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Narratives of therapeutic art-making in the context of marital breakdown: older women reflect on a significant mid-life experience.

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Abstract

This paper explores the narratives of three women aged 65-72 years. They reflected on an episode of therapeutic art-making in midlife, which addressed depression associated with marital crisis and breakdown. The narrative analysis focused upon on the ways in which participants narrated the events leading up to their participation in therapeutic art-making; the aspects of therapeutic art-making that continued to be given significance; the characters given primacy in the stories they told about their journey through therapy and marital breakdown; meanings, symbolic and otherwise, that participants ascribed to their artwork made during this turning point in their lives; and aspects of the narratives that conveyed present-day identities and artistic endeavors. The narratives revealed the complexity of the journey through marital breakdown and depression into health, and showed that therapeutic art-making could best be understood, not as a stand-alone experience, but as given meaning within the context of wider personal and social resources. Participants looked back on therapeutic art-making that occurred two decades earlier and still described this as a significant turning point in their personal development. Art as an adjunct to counselling/therapy was not only symbolically self-expressive but provided opportunity for decision-making, agency and a reformulated self-image.

Key words: art, mid-life, divorce, narrative

Narratives of therapeutic art-making in the context of marital breakdown: older women reflect on a significant mid-life experience.

Increasing numbers of women in midlife experience marital breakdown, with about 20% of divorces affecting women aged 40-60 years (Uhlenberg, Cooney & Boyd, 1990). Many women experience marital breakdown as a highly stressful transitional event that changes the trajectory of their lives. Some studies find that those who have been married for a considerable period of time before the breakdown occurs face greater problems in adjusting to changed identities, financial circumstances and social networks (Sakraida, 2005), and encounter a greater risk of depression (Wallerstein, 1986). Qualitative accounts of marital breakdown are replete with feelings of shock, failure, 'amputation', loss of trust, helplessness and despair (van Schalkwyk, 2005). Of course, marital breakdown does not necessarily lead to long-lasting depression. Some women describe this stressful life transition as eventually resulting in personal growth, new roles and priorities, and positive future directions (Sakraida, 2005; van Schalkwyk, 2005; Young et al, 2001).

Marital breakdown leads some women to seek verbal therapy or counselling (Sakraida, 2005; van Schalkwyk, 2005). Yet there is a remarkable lack of research into the potential contribution of therapeutic art-making for helping women (or men) to work through this experience (Riley, 2003). One relevant study found that participants who engaged in sculpture (as well as journaling and verbal narrative therapy), were more able to express feelings, externalize their problems and separate their marital and family problems from self (Keeling & Bermudez, 2006). Describing art therapy with couples, Riley (2003; p.387) argues that visual self-expression is a powerful means of making 'marital issues visible'.

There is even more limited evidence about the longer-term influence of therapeutic art-making on adjustment to divorce, from clients' own perspectives. Some art psychotherapists perceive a need to follow-up clients in the longer-term to determine whether they continue to engage in art, and can transfer the skills and perspectives they have learned in therapy 'to life outside of the therapy room' (Estep, 1995, p.16). Much remains to be understood about whether and how therapeutic art might assist clients to rebuild lives and selves after a stressful transitional event such as marital breakdown, and whether therapeutic art experience continues to be given significance in life stories told many years later.

This paper seeks to address the identified gaps in previous research by focusing on the narratives of three older women (aged 65-72) who described their experience of therapeutic art-making as a significant turning point in negotiating marital breakdown and divorce, and in catalyzing positive life choices and identities. One of the participants had experienced formal art psychotherapy, and the other two had engaged in art-making in another therapeutic context. In this study, 'therapeutic art-making' has been defined as any form of visual art or craft, including painting, textile art, and wood-carving, facilitated by a trained professional who is attuned to its therapeutic potential but who is not necessarily a qualified art therapist (such as a nurse therapist, occupational therapist, or counsellor in a mental health setting).

Through analysing the narrative structure and linguistic resources deployed in the stories, the study sought to understand the meanings of therapeutic art-making in the context of marital breakdown, the role of the therapist in facilitating positive outcomes, the symbolic meanings of therapeutic artwork created at that time, and influences on longer-term personal development.

