# Stories "matter": Storytelling as community learning within a whole systems approach to recovery

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**Abstract**

We humans, perhaps especially those of us who identify as narrative therapists and systemic practitioners, tell stories all the time, in our everyday talk with family and friends, in dialogue with colleagues, in creative endeavour, in our practices, in talking about our practices, in research contexts and beyond. It is an important part of how we make sense of ourselves and our cultural contexts. Storytelling can also be conceptualised as a resource for transformation and as a mechanism for systems thinking to create "social change" (David Stroh 2015).

This paper offers an overview of a project that highlights the transformative quality of storytelling in systemic, community practices. Stories, storytellers and witnesses are framed as active agents.

In particular this paper reviews a newly developed model of community learning through storytelling in Bridgend, South Wales, where the author is based. In creating a "learning community" around people and places in this community- particularly those adversely impacted by the recent pandemic- the paper draws on storytelling practices (Dodd 2019; Heinemeyer 2019; Salter and Newkirk 2019); community learning (Senge 1994; Wenger 1998) and narrative practices (White and Epston 1990; White 1995, 2005, 2006; Denborough 2006, 2008, 2014 for example) to show a holistic model for social action. This is set within the context of beginning to remodel social life during and after the first wave of COVID 19 pandemic.

## Cultural context

The unprecedented scope of the coronavirus in 2020 in the UK, and beyond, has affected all members of our society - but not necessarily proportionally so. Whilst the emphasis on "save **our** NHS" throughout this crisis in the UK has helped to resituate/ refresh the perception of the National Health Service as a trusted public body, it has also highlighted the disproportionate impact the virus has had on many people, including those (staff and patients) from Black, Asian and other ethnic groups.

On their website, NHS England (2020) states that they "know there is evidence of disproportionate mortality and morbidity amongst black (sic), Asian and minority ethnic (BAME) people, including our NHS staff, who have contracted COVID-19" and also states that they know that this staff group is not being proportionally represented in the media. The website does not say why that might be but it is easy to hypothesise how this speaks to the under representation and marginalisation of Black, Asian and Minority Ethnic groups, and their stories remaining unheard. This is not because they don't have stories to tell but because their stories are actively "whited out" (Pillow, 2019). This, I suggest, simultaneously tells a story of white privilege and "white fragility" (Di Angelo 2011, 2018) and the social inequality that is embedded into British culture within the "ruins of empire" (Akala 2019).

The NHS is the single biggest employer in Wales, employing 78,000 staff across the country (accounting for 75% of the running costs). 20% of staff across the UK are from Black, Asian and Minority Ethnic groups. It is significantly less in Wales, at around 11%. However, this is significantly higher than the overall Welsh population average (nearly 6%). Working in health care is flagged as one of the higher risk groups of employees in terms of the impact of COVID-19. Other high risk areas of employment (e.g. taxi drivers) have far higher representation from BAME communities, as high as 40%.

In the area of Wales that this paper highlights (Bridgend in South Wales) the population (of around 143,000) is made up of over 137,000 people who identify as white and less than 5,000 people who identify as Black, Asian or a Minority Ethnic group. This makes up less than 3% of the population and is nearly 50 % lower than the national average of 5.9%.

Over a third of people living in Wales who identify as being from a Black, Asian or a Minority Ethnic group live in the most deprived areas, whereas only 3% of people from the same backgrounds live in the least deprived areas (Welsh Government statistics 2020).

As the author of this paper, it may be important to say I identify as white, Welsh and female and that I live and work in an area of South Wales that is flagged as having at least one council ward in the top 10 most deprived areas of Wales (ranked 6). I have worked in this local authority, for the past four years and it is here that I have developed group work that uses storytelling as a therapeutic approach for personal and collective transformation. The community engagement projects that this paper speaks to has grown from within this workplace.

In terms of the storytellers in this project, 80% identify as white, British. Most of those identify as white Welsh. 90% identify as female.

