

**INAUGURAL LECTURE**

**Of**

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**More than a story! Narratives from social work practice, research and  
teaching**

**Meer as 'n storie! Narratiewe vanuit maatskaplikewerkpraktyk, -navorsing en  
-onderrig**

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## INTRODUCTION

“If you want to know me, then you must know my story, for my story defines who I am. And if I want to know myself, to gain insight into the meaning of my life, then I too must know my own story”. - Dan McAdams

The narrative theory was developed in the late 1980s by David Epston and Michael White as one of the so-called ‘new wave’ interventions in the fields of social work and psychology. In this lecture the application of the narrative approach to counselling in various contexts will be described and supported by relevant and recent research. For purpose of contextualization, the history of social work as profession with its longstanding relationship with health services will be presented, followed by an overview of the narrative theory. A number of narrative interventions for vulnerable children will be described, followed by a more in-depth case discussion on the lived experience of a patient treated in an intensive care unit. To emphasize the integration between narrative counselling and research, all discussions will be supported by research results. Furthermore, the integration between social work practice, research and education will be illustrated through some narratives from the classroom.

“La vie n'est pas un plaisir ni une douleur, mais une affaire grave dont nous sommes charges, et qui'il faut conduire et terminer a notre honneurs” (Life is not a pleasure or a pain, but a serious affair of which we are responsible, and which we must conduct and finish at our honors) (Tocqueville in Lecky, 1909:ii).

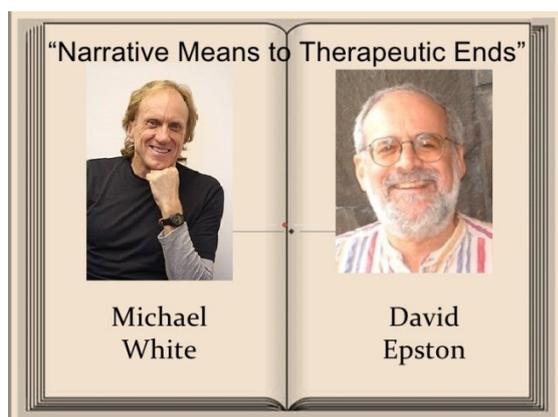
### 1. THE STORY OF NARRATIVE THEORY AND SOCIAL WORK

“.....stories matters. So do stories about stories” (Geertz in Freedman & Combs, 1996:19).

#### 1.1 The origin and development of the Narrative approach

The Narrative theory and approach was developed by David Epston and Michael White. David Epston was born in 1944 and his undergraduate studies included a BA in Sociology and Anthropology and a Diploma in Community Development. This was followed by a MA in Applied Social Studies and a BA in Social Work in 1977. Michael White, born in 1948, was an Australian social worker and probation officer and later a psychiatric social worker in the Adelaide Children’s Hospital. He founded the Dulwich Centre and Adelaide Narrative Therapy Centre where he worked until his death in 2008 (Dulwich Centre, 2017). White and Epston’s book, *Narrative means to therapeutic ends*, was published in 1990 and can be seen as the foundational work in the field of narrative interventions (White & Epston, 1990).

## Picture 1: DAVID EPSTON AND MICHAEL WHITE



(Picture source: <https://image.slidesharecdn.com/narrativerevised2>)

### 1.2 Theoretical assumptions, principles and techniques associated with the Narrative theory

The Narrative theory should be seen as an emerging theoretical model and counselling framework, based on a postmodern, social constructionist paradigm with the following basic theoretical assumptions:

- There is no truth, only different interpretations of reality and giving meaning to life. Meaning is constructed in social, cultural, and political contexts.
- All people create meaning through stories (narratives) and live their lives according to the stories they tell themselves and the stories that others tell about them.
- Culture is the collected stories of people and the most influential determinant in peoples' lives.
- There is no one knowable self, but many selves.
- The person is never the problem - the problem is the problem and becomes a problem story (Dulwich Centre, 2017, Morris, 2006).

From the definition of the narrative approach, it is important to briefly look at the key principles associated with this theory. *Firstly*, a narrative is seen as a metacode for finding meaning or making sense of challenges, losses, changes and adversities. "Without a coherent narrative, persons are less likely to be able to make sense of what has changed and not changed, what has been lost, what is hoped for, and ultimately what is to be done", and how all of this may represent persistent barriers to their wellness (Dimaggio *et al.*, 2017:390). *In the second place*, people are perceived and treated as the experts on their own lives with the skills, competencies, beliefs, values, commitments and abilities to deal with their problems. This links directly to autonomy, respect for the value of each individual, and self-determination as some of the basic principles of social work, as embedded in the social work code of conduct (SACSSP, 2006). *Thirdly*, it is a respectful and non-blaming approach that moves away from corrective, instructive or persuasive interventions, as problems are seen as separate from people: resulting in the **problem** being the problem, not the person experiencing it. *Fourthly*, it allows and encourages reflection and creativity, leaving much room for self-knowledge,

self-discovery, self-development, empowerment, insight, meaning, and hope (Herbst & De La Porte, 2006:9-10).

De la Porte and Nzeku (2016:187-188) skilfully summarized the narrative journey in the following table.

**TABLE 1: THE NARRATIVE JOURNEY**

<p><b>Telling the problem-saturated story</b></p>	<ul style="list-style-type: none"> <li>• Enter into a relationship based on mutual respect and the equality of conversational partners</li> <li>• Practice a ‘not knowing’ position: the client is the expert on his life</li> <li>• Be a present, attentive and skilful listener to life stories</li> </ul>
<p><b>Unpacking the problem-saturated story</b></p>	<ul style="list-style-type: none"> <li>• Engage in conversations to explore and understand narratives about self, others, relationships, the world we live in, God and meaning, and to explore the discourses underlying them</li> <li>• Deconstruct the meaning and validity of discourses – in particular those that support problems – by asking incisive conversational questions</li> <li>• Work with problems in an externalising way</li> <li>• Discover and deconstruct the plot of the story</li> </ul>
<p><b>Discovering and developing an alternative story</b></p>	<ul style="list-style-type: none"> <li>• Discover, explore and develop unique outcomes during the telling and re-interpretation of stories</li> <li>• Internalize the positive outcomes in the landscape of action and identity</li> <li>• Develop a new plot for a preferred and hopeful story</li> </ul>
<p><b>Constructing and living an imagined future story</b></p>	<ul style="list-style-type: none"> <li>• Re-author stories with preferred outcomes based on the discovered unique outcomes and autonomous, life-giving choices</li> <li>• Develop and thicken alternative stories based on a new plot</li> <li>• Re-interpret disempowering discourses</li> <li>• Discover ways of changing the devastating effects of trauma in a person’s life story and transforming them into growth-directed outcomes.</li> </ul>

With this background on the narrative approach in mind, the history of social work will be presented in the form of a narrative timeline before some examples of narrative interventions in social work practice, research and teaching will be discussed in more detail.

## **2. THE NARRATIVE OF SOCIAL WORK AND ITS ROOTS IN HEALTH**

In an attempt to give a summary of the history of social work, a timeline based on the work of Rengasamy (2017:1-5), Smith (2014), and the Social Work History Network (2011) will be used to share this narrative.