Method

Methodology: A narrative approach is especially relevant for giving insights into the ways in which people construct their identities through the stories that they tell about their lives. Narratives play a particular role in helping people to make sense of difficult life transitions, and to impose some coherence on experiences that may have been fragmented, disruptive, shameful, and difficult to verbalize for a long time (Reissman, 1993). Rather than assuming that participants' accounts offer a transparent window on to past events, the narrative perspective focuses more on understanding the plots, characters, dramatic turning points, rhetorical language and other features of the story being told. These provide clues as to how past life experiences are being integrated into current biography, to construct a certain identity. There is an acceptance that people need to 're-story' their lives as they move through change, so that their narrative 'ends in the psychological place where they now find (construct) themselves' (McAdams, Josselson, & Lieblich, 2001; p.xvi).

There are many approaches to understanding and analysing narratives. Crossley (2000), for example, describes three broad narrative structures, namely conversion/growth narratives (which emphasise positive insights, new priorities and changed behaviour following on from traumatic experience), normalizing narratives (which emphasise sameness of self despite negative events such as illness), and loss narratives (which express grief for aspects of self that cannot be regained). Growth narratives have also been described as redemptive, typically portraying the self as 'growing, moving forward, making progress over time' following earlier disruptive events (McAdams & Bowman, 2001; p.5).

Ethics and recruitment process: Following ethical approval by the host institution, advertisements for participants were placed in a magazine designed for an older readership to invite people who engaged in art-making in their later years to

participate in interviews about the origins of their commitment to art-making and its meanings in their current lives. Those making enquiries were sent full information about the project in order to give informed consent.

Sample: Three women disclosed that their interest in art-making as a leisure activity had begun or substantially intensified when they had engaged in therapeutic art-making earlier in their lives, as part of their treatment for depression associated with the breakdown of their marriages. These three women form the sample for this particular study, as their narratives shed light on the ways in people make sense of a life transition from a vantage point much later in their lives, and the long-term influences that they attribute to therapeutic art-making. Participants were assured of confidentiality, so pseudonyms are used here. These participants were relatively close in age (Anna was 65, Sarah was 70 and Ruth was 72 years old). All had experienced marital breakdown in their 40s, with children living at home at the time. One (Anna) had re-married about 8 years previous to the interview but the other two had remained single.

Interview: All interviews were carried out in the participants' homes by the first author and lasted between 1.5 to 2 hours, including examination of selected artwork and its personal significance. The interviews were audio-recorded and professionally transcribed. The interviews started with a 'grand tour' question that invited narrative about the self (Could you start by telling me about yourself?). Further questions were presented flexibly so as not to disrupt narrative flow, exploring the origins of their interests in art (including significant people and events), the meanings of the therapeutic art experience, and the significance of art in their current lives.

Analysis: All three participants largely provided growth or redemptive narratives, as classified by previous typologies. Space precludes an exhaustive presentation of every feature of the participants' accounts. Instead, the account focuses on the ways in

which participants narrated the events leading up to their participation in therapeutic art-making; experiences of therapeutic art-making; the significant characters that were given primacy in the stories they told about their journey through therapy and marital breakdown; meanings, symbolic and otherwise, that participants ascribed to their artwork made during this turning point in their lives; aspects of the narrative that conveyed present-day identities and future plans. Analysis was carried out independently and then jointly by the authors to enhance credibility. Some balance between breadth and depth is achieved here by focusing more fully on one participant's narrative responses and providing a briefer synopsis of the other two.

Findings

Storying the experiences which led to participation in therapeutic art-making

Stories commonly include inciting conditions and culminating events, revealing how 'normality' has been breached and repaired (Riessman, 1993). Each participant described struggling with depression in her 40s, partly or mostly in relation to her marriage problems. Anna provided the most detailed attributions for her difficulties, describing the severe depression that led her to psychotherapy as reflecting a number of predisposing vulnerabilities (connected with the early deaths of her parents), stressful coinciding life events, together with her long-term dissatisfaction with her marriage:

Yes, it [interest in art] was really after I'd been to the funny farm. I suppose really, um, I was born in 1938 ... there was just my mum and myself, because my dad got TB and died when I was five, and my mum was asthmatic and had heart trouble and she died a week after my seventeenth birthday, so I was totally on my own then, but I had a nice house (pause). I was courting one of the village boys and about six months after mummy died, I married him,

because it was so awful being on my own. But it wasn't a marriage made in heaven, I mean it lasted 30 years, because we had a shop together. He wanted to buy a shop, a general store, and so I sold the house and bought the general store...which I absolutely hated, I loathed it... I had to look after my auntie as well, and just everything became too much. I went into hospital for two months and I used to go to occupational therapy, to the art therapy room, and I used to do more art than anything else.