**Introducing storytelling into a whole systems approach**

Storytelling can be conceptualised as a verbal or written process of putting words to experience- "real" or "imagined"- or in its widest form it can be considered as a way of talking and engaging in everyday life. It can also be a form of "capturing" those experiences in tangible, material ways from cave paintings to contemporary texts. Stories also "live" vitally in oral storytelling traditions. Indigenous storytelling traditions, for example, can include "mythical stories and personal life-experience stories" and are not limited to "verbal-vocal" storying. There is a long history of visual images and pictograph as modes of telling stories and of the use of artefacts and instruments within the indigenous storytelling traditions (Thomas et al 2019). In storytelling groups, I facilitate with women in mental health services (Salter 2019; Salter and Newkirk 2019), we often use paint, pencils, craft materials and sometimes use traditional instruments alongside the telling and writing of stories, using imagery or rhythm to emphasise the telling. We often bring in artefacts that help us to tell a particular story in a particular way. We also draw on Celtic mythology and storytelling traditions and often reflect on the difference it might make to the story as to whether it is spoken in English or in Welsh. It often helps people to honour their cultural and family identity.

For example Cerys, a Welsh speaker, has often, in the group, used words from the Welsh language to explore her relationship with Welsh culture. Llinos has explored her relationship to the geographical community and how that intersects with her sense of belonging within the LGBTQ+ community. Sally often draws on her experiences of living in a rural community to explore personal and cultural identity and the limits of particular (privileged, white) frames of reference. Working with and being in these groups has shaped my experience of storytelling and inspired the project that this paper speaks to. Storytelling has found its way into my practice as a psychotherapist, family therapist, supervisor, tutor and group facilitator. It intersects with my background in drama as well as my strong leaning towards narrative practices. Storytelling as a way of working in groups is not a neutral or innocent activity. It comes from a concern to challenge dominant narratives and make room for new stories to emerge and for old stories that have been actively silenced to be heard.

Telling stories and systems thinking have a long relationship. Gregory Bateson (1972, 1979) was a renowned teller of stories. Gregory Bateson (1979), Mary Catherine Bateson (1994) and Nora Bateson (2016) all advocate for a recognition of the role of creativity, not just academic rigour, in the sciences. Peter Senge (1994) refers to systems thinking as the "fifth discipline" and highlights the benefits of developing a learning community, advocating for making a space for creativity within learning cultures. Etienne Wenger (1998) proposes similarly that in creatively developing a community of practice we help to co-create, what Pearce called, "better social worlds" (Pearce 1994, 2007).

Heinemeyer (2019) describes "fuzzy boundaries between learning, artistic and therapeutic goals" in storytelling. This fuzziness speaks to the multiple connections and multiple benefits of learning and enhancing wellbeing through creativity. I would argue that they are intra-connected domains, with little or no separation (Barad 2007). Telling stories offers us a way to collectively make meaning using different art forms and differing ways of showing and telling. It connects people across place and time in referencing stories from the past, current discourses and future narratives.

Rooney and colleagues suggest that storytelling is "a universal language loaded with symbolism and

significance which allow us to unravel the mysteries of the world in which we live" (Rooney et al. 2016, p. 147). In many ways I agree with this but stories are not necessarily universal, they are culturally situated, culturally generated and offer culturally specific resonances. From a social constructionist perspective, I might argue that we are not just unravelling mysteries but *co-creating* new ones as we produce meaning through language. Ken Gergen says, "as language flows among us, so are life patterns fastened or freed." (Gergen 1991, p. 18)

John Shotter expands this further. He says, "living immersed in a flowing flux of activity that influences us much more than we can influence it, our expressions work, not by arousing finished 'representations' (pictures) of events or states of affairs in myself and/or others, but by bringing us into contact with..." (Shotter 2016, p. 30)

Through the lens of new materialism, we might take this further again and critique an over-emphasis on language to bring other matter to the forefront in our meaning making processes. We might then usefully "extend the frame of social" to include nonhuman matter that we come "into contact with" (Simon and Salter 2019, 2020).

The primary aim of the project described in this paper is to create a space where people can *come into contact with* human and non-human matter and co-construct meaning around the impact of COVID-19 on or within the community of Bridgend. By ensuring stories are witnessed and by collectively engaging in creative, meaning-making processes, we are developing further understanding that can help us to begin to build services/ communities that are purposefully networked through creative working alliances, and in the spirit of developing a learning community.

I will refer to the people who took part in and co-created this project as storytellers. This term is usually reserved for people who are trained and paid to tell stories. I am intentionally using it as an alternative to the word "participant" which might inadvertently diminish agency and expertise.