### **2.1 A timeline of the history of Social Work**

# Prior to 1600

- 1084: Almshouses for the poor and handicapped in England
- 1384: Begging and Almsgiving outlawed except for the 'worthy poor', including the aged, handicapped, widows and dependent children
- 1500's: Spain introduces the first state-organized registration of the poor

# 1600- 1800

- 1601+: The establishment of the Elizabethan Poor Law as a basis for dealing with the poor by taxing people in each parish to pay for their own poor, the establishment of apprentice programmes for poor children, development of workhouses for dependent people and harsh treatment for able-bodied poor people. Division between 'deserving poor' (sick, disabled, widows, orphans and old) and 'undeserving poor' (offenders, unmarried mothers, vagrants, unemployed and the old without savings)
- 1697: Workhouse system in England - no poor taxes to anyone refusing entrance into a workhouse
- 1782: The Gilbert Act in England - workhouses are closed, assistance to the poor in their own home and children under 6 placed with families
- 1795: Development of the earliest 'poverty line' based on the price of bread and the number of dependants in a family (Speemhamland system)

# 1800- 1900

- 1800's: Reform activists work for the abolition of illiteracy, preventable diseases, sweated labour, slums and overcrowding, unemployment and poverty. Charity Organization Societies (COS) established with volunteers befriending applicants, doing detailed investigations, making individual assessments and correcting problems
- 1819: Thomas Chalmers, Scottish preacher and mathematician, assumes responsibility for Glasgow's poor through the development of private philanthropies to help meet the economic needs of the poor and organizing volunteers to give disadvantaged people encouragement and training
- 1844: First YMCA established in London
- 1852: Much emphasis on juvenile reform - also in South African as part of a British colony
- formidable social workers and colonial child-savers such as Florence Nightingale, Mary Carpenter, Elizabeth Fry and Jane Addams
- 1889: Jane Addams & Eileen Gates Starr open Hull house as the most influential social settlement house in the USA
- 1891: Mary Stewart appointed in the Royal Free Hospital to assist patients in need of additional help to make the best use of medical care and whose lives were blighted by illness and disability
- 1898: First School for social workers established as the New York School of Philanthropy with the first social work book published by faculty member, Mary E Richmond - *Friendly visiting among the poor*
- South Africa - Emily Hobhouse, a British social worker, forms a relief fund for women and children affected by the Anglo-Boer War in 1900

## PICTURE 2: MARY STEWART (1862-1925) - FIRST MEDICAL SOCIAL WORKER



(Picture source: British Association of Social Work, [http://cdn.basw.co.uk/upload/basw\\_21401-9.pdf](http://cdn.basw.co.uk/upload/basw_21401-9.pdf))–

1900-  
1919

- 1900: Educator Simon Patten established the term 'social workers' as friendly visitors and settlement house residences. Debate the major role of social workers to be a) advocacy or b) individualized social services
- 1901+: Emily Hobhouse became known as a founding social worker for work in concentration camps during the Anglo-Boer war
- 1903: The Hospital Almoners Committee was established and became the first professional social work organization
- 1904: The Afrikaansche Vrouwe Vereeniging (AVV) was established in Cape Town
- 1911: National Insurance Act in Great Britain
- 1914: First School of Social Services at the University of Toronto with curriculum including social economics, social ethics, community work, medical social services, recreation and child welfare
- 1917: Mary Richmond publishes, *Social Diagnosis*, as the primary text / written body of knowledge of the profession
- 1919: Total of 17 Schools of Social Work in the USA and Canada and the American Association of Schools of Social Work were established, offering the first uniform standards of training and professional education.

1920-  
1946

- 1920s: Social workers employed in schools and COS becomes more family-orientated
- 1922: Charlotte Mexake becomes known as a native welfare officer in juvenile welfare at the Johannesburg Magistrate's Courts and campaigner for women's and worker's rights
- 1924: First diploma course in Social work presented at the University of Cape Town
- 1927: Canada introduces social security with subsidized old age programmes for citizens older than 70
- 1930s: Gordon Hamilton established the concept 'person-in situation' and Bertha Reynolds contextualizes social work between the client and the community
- 1931: Two SA training institutions for social work established by the Dutch Reformed Church - Minnie Hofmeyr College for Coloured women and the Huguenot College for White women
- 1931: Social worker, Jane Addams, becomes co-recipient of the Nobel Peace Prize
- 1937: Two-year MSW becomes the minimum requirement to become a professional social worker and the South African Department of Welfare was established
- 1940: Mary Parker Follett published the book *Dynamic Administration*, greatly influencing social welfare administration
- 1946: Great Britain established its National Health Service and the first Children's Act was introduced, including guidelines for services in early childhood, advocacy for children's rights and child sensitive agency contexts.

1950-  
1989

- 1950s: Various graduate schools of social work were accredited
- 1954: Dame Eileen pioneered the first generic social work course at the London School of Economics
- 1955: Working definition of Social Work Practice by Harriett Bartlett. Person-in-environment declared the comprehensive domain for social work practice
- 1959: Werner Boehm distinguished the five methods of social work: casework, group work, community organization, administration and research
- 1979+: Lady Juliet Bingley played a leading role in breaking down injustices in the psychiatric system and her campaign for patient's rights and mental health reform
- 1982: Global definition of social work approved by 44 nations
- 1950s to 1983: In South Africa under the Apartheid regime - segregated social welfare services, mostly to whites only by churches and other non-profit organizations

1990-  
2000

- Global neoliberalism also impacted on social work and changes in the welfare systems around the world
- Campaigning against suppression, oppression, injustice and racism
- In SA two legendary social workers, Helen Kuzwayo and Winnie Mandela, took the lead in terms of social work participation and mobilization towards a more democratic welfare system.
- Post-Apartheid social work in SA focuses on human rights, children's rights, social development, support to people affected by HIV and AIDS, poverty alleviation and overcoming social injustices

Today

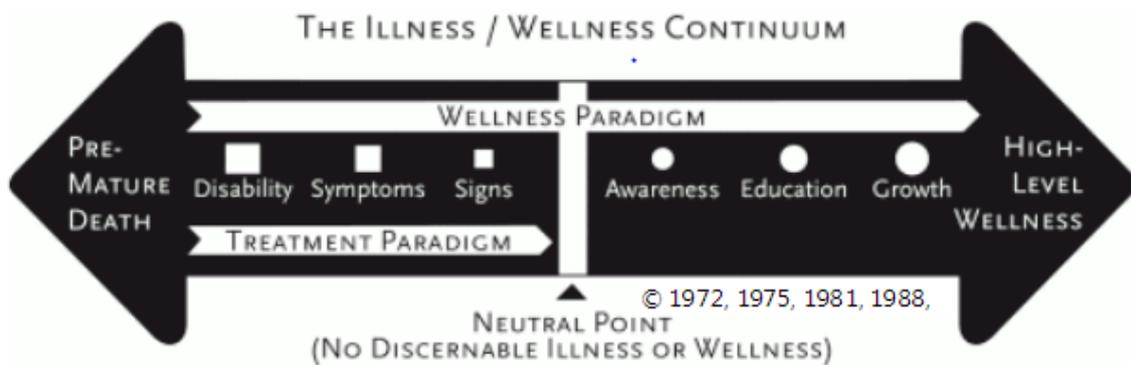
- Developmental social work and welfare policies greatly guide social work practice in SA and various other developing countries in the world
- A paradigm shift beyond the casework/community-work dichotomy towards social development that focuses on empowerment, non-remedial intervention, participation and networks, and concern with economic development
- Social workers are seen as change agents in the forming and shaping of society

From this summary it is clear that social work has a long-standing relationship with health services, and social service delivery forms an integral part of holistic healthcare services around the world. This is also in line with the World Health Organization's definition of health, which is still relevant since its acceptance in 1948: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2017). Today, medical social work is considered a speciality field of practice in many countries and, currently, the South African Council for Social Service Professions is investigating the possibility to register social work in health / medical social work as field of specialization in South Africa.