There is an expected temporal dimension to this narrative, with year of birth and key milestones marked out. Anna repeated certain phrases and used emotionally emphatic words ('on my own', 'so awful', and 'hated...loathed') which conveyed how much her lifestyle was not of her own choosing, from childhood onwards. Rejection of the romantic cliché ('*it wasn't a marriage made in heaven*') whilst simultaneously emphasising the length of the marriage ('*30 years*') and its dependence upon the joint ownership of a shop ('*because*'), are linguistic clues that betray Anna's long-standing sense of entrapment within a loveless business arrangement. Anna portrayed herself as willing or obliged to be directed by her new husband's wishes, rather than being able to make a mutually acceptable plan.

'*Funny farm*' may be understood as a disparaging or distancing term. It perhaps served to demedicalize mental health care. The use of such a phrase perhaps reflected Anna's desire to protect a positive self-image and to avoid the potentially stigmatizing label of 'psychiatric patient' in the interview. Yet Anna's narrative may have simply reflected cultural discourses about mental health care prevalent in British culture at the time of her admission to hospital.

Anna's account of losing both parents in her youth concluded with an unexpectedly factual statement '*but I had a nice house*'. With the subsequent pause, this functioned as a chapter conclusion within the narrative. Yet as we go on to see, her ownership of this property turned out to be a 'poisoned chalice', in that its advantage in providing her with security also made her attractive to a young man who saw opportunities to use her assets to further his own career plans. The pernicious role of her house in the plot of her life story only became evident later in the narrative.

Anna represented therapeutic art-making many years earlier as a significant turning point in her life. Rather than describing herself in any passive way (e.g. as encouraged by therapists to take part), she represented herself as an active decision-maker ('*I used to go to occupational therapy... I used to do more art than anything else*'). Here the narrative turned from emphasising how many unwanted events had happened to her during her life, and portraying herself as wholly subject to her husband's decisions, to emphasising her own agency.

At this early point in the interview, Anna seemed cautious about her level of disclosure. She rather minimized the difficulties that led her to becoming a mental health in-patient and engaging in art as therapy ('*just everything became too much*'). It was only much later in the interview that she disclosed serious self-harming and ongoing difficulties with clinical depression:

Before [therapeutic art-making and other treatments], when I used to get all uptight, the only way that I could release that tension was by cutting my wrists, and I used to go in the bathroom and run some really hot water and I'd been out and I'd bought some new razor blades and I put my hands in the hot water and cut myself. That was instant release, it was magic, and it used to work, and it was the only way that I could stop that dreadful feeling.

At this point, relatively late in the interview, Anna disclosed how serious her mental health problems had been, and that self-harming had been so effective in releasing of pent-up emotion that it had seemed like ‘*magic*’. The compulsive sequence of events leading to self-harm was vividly communicated through the repeated use of ‘*and*’ between one phrase and the next. From an objective perspective, it is possible that better medical treatment may have helped to stabilise her moods, yet Anna chose to emphasise the therapeutic role of art-making in her narrative. It was this experience, she believed, that fostered a renewed sense of autonomy.

Sarah’s experience of marital breakdown was different. She used therapeutic art-making mainly to process the shock, depression, and shame triggered by her husband’s departure. Nevertheless, similarly to Anna, Sarah described her art therapy experience as intensifying her subsequent commitment to art as a leisure pursuit.

Sarah’s narrative focused on her experience of art therapy at the very start of her interview, immediately after initial introductions. She asserted that it was this experience at the age of 45 that had finally confirmed her commitment to art:

That [picture] was the one that really got me over my breakdown. And it took uh, well probably months to do. Quite a long time (pause) ... you know everything stopped when I had my breakdown. And it was art therapy that really got me well. An art therapist and a very good social worker at the hospital. Well, it takes a long time to work up to a breakdown maybe. And it takes a long time to get over it... When the marriage broke up, I was devastated obviously.

