles. This work should result in targeted social support imparted to a client in the overcoming of difficulties with socialization, change in experiencing, thinking, behaviour and social relationships towards desirable ones. The programme will focus on helping the children to grasp and understand problems and motivate them towards a desirable change by interconnecting art therapy with which many children have already familiarized and elements of the narrative approach which is new to them, in particular, with regard to its language and stance.

5.1. Externalization in Art Therapy Context

As the basic technique of the narrative process, we have chosen the externalization which we will try to use in all implemented art therapy activities with the children. As the basic solution, we will use the so-called externalization map containing 4 levels of questions:

- questions focused on characterising and describing a child's problem; the child may find words for his/her problem, which best describe his/her circumstances and name the problem;

- questions focused on a problem in the context of social relationships and how this problem influences a child's life in various spheres (family, school, friends);
- questions focused on the evaluation; the child should look for the influence of his/her problem on his/her life in all contexts;
- questions focused on the justification, explanation and evaluation of the given problem with the child (M. White)

We will try to replace verbalization, that is, words, in art therapy context with visualization – pictures, colours, formats and various materials (clay, sand, paper, textile, wool, stone, lights, etc.). Essential will also be the level of perceptiveness towards each child and the recognition of his/her needs and his/her relationship to the fine art medium.

6. Conclusions

The interconnection of art therapy and narrative approaches in the intervention in children exhibiting problematic behaviour allows identifying the potential of an individual with the emotional, social and communication competencies requiring intensive therapy intervention through verbalization. From the up-to-now experience, we can state that this approach is useful as it supplements the approaches and methods which are usually applied to these children and to which the children are accustomed to, by which it creates a new potential for a child moving in environments with different quality of experiencing, relationships and success. All children have their rules and their activity is highly organized, including the fulfilment of homework and special therapeutic approaches, methods and programmes. The objective is to stabilize these environments and influence the child's satisfaction with his/her life, which has an indisputable impact on his/her further life perspective.

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