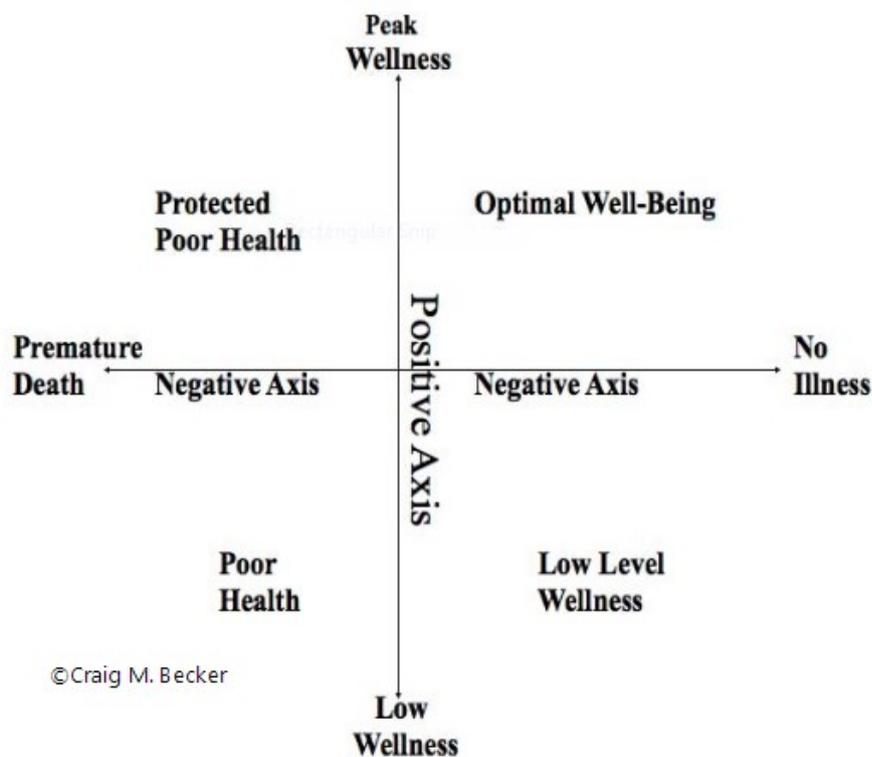
## 2.2 Social Work in Health

In the fields of medical social work, sociology and anthropology, patient narratives are widely used as it offers great scope to understand the social reality and lived experiences of health, illness and suffering by individuals, families and communities (Mishra & Chatterjee, 2013). To contextualize health, it is further important to refer to the continuum of health, stretching from optimal health (no illness) to death on the one axis, and low wellness to peak wellness on the other axis. In figures 1 and 2, the continuum of health is illustrated. These illustrations are based on the work of Dunn and Travis, as well as Seligman and Becker's further work on the continuum in order for it to be two-dimensional (Becker, 2013: 2-3). The two-dimensional continuum further illustrate some elements of the developmental approach in social work with a clear focus on preventative and early interventions to promote psychosocial health and less focus on primarily remedial interventions.

**FIGURE 1: TRAVIS' CONTINUUM OF HEALTH**



**FIGURE 2: BECKER'S TWO-DIMENSIONAL MODEL OF ILLNESS AND WELLNESS**



More details on how narrative interventions can be applied across the continuum and different dimensions of psychosocial health will be discussed later on during this lecture. The next section considers the life maps technique, as plot for narrative intervention.

### 3. LIFE MAPS AS A PLOT FOR NARRATIVE INTERVENTION

The first literature regarding life maps was found in a philosophy textbook dated 1909. The focus of this book was the individual's life (the map of life) and the correlation with happiness and contentment throughout one's life span, underpinned by a number of basic philosophical

groundings: happiness is a condition of the mind; contentment and the desire for progress and self-growth should be balanced; life actions should be guided; and here is an ending to life – namely death (Lecky, 1909). The map of life can therefore describe one's being from birth to death, emphasizing different events, people, attitudes, choices, problems/difficulties and biological processes. White (2007:3) also refer to maps in narrative work as "...constructions that can be referred to for guidance on our journeys" and "Like other maps, they can be employed to assist us in finding our way to destinations that could not have been specified ahead of the journey, via routes that could not have been predetermined".

### **3.1 Definition of life maps**

Life maps can be described as a tool for self-discovery, taking the individual through his/her life from birth to death, dealing with the self, significant others, obstacles, choices, beliefs and the future. (Mulligan, 1988:12) describes life maps as follows:

*Life maps are tools for self-discovery, and guides to various aspects of your life as you experience it. They are a way of outlining the territory, signposting the terrain and becoming familiar with the landscape of your life. Maps can help you connect up the various aspects of your life by establishing links between your past, present and future, and the different levels of your being, for example, your mind, body, emotions and spirit. They can help you focus on the detail of specific areas of your life.*

According to Yochanan (1991), life maps can meet various aims of social work intervention, which includes defining the problem, determining goals, collecting information, developing alternatives and evaluating outcomes. Herbst (2002:128) summarized and integrated the previous descriptions in order to formulate the following definition for the life maps technique as "... an assessment and therapeutic technique to guide individuals or groups to review their lives in terms of the past, present and future by focusing on their own views of themselves, others, their problems and coping skills".

### **3.2 The life map questions**

This technique focuses on the following seven existential questions:

- WHO AM I? (Life Map 1)
- WHERE HAVE I COME FROM? (Life Map 2)
- WHERE AM I GOING? (Life Map 3)
- WHAT IS STOPPING ME? (Life Map 4)
- HOW WILL I GET THERE? (Life Map 5)
- WHAT HELP DO I NEED? (Life Map 6)
- WHAT WILL IT BE LIKE WHEN I GET THERE? (Life Map 7)

The answers to these questions may be formulated in various creative and expressive ways, including writing, journaling, painting, drawing, clay sculpting, music, dancing or photo collages. From the author's point of view, the most important aspect of this technique is that it does not stop with the past. It guides the individual to link the past to the present and future (Strydom & Herbst, 2007). Creative expression is valued in counselling individuals to "...understand their abilities, personalities, concerns and conflicts..." while such expression may result "...into communication,

problem solving, socialisation, anger management and individual self-esteem” (Levin & Davies, 2008:376). Several of the following narratives from practice, research and classroom activities will refer back to how the life maps technique was applied in such interventions.

#### 4. NARRATIVES OF VULNERABLE CHILDREN

##### 4.1 Innovative interventions to support foster children in South Africa

Foster care services form an integral part of social work interventions in South Africa, given the devastating impact of the HIV pandemic on families. Many children are orphaned by the pandemic and foster care remains the most appropriate form of alternative care for such children. According to the South African Human Rights Commission (2017) and Statistics South Africa (2015), close to 500,000 children live with foster parents and benefit from the Foster Child Grant in South Africa. This situation places a huge responsibility and sometimes unmanageable caseloads on the shoulders of social workers. A dire need for innovative social work interventions to support foster care services is therefore a reality in social work practice. One such intervention involved an explorative-descriptive study in 2007 where the life maps technique was applied in a social group work programme for adolescent foster children in a community in the North-West Province (Visser, Herbst & Hassim, 2010). The aim of the study was to determine if such a group work programme would have an influence on the social functioning of the participants. The Child Functioning Index (CFI) (Faul & Hanekom, 2007) was used to assess their social functioning before and after the intervention. The CFI is a multi-dimensional scale measuring various categories of functioning, including the following:

- Positive functioning with constructs such as perseverance and future perception
- Self-perception with constructs such as feelings of guilt and isolation
- Trauma dynamics, including constructs such as helplessness and stigmatization
- Relationships, with a focus on constructs such as family and peer group relationships
- Decision-making abilities, relying on constructs such as independence and responsibility.

The following tables offer a summary of this study’s findings.