This extract showed Sarah as perhaps unwilling in the early part of the interview to disclose some difficult experiences to the researcher, although she included an admission that she had felt devastated at the prospect of divorce. ‘Devastation’ contains potent associations of physical wreckage brought about by

overwhelming physical forces. Her use of ‘obviously’ perhaps reflected her assumptions, derived from religious faith disclosed elsewhere in the interview, that divorce is a shameful event. The use of the rhetorical mirror-like statement (‘*Well, it takes a long time to work up to a breakdown maybe. And it takes a long time to get over it*’) vividly communicated the lengthy process of plunging into depression and climbing out again. It was only much later in the interview (when more than an hour had elapsed), that Sarah mentioned her husband.

I mean when my husband left I'd never paid a bill in my life. And (pause) well I think that's partly why I had the breakdown apart from the fact that he became violent and, well, we won't talk about that. ... And eventually ... after art therapy, I began to pick myself up. I joined a divorced and separated club, and there were all these people here, and I thought well you know they've all been through the same experience so I'm not so terrible after all. Because you feel you must have done something wrong, but it's not necessarily that at all. So you think well everyone's, all these people here have had the same experience, so get on with it. You have to eventually pick yourself up and carry on.

Sarah avoided disclosing the most painful aspects of her marital breakdown, emphasizing instead the contribution of her financial inexperience to her depression rather than her husband's violence. She switched from ‘I’ into ‘you’ constructions which may have helped her to distance herself at times from the experiences that she was describing. She again mentioned art therapy as a turning point in coping with her marriage breakdown, although meeting other people with experience of divorce also contributed to her healing story.

Ruth used therapeutic art-making largely to work through her sadness and uncertainty about ending her marriage, although she did not narrate in detail the feelings that led her to therapy. Within the first few minutes of the interview, Ruth pointed out a significant piece of art made during therapy.

Well I did one wood carving. That's over there ... I looked and looked and looked and found a piece [of wood] that I liked. And then I started to make the shapes... But I refused to give it arms.

The wood carving showed a naked young woman without arms. It was much later in the interview when Ruth disclosed the personal issues that she was struggling with at the time of making the piece.

Storying the therapeutic experience of art-making

Anna had relatively little to say about the content of her therapeutic artwork. She emphasised its quantitative aspects ('*it went on for two years*') and described making '*lots of things*', using paint and textiles. She found her '*spontaneity*' and others recognised this as one of her strengths. Her relationship with the therapist was given much more significance in the narrative as shown in the next section. The other two participants each described making a significant piece which functioned as a turning point in their journey through marital breakdown.

Sarah's significant therapeutic piece consisted of a semi-circular image, painted in acrylics, containing naturalistic representations of birds and plants. The process of art-making was storied firstly as an experience that required active engagement, thereby counteracting the inertia of her clinical depression:

But when I went to start [art therapy] she [therapist] gave me a piece of paper to paint and I just sat and looked at it and I couldn't do anything. So she um,

she gave me like children's patterns to fill in with crayons, and that's how it started. And then she gave me that project with the birds and the rocks and the greenery. [I had] to fit them into the shape, that oval shape. Um she got my mind working again. It was only the art really that brought me back to life. You can express yourself through art. Um, anger, you know, joy.

Unlike Anna, Sarah mostly referred to herself as the object rather than subject of sentences at this point in the narrative, with the art and the therapist being in the more active, directing role (eg '*she got **my mind** working again*'). Again, the participant tended to switch to 'you' constructions instead of owning her feelings with 'I' terms. She retreated from disclosing deeper issues ('*It was only the art really that brought me back to life*') by switching into emotionally safer generalization ('*You can express yourself through art...*').