## Bearing witness as a practice of accountability

In our practices in the Systemic Family and Community Service in Bridgend, we actively work towards decreasing experiences of marginalisation through collaboration and working an edge of decolonial practice. This includes ensuring that we hold ourselves to account within and beyond the systems we work in. It also means that we work towards being "fluid and imperfect allies" (Vikki Reynolds 2013) alongside those we work with - especially those people(s) who have experienced marginalisation and oppression. Not being "radically present" (Sheila McNamee 2015) in our conversations with people who have been oppressed is to further oppress (Freire 1970). We are attuned to this and hold ourselves to account. We aim, therefore, to develop meaningful ways of engaging with people in the community that are non-pathologising and experienced as normalising, inclusive and useful. We hold onto the aim that it is possible, by working together, that we can reduce barriers in staff, patient and wider community engagement and can co-create community, in particular a *learning* community via shared meaning making and creativity. Where possible (especially relevant in the current climate) we do this in outdoor, green spaces. As such we are creating an environment where we can encounter nature and the arts in a holistic, ecosystemic manner (Bennett 2014; Simon and Salter 2019).

This is an example of practice and practice-based research as co-construction (Simon and Salter 2019, 2020) and situates those involved in the project as active, agential storytellers. It also situates the stories they tell, stories that (in this project) become part of an art installation, as "agential", "vibrant matter" (Barad 2007; Bennett 2010). We are not just in a human relational flow, relating through *human language,* but are living in a world of matter and materiality (Barad 2007; Simon and Salter 2019) which is also communicating.

## Not to be forgotten stories

The stories people shared with us in this project *and* the "story tree" they co-created with a participatory artist (described later in this paper) are living, lasting artefacts of newly formed and forming languaged and materialised stories about what it means to live through these unprecedented times. These creative experiences also require witnesses. To bear witness to social stories is not a passive act. It is an act of solidarity and of validation and it is political. Michael White (posthumously published in 2011) reminded us that the reasons people come to therapy and the stories they tell are "mired in relational politics". Michael White's position was that creating distance between therapist and client; effectively holding people in "patienthood" undermines rather than supports accountability on the part of the therapist. Bearing witness to others' stories is therefore not an objectifying stance, one where we sit back and observe but one where we are actively "allied" and "radically present" (Vikki Reynolds 2013; Sheila McNamee 2015). My own thoughts are that bearing witness to stories of others, whether in therapy, in supervision, in groups or in every day conversation is an act of validation and generosity. It can also invoke/draw upon rebellious and revolutionary love.

A friend of mine recently died of an industrial disease, cutting her life short. Both her death and many stories of her life speak to class and gender inequality, in multiple ways. I can relate to many of them at personal levels, but certainly not all. We were of a different generation. She reminded me that not feeling heard in your life can have a profound impact. Planning her funeral down to the finest detail in the last stages of her life on earth was an act of resistance. Whilst people around her urged her to relax and enjoy her last months, she wanted her life to be acknowledged through the ritual and ceremony of her funeral, in ways she might not always have experienced in her life. The "material" involved in this ritual and ceremony mattered to her. The material her coffin was made from was meticulously planned and layered with symbolism. The songs she chose, the pictures for the order of service, the horse and carriage; each "thing" was loaded with messages of defiance. They were each an invitation for her life and the beliefs she held dear to be acknowledged.

David Denborough highlights the role of the "acknowledging witness" which he says is different to just offering applause or praise (whilst these can be welcome responses also at times). The "acknowledging witness" supports someone to "restory their life" by (amongst other things) sharing how hearing the story has helped the *witness* think about their own life differently (Denborough 2014, p. 67). He says, and my experience reminds me, that often "the difficulties people experience in life are due to injustices associated with class, race, gender, sexual identity, and so on. Being an acknowledging witness…involves acknowledging these injustices…" (Denborough 2014, p. 70)

Denborough also highlights how the written word can be a witness. He critiques, for example, clinical notes held in mental health files that can contain little or no reference to resourcefulness and positive aspects of a persons' life. They can be "demeaning accounts" written by experts that speaks to power in multiple ways (Denborough 2014, p. 71). This project actively seeks to promote the opposite by bearing witness to the stories that people feel compelled to tell- stories that matter *to* them; not the stories that are told *about* them.