**TABLE 2: FUTURE VISION OF PARTICIPANTS**

FUTURE VISION	SCORE	RECOMMENDED SCORE
Pretest	60%	>70%
Posttest	72%	>70%

It could be deduced that the group work programme, based on the life map technique, had a significant influence on the future vision of the participants (Visser et al., 2010:335).

**TABLE 3: RELATIONSHIPS OF PARTICIPANTS**

RELATIONSHIP WITH...	PRETEST SCORE	POSTTEST SCORE	RECOMMENDED SCORE
Family	63%	74%	>70%
Foster mother	56%	77%	>70%
Foster father	46%	77%	>70
Peers	72%	82%	>72

During and after the intervention, participants committed to improving relationships with various persons and the results indicated a significant improvement in all such relationships (Visser et al., 2010:338). It was concluded that narrative interventions based on the life maps technique can have a positive influence on the social functioning of adolescent foster children.

## 4.2 Narrative sand play with adolescent survivors of sexual abuse

Another innovative intervention was developed and evaluated in a doctoral study titled, *A narrative approach to social work intervention with adolescents who have been exposed to sexual abuse* (Adlem, 2011). The unique contribution of this study was the development of an integrated narrative sand play process (NSPP) which proved to have the following advantages for social work intervention with adolescent survivors of sexual abuse (ASSA):

- The language of sand play offers a safe space for ASSA to represent their social worlds while conveying their narratives to the counsellor
- The counsellor can use the NSPP to facilitate the deconstruction of painful and traumatic narratives into the reconstruction of more adaptive perspectives (Adlem, 2011:85).

## 4.3 Mapping the lives of street children

The phenomenon of street children is a world-wide problem which can be attributed to many causes in society at large, such as economic difficulties, joblessness and family discord. These children lose out on the privileges of a healthy family life and their basic needs are generally not fulfilled. This has a detrimental effect on street children's development and often has serious psychosocial consequences, such as distrust in people, a lack of self-confidence and negative interpersonal relationships (Louw, 2008; Shaw, 2001). Life on the street is characterized by various psychosocial challenges such as abuse, sexual exploitation and prostitution, substance abuse, gangsterism, crime, and human rights violations. Children are often not capable to defend themselves toward such injustices, leaving them vulnerable and in need of advocacy.

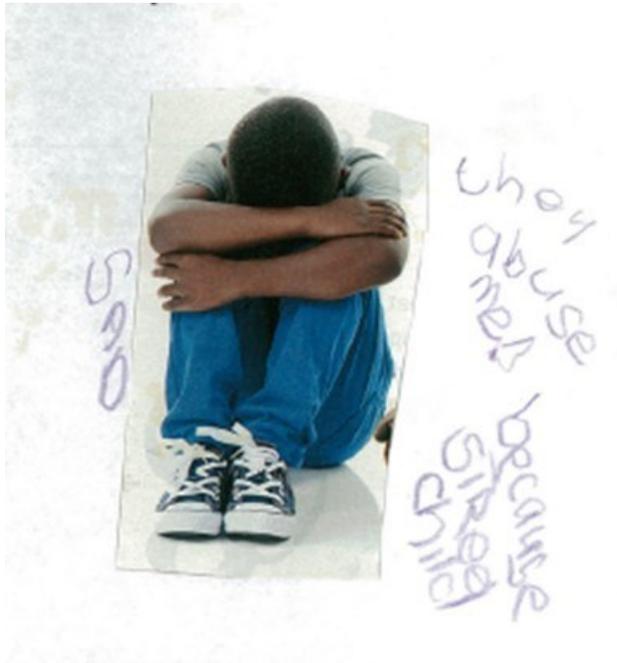
In a study by Simeon (2016) titled, *Using the life maps technique in the development of a life skills programme for street children*, a life-skills development programme for children was developed. The strengths and empowerment perspectives were used as the theoretical background of the programme and the contents were based on the life maps technique and the specific needs of a group of South African street children. Needs related to life skills development included topics such as self-knowledge; self-confidence; assertiveness; interpersonal relationships and trust; coping and dealing with emotions; future planning and decision-making; health and a healthy life style; communication skills; problem solving and conflict management; time management; financial skills;

and specific other issues such as the danger of using drugs, the prevention of HIV and other sexually transmitted diseases, and children's rights (Simeon, Herbst & Strydom, 2017: 575-576).

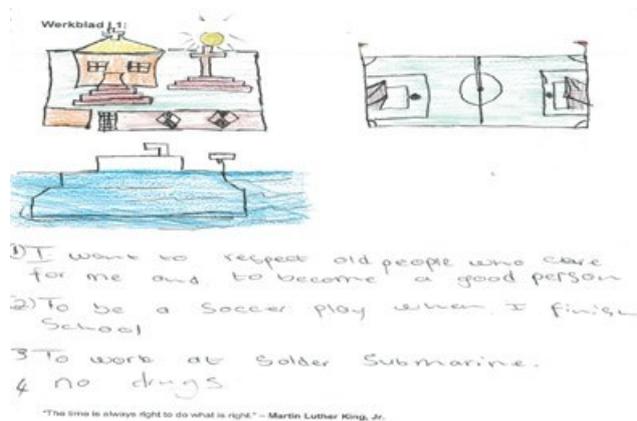
This programme was evaluated by means of a Solomon-4 experimental design and data was collected by both quantitative and qualitative methods. The standardized Child Functioning Index (CFI) (Faul & Hanekom, 2007) was used to measure the psychosocial functioning of the street children before and after the group-work intervention (Simeon *et al.*, 2017). Qualitative data was collected through the use of open-ended questions and drawings of life maps. Results of the post-test confirmed that the programme improved aspects like self-knowledge, self-perception, assertiveness, future and general coping skills of the participants (Simeon, 2016:190-198).

The following two life maps made by participants in this study (Simeon, 2016) illustrate how this technique allowed participants the opportunity to express themselves and to develop skills to better cope with their challenges and concerns.

**Figure 3: Life map 1: Who am I?**



**Figure 4: Life map 5 – How will I get there?**



These drawings are but two examples of the adversities and challenges street children face, but it also indicate the growth, resilience and future planning of the same children after participation in this social work programme.

## **5. ILLNESS NARRATIVES**

“Telling stories of illness is the attempt, instigated by the body’s disease, to give voice to an experience that medicine cannot describe” (Frank, 1995: 18).

### **5.1 LIFE MAPS AND YOUNG ADULTS LIVING WITH HIV OR AIDS**

Living with HIV and/or AIDS is a reality for many South Africans and others across the world. The HIV pandemic is as much a health as a social issue, changing the daily lives of many individuals, families and communities. In the author’s own PhD study titled, *Life maps technique in a social group work programme for young adults with HIV/AIDS* (Herbst, 2002), a group-work programme, based on the life maps technique, was developed and evaluated. The Hudson Generalized Contentment Scale (Bloom et al. 1999:220) was used to evaluate the programme and the results indicated that this group-work programme significantly increased the general contentment of the participants. Besides the quantitative results, the qualitative results further confirmed that the self-disclosure and self-development activities associated with the life maps technique positively influenced the participants’ contentment with life. The following verbatim responses clearly describe this:

- *“I am still healthy, six years after I was diagnosed with HIV” and “HIV is not only for Human Immune Deficiency Virus, but also for Hope Is Vital”*
- *“Life is still surprisingly beautiful”*
- *“My body is carrying the HI-virus, but I am spiritually healed”*
- *“I am not dying of AIDS, I am living with it”*

Later studies on psychosocial interventions with people affected by HIV or AIDS confirmed the value of narratives in health promotion and finding meaning in adversity. In a study by Dimaggio *et al.* (2017:388-390) it was concluded that narrative interventions are important to assist persons who are HIV+ “...to face the challenges of their diagnosis, to overcome social stigma and recover a sense of purpose in life”. The concept of recovery is at the heart of social work practice and entails “...a

process whereby individuals or families restore rights, roles and responsibilities lost through illness, disability or other social problems” (Webber & Joubert, 2015:i1).