Ruth's narrative focused on the novel experience of wood-carving, and its slow process of creation and discovery. It was only much later in the story that the therapeutic nature of this slow process became evident. Ruth recounted that the wood-carving gave her much time to think about her circumstances and to make a significant decision:

But the interesting thing was when I came to sand the wood, there was the most beautiful grain in it ... You see the little knots. They came all where I wanted them to. Even on her bottom. And I didn't know they were there. And on her tummy and her knees... And the grain complements the piece (pause) like on the shoulder and so on. And I didn't know it was there. It was only when I sanded the piece up that it became evident. And that's what made me like it. Like even on her hair ... I only went once a week and I hammered a little bit off and another little bit. So it was a slow process... It's just something I wanted to think over at that stage. It was a big decision I was

making and I wanted to hammer it out literally. That was just at the time I was deciding to have a divorce.

Only at the end of this section does Ruth reach the climax of this particular sequence, disclosing the purpose of her artwork. A metaphorical parallel was drawn between physically hammering out the carving and hammering out her decision to leave her husband. The participant expressed the mystery of the carving having wood knots in the parts of the carving that complemented the curved shape, as if the figure was residing within the piece of timber that she had selected from the timber yard. She, too, was finding the ‘person within’ as she formulated her decision to end her marriage.

Significant characters in the stories of therapeutic art-making, and their role in the journey through marital breakdown and depression

Narratives have main protagonists who play a key role in the plot. In all three narratives of therapeutic art-making, the art therapist was given a central role, in providing belief, acceptance, and challenge, thereby meeting each woman’s specific needs in that difficult transitional period. Anna, for example, described her therapist as not only encouraging her involvement in therapeutic art-making during in-patient care, but as ultimately facilitating her self-belief, her decision to take responsibility for her future life, and her ambition to make a career in creative design.:

[He] really channelled me, because there was so much that I wanted to do. My mum used to make ballet dresses for a company, and she used to make beautiful things and she never needed a pattern, she used to be able to just do it, you know. I did needlework for the school and was always top of the class and that sort of thing I always loved, and he said, ‘Why don’t you do a

course?’ and so I got the brochures from the college in X and I tried to show them to my husband, but he wasn’t at all interested whatsoever, he just completely switched off from it, pushed it aside. So, it looked like I wasn’t going to do it, and then it was getting near the deadline to apply for an interview, and John who was my therapist, said to me, ‘Look, what are you going to do?’, he said, ‘It’s your life’ and he said, ‘You must take responsibility for your life, don’t do what somebody else wants you to do’.

As well as the therapist, the participant’s mother and husband also featured in this account. The mother was represented as having effortless creative talents. In contrast, the husband was portrayed as a thwarting figure who showed no interest in her creative ambitions. The younger Anna was also a protagonist, reminding the older Anna of the artistic potential that she had once shown at school and might find again.

It was the therapist’s client-centred advice and support that took centre stage in this section of narrative. Anna used ‘entity’ metaphors (Lakoff & Johnson, 1980), describing the facilitating and blocking actions of the therapist and husband, respectively, in very physical terms (*channelled me; switched off...pushed it aside*). The therapeutic art-making and relationship with the therapist were storied as significant for giving Anna the confidence to pursue her creative ambitions for the first time in mid-life. Religious figures (Jesus and the Virgin Mary), introduced elsewhere in her account, also gave her permission to develop her creativity.

Anna’s story had recurring motifs of loneliness, neediness, facing a turning point, seeking and receiving help from many people (including the therapist) to make a good decision about her future life. The narrative revealed multi-layered processes leading to marital breakdown and to personal growth. Although long-standing dissatisfaction was important, Anna storied her experience of therapeutic art-making

as encouraging self-belief, renewed contact with her own earlier creativity, remembrance of her mother's creativity, and a new sense of agency replacing helplessness. Art therapy provided an important, but not the only, source of support.

The central characters in Sarah's narrative of breakdown and renewal were her social worker and the art therapist, who helped her to overcome the inertia of depression by working on the bird image. Ruth's art therapist had a more limited role to play in her narrative, but nonetheless was given importance for helping to guide the development of carving technique, and at first challenging, then finally accepting, the participant's decision to withhold arms from her figure:

She wanted me to give it arms and I said 'No, I'm not giving it arms because I feel helpless at this stage' and I didn't want my sculpture to have arms... It was quite funny how we had the argument about the arms you know. She really wanted it to have arms and I wouldn't. I wouldn't budge on that (laughs). And it ... you know, she [carved figure] is a lovely sort of strong woman, isn't she?