*Some of the words on the tree, created by the storytellers, with artist Siobhan Grice*

Wanda Pillow calls for "epistemic witnessing" as an alternative to, what she calls, "inadequate, arrogant witnessing" in academia and in the field of trauma studies (Pillow 2019). She says, "This is witnessing that breaks the heart; witnessing that screams; witnessing embodied along the 'burning edge of fleshy experience' (Martinez 2003/2014). This is not witnessing for a more comfortable reflexivity (Pillow, 2003). It is not witnessing as pity discourse (Cruz 2011). This is 'faithful witnessing' (Lugones 2003) of survivance (Vizenor 2008)." In other words Pillow invites us into a less comfortable or palatable place in respect to how we witness the stories of others. We should be deeply affected, through to our bones, but also *more than* emotionally moved by the stories we hear. We should be moved to action.

We are, in this project, aiming to be *faithful* and *acknowledging* witnesses (Lugones 2003; Denborough 2014) in order to be useful rather than neutral. As an "act of resistance" (Wade 1997; Denborough Freedman and White 2008; Reynolds 2014; Salter 2017, 2018) to "aboutness talk" (Shotter 1999, 2005, 2006, 2011) and to a narrow definition of "expertise", we are actively promoting the use of storytelling as a systemic, community engagement approach to expand and support what we understand as "community" during and following times of collective trauma. The concept of community is used as an inclusive term to include in this project:

- people directly impacted by COVID-19 (COVID-19 patients and their families)
- people with prior mental health diagnoses (and their families) who have been further impacted by the social isolation/ distancing measures brought about by COVID-19
- NHS staff who have worked with COVID-19 patients as inpatients or in the community
- wider NHS staff who have been supporting other patients with their physical and mental health through this period in the community or in hospital
- members of the public who have stories to tell about the impact of COVID-19
- members of the public who are deemed "higher risk" from COVID-19 in terms of physical health, mental health and/ or socio-economic factors
- all other members of the community, including ourselves.

The scope is evidently and purposefully wide to represent the intention of the intervention which is to unify rather than separate members of the community.

**Are we in it together?**

Notions of "them and us" (staff and patients in a health context) might be said to be shifting, becoming less distant. In the community of Bridgend, community groups, schools and members of the public have been sending messages of support, practical gifts (home-made Personal Protective Equipment, for example) and also creative images/ poetry and prose to support staff on the front line in our local health board. With the support of the Arts in Health team and Arts in Health champions (a group of which I am an active member), these contributions have been used to adorn the walls of some of the wellbeing hubs/ recharge rooms that have been set up for colleagues in the Intensive Care Units across the Health Board. Volunteers have also been working together to create artwork for the new field hospitals. This is an innovative example of how we can express a sense of community, together.

This shift can also be seen in other contexts across Wales and across the UK. For example, members of the public working from home ringing their GP who is also working from home, or a COVID-19 patient being treated in hospital by someone also susceptible to the same virus, probably living in the same community as them. These are human-human examples, but this shift can also be seen in non-human or posthuman terms; such as material that is being produced that speaks to the context. Home-made thank you cards being exchanged. Pictures of rainbows being displayed in windows. Trees covered in colourful pom poms in parks and woodlands. Pebbles being painted and left on coast paths or communal spaces for others to appreciate. All expressions of gratitude, of solidarity and community. And all are examples of how we can turn to creativity in times of crisis and how creativity can "lift" and connect us.  This can also be seen in an arts trail that has been set up by the Health Board's Arts in Health team featuring artwork inside and outside of one of the field hospitals. The idea is to actively encourage people in recovery and rehabilitation following the virus to engage in their environment, in the materiality of the artwork and the trees outside the hospital, and begin conversations about returning to the community.

These examples can be seen as "vibrant matter" (Bennett 2010) and activities that resonate between people and matter such as people engaging in arts material and/or with other members of their community as a means of promoting recovery. Using a new materialist philosophy, we can say this is

a recognition that matter matters (Haraway 2016; Pillow 2019). This matter is not "restricted to a passive 'intractability' but also [has] the ability to make things happen, to produce effects." (Bennett 2010, p. 5)

**Developing the "Not to be forgotten stories" project**

As a small systemic team, we began to "work up" some of these ideas from working with Arts in Health across many of these differing projects, including in the field hospitals, to widen the scope beyond a medical context- moving from hospitals and into wider community sites - engaging with people who have been impacted by the virus, not just in terms of health but in terms of the social and economic impact.