## 5.2 A NARRATIVE OF ICU

The following case study, described by Herbst and Drenth (2012:22-24), gives an overview of how narrative trauma counselling was used to assist this patient towards recovery.

*In 2004, a pregnant woman with pre-eclampsia was admitted to a South African private hospital. During an emergency caesarian section she suffered from severe bleeding, received several blood transfusions and a total hysterectomy had to be done. Radical surgery and multiple blood transfusions lead to adult respiratory distress syndrome (ARDS) and kidney failure which necessitated treatment in an intensive care unit (ICU). Mortality was estimated at 30-50% and she was fully sedated and ventilated. Her husband and mother were caught up between a critically ill mother and a premature, but medically stable, baby in the neo-natal ICU. The patient made a miraculous recovery and against all predictions, she survived. The sedation was gradually stopped and after three weeks in the ICU, she regained consciousness. She was disorientated and anxious and wanted to find meaning in her thoughts, feelings, dreams and other awareness. She constantly verbalized a feeling that her whole stay in the ICU was unreal and vague. She learned from her family and the nursing staff how critical her condition actually was, but she felt excluded from the whole ordeal. She was determined to tell her story in an attempt to give meaning to her experiences. It was decided to follow a narrative approach in the psychosocial support and counselling of this patient. Because she had vivid, yet disturbed memories of her experience in ICU, she was asked by the medical team whether her narrative can also be used for research purposes.*

Participatory action research methodology was followed to collect data by means of a narrative discourse analysis. The overarching aim was to increase insight into the thoughts, feelings and bio-psychosocial needs of the patient receiving treatment in ICU, since literature on the psychosocial and spiritual implications of ICU treatment is limited, and often patients have no recollection of their treatment in an ICU at all (Herbst & Drenth, 2012:21). Documenting this individual’s illness narrative was extremely valuable as she was one of very few patients treated in an ICU who could recall a certain amount of awareness, thoughts and emotions. Her experiences varied from delirium, anxiety, helplessness, frustration and uncertainty to faith, a strong will to survive, and hope. By following a narrative process of externalizing the trauma, internalizing survival, and finding hope and meaning, this patient was empowered to live through her traumatic experience without the development of post-traumatic stress disorder (PTSD). According to Barclay (2004) survivors of ARDS or up to 15% of patients with a stay of longer than 4 days in ICU will suffer from PTSD. Besides the narrative intervention programme, the patient was regularly checked by a psychiatrist to assess her cognitive and emotional functioning and the potential development of PTSD. She never received any medication for a mood disorder or any other mental health condition.

It was found in this study that the opportunity to share a narrative on the emotions and awareness during treatment in an ICU had cathartic value and the participant suffered no symptoms of post-traumatic stress syndrome or depression. This patient’s willingness to document her narrative for purposes of scientific research resulted in her story becoming the voice of patients receiving medical

treatment in an ICU and her survival and coping can help others in similar situations (De la Porte & Nzeku, 2016:195).

The most important findings from this study included the following:

- Patients treated in an ICU can be aware of various experiences even when they are heavily sedated.
- Sedation of patients in ICU is associated with delusions, feelings of helplessness, mortality, loneliness, isolation and anxiety, but it is important to know that they may also experience hope, faith, inner strength, and social support.
- Narrative conversations can assist such patients to construct, deconstruct and reconstruct their experiences and find hope and meaning.
- Telling narratives of trauma has the potential to minimize the risk of developing PTSD and can lead to social, emotional and spiritual growth (Herbst & Drenth, 2012:28).

### **5.3 A journey with cancer**

According to Ross and Deverell (2007:115) "...cancer is not only a physical disease, it is a state of mind". The complexity of a disease like cancer calls for multidisciplinary teamwork and comprehensive care on physical, emotional, social and spiritual levels. Psychosocial support programmes for cancer patients and their families are thus of the utmost importance in an attempt to offer holistic health care. The Wilmed Park Oncology Unit in Klerksdorp offers a number of such programmes and often uses narratives and creative activities to facilitate such programmes. During 2008/9 a study was done with the aim of exploring patient and family experiences by specifically focusing on programmes such as the annual Survivors' Day, the Balloon-Releasing ceremony, the Feel-Good Day, the Life's-a-Journey project. A quantitative-qualitative combined design was followed. The total population of 310 patients and family members who participated in these programmes during the previous two years were included in the study. Data was collected by means of a survey, individual interviews and discourse and narrative analysis. Quantitative data was processed using computer software (Excel) and qualitative data was categorized in themes following Tesch's approach (Poggenpoel, 1998). In the next section some of the findings from this study will be summarized.

#### **5.3.1 Survivors' Day and Balloon-Releasing Ceremony**

These projects have the underlying philosophy that survivorship starts the moment of diagnosis and continues throughout the course of treatment and the rest of a patient's life. Dealing with each 'chapter of survival' involves more than medical management; it requires attention to psychological, social, emotional and practical needs as well. Knowledge, hope and inspiration can help beat cancer and bring a sense of empowerment. Sometimes the journey with cancer may result in death and rituals like the Balloon-Releasing Ceremony offer bereaved families the opportunity to celebrate the life of a loved one (Herbst & Malan, 2009).

In table 4, participants' experiences of Survivors' Day are summarized.

**TABLE 4: EXPERIENCES OF SURVIVORS' DAY**

N=69

	<b>NOT AT ALL</b>	<b>LITTLE</b>	<b>SOMEWHAT</b>	<b>MORE OR LESS</b>	<b>QUITE A LOT</b>	<b>GREAT DEAL</b>
<b>INSPIRATIONAL</b>	0	0	0	1.47	14.71	83.82
<b>CHANGE VIEW OF CANCER</b>	0	0	1.45	7.25	20.29	71.01
<b>HOPE</b>	0	0	0	1.45	27.54	71.01
<b>EMOTIONAL THERAPY</b>	0	0	1.49	5.97	23.88	68.66
<b>EMOTIONAL RELIEF</b>	0	0	1.51	10.61	25.76	62.12

In table 5 the results of the balloon-releasing ceremony are summarized.

**TABLE 5: GENERAL EMOTIONS OF FAMILY MEMBERS ABOUT THE BALLOON-RELEASING CEREMONY**

N=106

	FREQ YES	% YES	FREQ NO	% NO		N= 106
RELIEF	28	26.42	78	73.58		106
ANXIETY	0	0	106	100		106
<b>PEACE</b>	<b>62</b>	<b>58.49</b>	<b>44</b>	<b>44.51</b>		<b>106</b>
SEVERE SADNESS	12	11.32	94	88.68		106
LOSS	11	10.38	95	89.62		106
SAYING GOODBYE	14	13.21	92	86.79		106
CLOSURE	7	6.6	99	93.4		106
<b>HOPE</b>	<b>48</b>	<b>45.28</b>	<b>58</b>	<b>54.72</b>		<b>106</b>
ANGER	0	0	106	100		106
HOPELESSNESS	0	0	106	100		106

The following conclusions were drawn from this study:

- Events like balloon-releasing ceremonies and survivors' days can be seen as a form of *community therapy*. Most respondents indicated that they experienced emotional release and were motivated to find meaning in their cancer and the associated pain and discomfort. Using community-based approaches offered participants the opportunity to experience cohesion and a common sense of belonging in the midst of suffering.
- Themes of hope, gratitude and celebration indicated that the psychosocial support programmes offered by Wilmed Park Oncology unit contributed to the bio-psychosocial and spiritual well-being of patients and their families (Herbst & Malan, 2009).