Using 'because', Ruth made a clear symbolic connection between her feelings of helplessness and the imagery of the piece. She seemed to identify with the strength of the emerging figure. Whether the therapist 'really' demanded a conventionally whole object (with arms) might be doubted, but certainly Ruth's account dramatised her own struggle for wholeness. Her certainty about the image that she needed to create seemed to resonate with her growing independence, her confidence to challenge the therapist, and ultimately her decision to end her marriage.

Meanings, symbolic and otherwise, that participants ascribed to their therapeutic artwork

Therapeutic artwork may contain symbolic meanings which communicate, in oblique ways, the unconscious conflicts and trauma that clients are working through (Jung, 1978). Did these participants ascribe any deeper meanings to the therapeutic artwork that they had made many years previously? Anna did not. She referred to her artwork made as therapy using ill-defined terms such as ‘bits’ and ‘things’. The specific images and media did not signify in her account. The *quantity* of her artwork seemed more important to illustrate the blossoming of her creativity.

Sarah seemed to draw some symbolic meaning from what she presented as her most significant piece of therapeutic artwork. She referred to the birds therein:

They were like caged in such a small space and I was trying to help them fly.

Birds in flight carry many diverse associations of freedom, fleeing, and transcendence (Jung, 1978). The project required her to fit freedom-loving birds into an awkward confined space (as emphasised twice), and it is tempting to read this as a metaphor for her own process of learning to release herself from religious dogma that labelled her as a shameful, divorced woman. However, Sarah did not elaborate further on the potential symbolism of this image, but gave more emphasis to the representational skills and aesthetic sensibilities that she gained by working on this project.

Ruth storied her artwork in the most symbolic terms:

That [wood carving] was just at the time I was deciding to have a divorce.

And that's why I didn't want to give it arms because I felt helpless. But it turned out a very nice piece.

Although she started to suggest a possible meaning for her carving, she brought this chapter to a close abruptly, retreating from a deeper reflection on its meanings, to a safer, more superficial description (*a very nice piece*).

Current growth narratives

Each participant communicated her on-going commitment to personal growth, since engaging in the therapeutic art-making experience in mid-life. All had been encouraged by this experience to take up vocational or leisure-based arts and crafts. Their artwork fostered social contact, future plans, a positive self-image and played an increasingly important role in maintaining well-being after retirement from work. Despite commonalities, their current growth narratives also continued to reflect their idiosyncratic story motifs.

Anna, to give one example, described her current thoughts about exhibiting her unique, visually striking textile art, which was constructed from metal and plastics, as well as fibres. In storying her earlier life experiences, she had portrayed herself as needing advice and encouragement from her therapist (and also religious figures), in order to resolve uncertainty about ending her marriage and to navigate a new course. She continued to present herself as needing support in deciding her future creative path:

People say, what are you going to do with your things and I really don't know. Again, I'm sort of talking to [the Virgin] Mary at night and saying, 'Show me which way to go', because I don't know, and I'm just gradually making things that are building up and whether an exhibition will be open to me, or what, I don't know. So, I'm just waiting until I get the right vibes about it.

Discussion

Three older women looked back over two decades or more, to a difficult life transition in midlife. They believed that they had journeyed successfully through this transition with the support of therapeutic art-making and an art therapist. Four aspects of the findings will be discussed that have particular relevance to counsellors.

Firstly, participants' narratives revealed that therapeutic art experiences may continue to be given psychological significance in life stories told many years later. There is limited prior evidence that clients find their counselling significant in the longer-term, but such follow-up is usually relatively brief (e.g. Manthei, 2007; Wilcox-Matthew, 1997). This study has shown that some participants may look back over two decades or more and still portray a therapeutic experience as life-changing. All the participants looked back upon their therapeutic art-making in midlife as helpful for managing depression, and for working through either a difficult decision to end a loveless marriage, or to mourn its loss. Furthermore, the therapeutic art experience was storied as instrumental in helping participants to find a sense of purpose, including a long-term commitment to arts and crafts. Each continued to look forward to future creative projects and remained open to exploring new techniques and imagery. Such openness to experience has been associated with positive psychological health in later life (Smith & van der Meer, 1997).