I was privileged to not only participate in a research project on Survivors' Day, but also to accompany three cancer survivors in my own family to a Survivors' Day function in 2013.

### PICTURE 3: THE GOUSSARD-HERBST CANCER SURVIVORS



#### 5.3.2 Life's-a-journey project

The *Life's-a-Journey project* consisted of a journal compiled from the narratives of a small group of travellers on the cancer road that had to seek temporary refuge at the Wilmed Park Oncology Unit. Some journal entries make you recall feet covered with blisters after a long hike; others are like cool water from a mountain stream along the road. It is anything from a cycling race in Clarens which helped one traveller to focus on his cancer treatment to a colourful voyage to Angola .....

In 2012, the *Life-is-a-Journey project* was launched. This project is based on principles of narrative work as "... the narrative context of illness or illness scripts has the potential to supply a framework for holistic patient care by enriching psychosocial and spiritual knowledge and research" (Herbst and Drenth, 2012: 20). A qualitative research design (Fouché & Delport, 2005) was followed and data rich in description was collected from narratives of a group of 48 cancer patients. Denzin and Lincoln (1994) and Henning, Van Rensburg and Smit (2004) emphasize that qualitative research is not a rigid investigation and measurement of quantity, intensity or frequency, but a focus on realities as defined by the research population. The aim is not to interpret or to prove, but to supply a safe environment for individuals to express their experiences. Toombs (1992) refers to this process of expressing one's illness story as illness-as-lived. The information collected is not necessarily objective.

The following open-ended questions were posed to participants with the aim of exploring their experiences of the cancer journey:

- Who are you?
- What were your thoughts and emotions upon being diagnosed with cancer?
- How did your diagnosis influence your view of life?

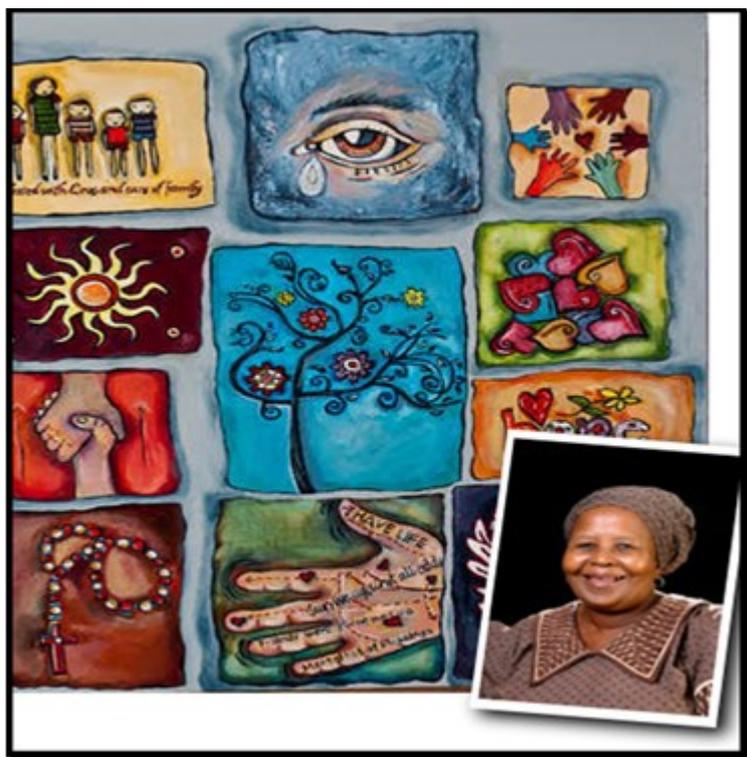
- How did you experience your treatment?
- What was exceptional during your treatment?
- Who or what carried you through this time?
- What did you lose or miss out on as a result of your illness and treatment?
- What is your motto for the future?
- What message would you like to take out to the community?

It is important to emphasize that narrative research is not only the exchange of stories and re-writing it in a creative journaling style, but the scientific and systematic identification of themes that can be analysed and evaluated (Overcash, 2003). Some of the findings from this study offered a rich description of the lived experiences of a diverse group of cancer patients. All the journeys were summarized and a number of these journeys were selected to be painted by various artists. These paintings were exhibited at the Aardklop Arts Festival in 2011 and the journal was launched at the same time. Only one example of a journey is included here, but the full details of this project are available on the website of Life's a Journey (2017).

## **DAPHNE'S JOURNEY**

In her own words: *My journey with cancer taught me how privileged I am. I almost feel guilty that I was so blessed with the love and care of my family, friends and colleagues and the team of doctors and nurses. All those blessings awakened an urge, a deep desire within me, to give back to those whose similar journeys seem less hopeful.*

## PICTURE 4: DAPHNE'S PICTURE AND PAINTING



In the words of the artist, Lauren Giovannoni: *From Daphne's tears so much beauty flowed... This can be seen from the eye and tear symbols at the top of the painting. The palm of her hand is the life line full of her own inspirational words. The wooden cross necklace is a symbol of her faith and the tree in the middle is called the Tree of Life because she believes that she has Life. The hearts are symbolizing the love of her family, children and friends. The hands reaching up can be seen as her being uplifted from her challenges. The sun is another symbol of Life and resembles joy and blessings in her life, of which her family can be seen as her biggest blessing. Daphne has a heart full of joy and peace.*

I was privileged to write the introduction to this journal and would like to quote the following section from it:

*It is a privilege to share in their experiences – anything from a cycling race in Clarens which helped one traveller to focus on his cancer treatment to a colourful voyage through Angola.... However, it is the voyage of the heart that is described in this journal that stirs and inspires you, makes you laugh and makes you cry....*

*There is a congenial narration of ways in which to make the bald-headed part of the voyage more exciting. Who has ever thought of arranging a few Chinese wigs or henna tattoos on a bare cancer head and eventually look like a Cadbury's milkmaid? Yet another bare-head entry relates of a small group of boy and girlfriends who all had their hair shaved off so that their mate on the cancer road did not feel so alone. One cannot help but wonder what is necessary for a cancer voyage, but one journal entry might just be the answer: HOPE! It can be seen as the fuel for the trip. Along with hope, there is of course faith and love. It is precisely the love and support of co-travellers that may not be underestimated. You meet co-travellers on the cancer road in rooms: the consulting room, the*

*chemo room, the x-ray room and the waiting room. Oh yes, and your bedroom, where your partners share silent fears and children's prayers carry you. In these rooms, stark fear, uncertainty, pain, hope, relief, despair, and defencelessness take turns without any logical succession. The common factor of pain and illness bind people together across cultures and walls and church towers... They become co-travellers that often take on a Pilgrimage on small scale (Journey for life, 2017).*

This study concluded that a cancer journey is never 'planned', but if you have to take this road, you can find meaning in your illness. The narratives captured in this journal are powerful messages of faith, hope and love. The importance of support from family and friends on the cancer journey can never be underestimated and, in fact, family relations can become stronger during such a journey. From the journal entries it was clear that inner strength, support from family and friends, faith, trust in the healthcare team, and positivity are essential travel companions on the journey with cancer. The final journal acknowledges the emotions and strengths of the patients who participated and holds the potential to accompany future patients and family members on similar journeys. In the end it carries an important message to the community: YOU CAN LIVE MEANINGFULLY WITH CANCER (Herbst, 2012).

## **6. NARRATIVES OF LIFE, ROOTS, SPIRITUALITY AND GROWTH**

"If you don't know your history, then you don't know anything. You are a leaf that doesn't know it is part of a tree" (Chrichton, 2017).

### **6.1 Memory books/memory work**

The concept of memory books started in the early 1990s among HIV-infected African parents living in Britain who had the idea to pass down personal and family history to their children who may need such information in the case of being orphaned by their parents' deaths. It can be considered a form of life-story work and one of the techniques associated with narrative intervention. In the early 2000s, Herbst and De la Porte started with a number of projects associated with memory books and conceptualized memory work to be activities related to "...unpacking yesterday, living today and constructing tomorrow" (Herbst & De la Porte, 2006:100). This was based on earlier work by Morgan (2004) who distinguished between classical and contemporary memory work in the following definition:

*Memory work might be defined as the deliberate setting up of a safe space in which to contain the telling of a life story. This space might be a room, the shade under a tree, a drawing or map, or a memory box, basket or book. In therapeutic contexts, the scope of memory work is not necessarily restricted to the past, its purpose is often to deal with difficulties in the present, and its main orientation often tends towards planning the future.*

According to Herbst and De la Porte (2006: 34-37) the pillars of memory work are built on the following assumptions:

- Memory work can improve communication between individuals affected by chronic or terminal illness and their loved-ones
- Important information can be shared through memory work activities
- Succession planning can be facilitated through memory work

- Memory work can assist individuals to create and achieve meaningful life maps that could result in a positive legacy

The work of Bosak (2003) confirmed that memory work offers opportunities to explore, document, encourage, and celebrate legacies, histories, memories, heritages, traditions, values, hopes, and life lessons. Of particular interest to Bosak was the potential of memory work to encourage and support closer relationships across generations by exploring issues and ideas from a multigenerational life course, legacy and perspective

One of the best examples of memory work in a multigenerational life course and legacy perspective is the African Sunset memory book project of World Hope South Africa, a faith-based relief and development organization alleviating suffering and injustice through education, enterprise and community health (World Hope, 2017). Memory work interventions like these were evaluated by a number of researchers, including Braband, Faris and Wilson-Anderson (2014), Faulks (2008) and Reyneke-Barnard (2005), who concluded that memory work interventions have a positive influence on the identity, relationships, emotions, general coping, and feelings of hope among vulnerable and displaced children such as orphans and unaccompanied minors. Very often children orphaned by HIV and AIDS end up in so called 'granny foster care', and memory work projects as form of narrative intervention greatly facilitated intergenerational communication and coping with multiple losses in such foster families (Faulks, 2008).

## **6.2 The Choose Life project**

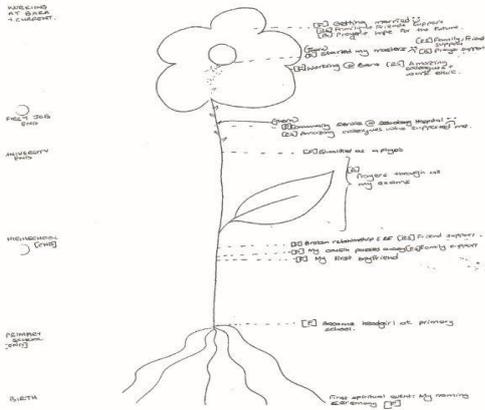
The programme was developed during 2006 with funding from USAID through PEPFAR. It is a spiritual, ethical and value-based programme through which community leaders were trained to develop, facilitate, implement and evaluate appropriate ethical and value-based responses to HIV/AIDS. Many of the activities in the programme involved narratives around the cultural framework of *Ubuntu* and the spiritual framework of *the golden rule*. In this programme, participants were offered to explore and commit to the values of respect, responsibility, integrity, fairness, love and service. In the first two years of the programme, 1090 leaders were trained and 990 000 people reached through implementation activities in the major metropolitan areas of Tshwane, Bloemfontein and Cape Town. One of the key findings in this programme and study was that the Faith-based Organizations in South Africa can play a leading role in supporting responsible and ethical life-style choices (De la Porte & Herbst, 2008).

## **6.3 The spiritual journeys of a group of health-care professionals at the Chris Hani Baragwanath Academic Hospital**

In a PhD study titled, *An exploration of understandings of spirituality among patients and staff at the Chris Hani Baragwanath Academic Hospital*, the spiritual journeys of a group of health-care professionals were explored (Nkomo, 2013). During the focus-group interviews, participants were asked to plot their spiritual journeys. The following two examples of such journeys are discussed in more detail.

### **Diagram 1: Spiritual journey of participant 1**

SPIRITUAL JOURNEY 1

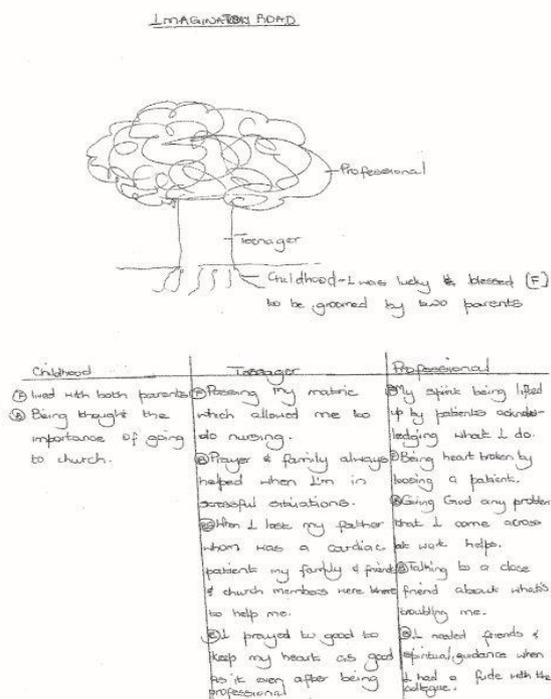


(Nkomo, Herbst & Du Plessis, 2017).

*This diagram captures the spiritual journey of one of the respondents, incorporating her developmental life phases from childhood to adulthood. The roots of the plant represent the respondent's birth, first spiritual event, which took the form of her naming ceremony, and her primary school experience. During this period, she was completely under her parents' guidance. The next part, including the leaf growing from the stem, represents the respondent's teenage life, high school life and her first intimate relationship, which did not last long. The breakup left her heartbroken, but during this experience prayer sustained her. The last part represents university experience and early adulthood, serving in the community, getting married, and working experience in a healthcare setting, which the respondent described as emotionally taxing. However, support from family, church and community sustained her.*

## Diagram 2: Spiritual journey of participant 2

SPIRITUAL JOURNEY 2



*This diagram depicts a respondent's imaginary road as he grew from childhood to attain professional status. His source of spiritual support came from both his parents, which he considers to be a blessing, as he learnt the importance of prayer. In his professional life, his spirit was lifted by patients' acknowledgement of his work, and spiritual conversations. Support from friends played a significant role (Nkomo et al., 2017).*

One of the main themes identified in this study was that spirituality was seen as a prominent emotional coping mechanism during various life experiences of participants. The following table from Nkomo et al. (2017) summarizes the thematic analysis of the spiritual journeys of participants with focus on emotions, life experiences, and coping.

**TABLE 6: EMOTIONS, LIFE EXPERIENCES, AND COPING STRATEGIES IDENTIFIED FROM THE SPIRITUAL JOURNEYS OF PARTICIPANTS**

Emotions	Life experiences	Coping tendencies
Sadness	Loss of a loved one	Accepting support from family, friends, church and the community support Ancestral contact
Anxiety	Writing examinations Dealing with a critically or chronically ill patient Difficult life situations	Keeping calm Acknowledging the power of the transcendence
Sense of being overwhelmed	Adulthood Professional pressures	Prayer Being grounded in parental spiritual support
Depression	Losing a patient Realising I am HIV positive	Reflection Participating in spiritual rituals Emotional catharsis through the sharing of life stories and experiences with colleagues and family
Excitement	Achieving a professional goal	Developing self-knowledge and through self-expressive activities
Stress	Professional and parental pressures	Relying on cultural, religious and professional beliefs
Frustration	Not getting along with relatives Financial constraints	Having hope for the future Intrinsic motivation

The outcome of this study was the development of a protocol to guide management and staff of the Chris Hani Baragwanath Academic hospital to include spirituality in their overall treatment strategy. The following recommendations were made from this study:

- Spiritual self-awareness should be nurtured in health care.
- Health-care professionals should be encouraged to search for strengths and positive aspects in their own spirituality.