Secondly, the project sought to explore whether and how therapeutic art-making might have facilitated the women's journey through marital breakdown, including the role of symbolic imagery. Two participants showed individual pieces that they perceived as having some symbolic significance, in expressing aspects of self that were being challenged by marital breakdown (a tension between being trapped and being free; a sense of strength and yet helplessness). This confirms other observations that people who practise art-making at an amateur level do sometimes attribute symbolic meanings to specific pieces (Reynolds & Lim, 2007). However, the narratives only touched upon these deeper meanings, perhaps reflecting participants' difficulties in accessing such material, or unwillingness to disclose it.

The narratives also revealed how art-making is not necessarily heavy with symbolism. It can fulfil an individual's needs, for example, to work through shame

and guilt, to have time to reflect and make important life decisions, or to regain contact with a more creative, 'authentic' self. Counsellors might explore the therapeutic experiences offered by nonverbal art-making. Whilst formal art therapy tends to emphasise symbolic self-expression, this study suggests that art can also help the client to work in fresh ways on their difficulties. Furthermore, both the process and products of art-making were valued. One participant appreciated the opportunity to work on many pieces, in order to regain a sense of vitality and to demonstrate new-found creativity, whereas the others valued the slow pace of art-making to regain contact with the essential self, to work through decisions and to affirm their self-worth.

Thirdly, the therapist all played an important part in these women's narratives of healing and growth, as predicted by the client-centred perspective and studies of client experiences of counselling (such as Manthei, 2007). Participants portrayed their therapists as sensitive to their unique array of personal needs. Nevertheless, therapists were not represented as the sole source of support during this transitional life event. They offered a distinctive form of help, but participants also described a complex web of support from family, friends, jobs and course commitments, as well as religious faith. Counsellors need to be aware that therapy may catalyse change but that other relationships and activities outside therapy also play a role in sustaining change (supporting Bohart & Tallman, 1999; Manthei, 2007).

The fourth issue for discussion concerns the value of the narrative approach. By focusing on participants' stories of the past, there is a risk of implying that these were no better than fabrications. Yet as McAdams & Bowman (2001) point out, participants usually believe that they are giving faithful accounts of past events. The narrative approach accepts that there are inevitable choices and condensations to be made when reflecting on any complex life event, and that redemptive accounts may,

to some extent, reflect the person's attitudes to self and current state of well-being, as well as actual events. Two participants provided quite thin accounts of events leading therapy in mid-life. The memories of these events associated with marital breakdown and depression may still have been painful and difficult to narrate (constituting 'pre-narratives', as described by Reissman, 1993). Perhaps these events were not elaborated upon because they challenged their current positive identities. In contrast, narratives of art-making were rich and nuanced.

Looking at the limitations of the study, the idiographic case approach is inevitably limited with regards to the generalizations that can be made. Narrative studies are difficult to present in the confines of a single paper as ideally they require lengthy quotations and detailed analyses of language use, and selection of material is inevitable. Reliability, in its traditional sense, is unlikely, as it is accepted that participants might provide alternative narratives in different contexts, with different audiences. Yet the participants offered coherent accounts with certain repeated motifs, and were clearly eager to voice the long-term significance of the therapeutic art-making experience.

A strength of the study resides in its close attention to the structure of the narratives, and confirmation of the analysis by three authors with experience of counselling and therapeutic art-making. The narrative approach has revealed findings which may have remained hidden had a traditional thematic analysis of content been attempted. These include sensitivity to the cast of characters in each story, especially the roles given to the therapist; symbolic meanings; the positioning of inciting moments or dramatic climaxes in the narrative; the use of linguistic devices to describe emotional vulnerability; the focus on memory and redemptive meaning-making rather than events *per se*. Participants' narratives revealed the complexity of the journey through marital breakdown and depression into health, and showed that

therapeutic art-making could best be understood, not as a stand-alone experience, but as given meaning within the context of wider personal and social resources. Perhaps most interestingly, these findings suggest that even brief experiences of therapeutic art-making may continue to have significance in women's life stories told many years afterwards, but further research is needed.

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