- Health-care professionals can be empowered through in-service training opportunities to be sensitive towards the predominant socio-cultural and spiritual beliefs of the average patient population of this hospital.

## 7. CLASSROOM NARRATIVES

In the work of Duvall and Béres (2011:3), the importance of critical reflection is emphasised and the authors developed a method of researching narrative therapy practices “...as they taught and practiced them in their training program” with the hope that practitioners and researchers will continue to examine and document their work in the field of narrative therapy. The integration between narrative practice, training and research is crucial and, therefore, this inaugural lecture will be concluded with two narratives from the teaching and learning or classroom context.

### 7.1 Memory work short learning programme for the Chaplaincy of the SANDF

Between March 2006 and May 2008 a total of 66 chaplains of the SANDF attended a short learning programme on life maps and memory work of the Subject Group Social Work at the NWU. This experiential learning process offered chaplains an opportunity for self-disclosure, debriefing and healing, as well as learning how to plan, implement and evaluate a memory work project in their various spheres of influence. Some of the most prominent challenges that the chaplains faced at the time included the following:

- Multiple changes in the SANDF since 1994
- The integration of diverse faith cultures in the chaplaincy
- A great need for healing and reconciliation initiatives among members of the SANDF
- The impact of the HIV/AIDS pandemic resulted in chaplains being confronted with an increased workload related to death and dying among SANDF members
- Personal life challenges experienced by chaplains – including early retirement and stress of deployment on their family life (Herbst, 2009).

As part of the short learning programme, participants were required to plan, implement and evaluate their own memory work project (based on the life maps technique) in their respective military units and/or civilian congregations. The following is a summary of some of the initiatives and interventions developed by the group of chaplains:

- **Preparing nine team members for a lengthy deployment to the isolated Gough Island.** From the evaluation of this project it was established that sharing of narratives through the life maps technique brought personal, emotional and spiritual uncertainties to the surface. An awareness of these uncertainties assisted the team with psychological and spiritual preparation for and coping during deployment.
- **Memory work sessions with officers on board the SAS DRAKENSBURG.** This team was confronted by a number of traumatic experiences and situations during a deployment, was faced with another deployment to Cuba and would only return to their families after the Christmas of that year. By creating a memory book for their families, officers had opportunity for emotional catharsis about their awareness of mortality in a rapidly changing

environment and the importance of sharing feelings associated with a loss of meaning with each other during long periods of deployment.

- **A series of church sermons based on the seven life map questions in a civilian congregation.** Feedback from church members about this series was very positive and included comments about finding meaning and hope and facilitating communication in families (See table 7 for a detailed layout of this series).

**TABLE 7: SUMMARY OF SOME MEMORY WORK PROJECTS BY CHAPLAINS**

PROJECT NAME / THEME	KEY FOCUS AREAS AND RESULTS
<b>Life stories of older people in the congregation</b>	Maintaining the art of story-telling in African culture – the grandparents had to tell their life stories to their grandchildren. This led to very emotional conversations and offered opportunity for sharing and self-disclosure.
<b>Design your life - a Mother's Day memorabilia workshop for staff in the 1 Military Hospital</b>	From the participants' feedback it was clear that they experienced personal and spiritual growth. One person had the opportunity to share lessons learnt from a marital crisis and a person with disabilities did some personal 'stock-taking' and wrote the following words: <i>"Design your life gave me renewed hope and guts to face my challenges!"</i>
<b>Integrating the life maps questions in existing SANDF leadership courses: The LCAMPS Course and Master the Art of Living Well Workshop.</b>	It was particularly interesting to see how <i>soldiers</i> enjoyed the experience of sharing their life stories. It emphasized that combat readiness is not only a physical and mental goal, but also a spiritual and emotional process.

(Herbst, 2008).

## 7.2 Narratives and art in social work education

Teaching is often associated with lecturing, conveying information and giving instructions, but to facilitate active learning, learning experiences should be structured to create an environment where learning is an interesting, exciting and challenging opportunity to discover, gain insight and be able to apply knowledge. This type of teaching is best described in the following words from the well-known book of Kahlil Gibran, *The Prophet*:

*The teacher who walks in the shadow of the temple, among his followers, gives not of his wisdom but rather of his faith and his lovingness. If he is indeed wise he does not bid you enter the house of his wisdom, but rather leads you to the threshold of your own mind* (Gibran, 2001).

Various creative and narrative processes can be followed in social work education, but for purposes of this lecture, only one example will be discussed. A module on professional preparedness of final-year social work students contains a study unit on professional development with the following learning objectives:

- To identify and solve uncertainties and deficiencies about entering social work practice
- To evaluate the transition from social work student to novice social work practitioner
- To attend to and satisfy personal needs with regards to practice entry

These learning objectives are quite abstract and require self-reflection and experiential learning; simulating practice entry is difficult; text-book theory can give information, but experience will be the primary teacher and personal fears and uncertainties of students need to be explored and discussed. What was needed was a contemporary and complex lesson plan to facilitate this learning.

Over a period of five years various lessons plans, using different mediums to stimulate creative self-expression, were developed to structure this contact session with students. Brookfield's 'four lenses' model (Brookfield, 2017) was used to focus critical reflection and a reflective protocol (Selesho, 2010) was continuously used to critically evaluate the different lesson plans used. This process of reflection, construction, deconstruction and reconstruction lead to a lesson plan where the life maps technique was used. This lesson plan was found to be the most effectively supporting the learning outcomes. The following verbatim quotes of students about their experiences and lessons from the life maps served as confirmation of the conclusion that this lesson plan was the most effective.

*It amazed me how therapeutic I experienced the social work life maps. It is one thing to learn and gain knowledge about the different theories, techniques and skills that are used when working with clients, but it is something else when those techniques are used on you. After the class I wanted to discuss what I had drawn with someone because I was so excited to have realised the importance and also to reflect on feelings that I observed in my drawings. I experienced the life maps in a very positive and assuring way as a technique to focus on yourself and your own development.*

*It was very interesting to be confronted with questions I didn't really have the answer to and some were things that created stress for me. I discovered that I am very unsure of what the future holds...What I discovered is that I do have a passion for social work field especially to work with children and also to provide social services and care for the community as a whole. Drawing my life maps made me become aware of myself, who I really am and what I am becoming.*

*I was confronted with uncertainties I had and it was such an eye opener that as social workers we should take time to invest in ourselves because we are also humans with feelings, problems and dreams. (Herbst, 2017).*

## **CONCLUSION**

The narrative approach offers opportunities to explore and describe rich practice, teaching and research experiences in social work and health in general. Through processes related to creative self-expression, construction, de-construction and re-construction, individuals, families and communities can be guided to find meaning in life. Clients are offered opportunities to learn from their own and others' lived experiences; to externalize challenges related to loss, trauma and pain; to internalize their own survival of such challenges; and to re-construct a meaningful life. This is a

call on practitioners, teachers and researchers to continuously invest in critical reflection and in examining and documenting their work in the narrative field.

The end...

...of my story, but also the beginning of a new story in the bigger cycle of life.

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