The project we led on was called "not to be forgotten stories" and it offered the wider community the opportunity to reflect on stories that have emerged from this time in their lives. Participation in this project began with a call-out to NHS staff and their families and all members of the public (using social media but also directly contacting some groups in a bid to reach out to marginalised members of the community) and inviting people to express their interest in telling their "not to be forgotten stories". The invitation asked people if they wanted to share a story of this time that they do not want to be forgotten or written out of history. This may be a story of loss, injustice or distress or a story of hope, connectivity or heroism. For example, stories of families home-schooling whilst working full time; stories of people finding painted pebbles (see photos below) along the coast and being uplifted by the messages; stories of not being believed when they had symptoms of the virus; stories of losing loved ones; stories of feeling on the margins of society, seemingly expendable.

The stories were many and varied and the project began with people in the community sharing their stories with myself and my colleague (both Systemic Psychotherapists) and then thinking about how these stories might be shared with others. This led to working with drama and film students from the University of South Wales to record performative tellings and showings of some of the stories. We also worked with a local visual artist, funded by The Arts Council, Wales, to work in miniature as a way to tell stories visually and we worked with a cultural trust (Awen) and a community group (Stronger Together, Bridgend) to put some of the stories to sharable social media. These tangible stories, in differing art forms, could then be shared with staff within the health board and, in some cases, the wider public to contribute to internal staff training and wider community learning, in creative and sensitive ways.

Some of the storytellers wanted their positive stories to be shared widely (via a platform like YouTube or through the community movement, Stronger Together Bridgend, who have a magazine style internet broadcast). Others wanted their more specific stories to be shared with the Health Board for staff learning. Some of the storytellers were keen not to be seen as complaining as they recognised the pressures that NHS and care staff have been under but they also wanted people to learn. These options for sharing stories as feedback for service delivery, I argue, are less threatening and more collaborative than other methods, such as writing a complaint, which often leaves all parties feeling vulnerable, more defensive and less open to learning.

The further invitation was to either write their story or find/ create an artefact that represented their story to form part of a collective art installation, a "story tree" that we made together, in a green space in the community. Working with a participatory artist, stories from the participants were woven into the construction of the tree whilst a storyteller-facilitator helped support an oral telling of their story. Thus the tree became a vibrant collection of stories. Therapists and counsellors were also on hand to co-create pop up spaces for dialogue. At a later stage the participants were also invited to plant a "real" tree in the same green space, in honour of their story and/or in dedication to someone or something. The grove of trees that were planted are now managed by the participants, with our support, and remain a space where people can come together.

It is important to note that the timeframe this took place in was the summer of 2020. While the UK had come out of national lockdown at this time, significant parts of Wales had not. Later the whole of Wales went into a second national "firebreak" lockdown. While we were able to meet with people, it needed to be outside and at a safe distance. People were also given staggered time slots to attend the event.



*Creating the wellbeing tree in the grounds of Newbridge Fields, Bridgend.*

We told stories amongst the "Gorsedd stones". These are stone circles erected in Wales to mark where the Eisteddfod (a festival/celebration of Welsh language and culture) has taken place. The centre stone (the Logan stone) offers a platform for speakers and storytellers. After telling our stories, we crafted some of the words from the story to add to the tree, as seen on the left.

**Getting going and going forward**

There was immediate and passionate response to the call-out which led to initial conversations with groups such as carers support groups, school groups, Black, Asian and Minority Ethnic young people support services, homeless charities and services supporting older adults both in their own homes and in community homes. With such a wide range of interest this shaped the project in two distinct forms. The first took the form of the community art installation set up in a green space in the community and that people could come to at an allotted time to avoid crowds (as described through this paper) and

the second was to create more bespoke opportunities for groups who might find it hard to access a green space. This led to collaborating in projects in a local field hospital with patients and carers and a project working with older people in the community through a project called "voices from experience" where older members of the community and younger members write to each other in the form of letters to their younger or older self. It is beyond the scope of this paper to go into detail about these other projects but this is likely to be material for future writing.

## The matter of trees

We purposefully used trees across many of the projects as this fitted with "wellbeing trees" that had already been created in hospital settings (see pictures bellow) in the locality and also fits with the author's previous use of the "tree of life" as a way of working in storytelling groups. An example of this has previously been published in this journal (Salter 2019) and has also been used in community narrative projects as a way to make visible inter-generational indigenous stories (Denborough 2014, with acknowledgement to Ncazelo Ncube who developed it with David Denborough). It also fits with spontaneous creative projects that had been identified across the local area, where people had been decorating trees with messages of hope for staff and patients impacted by COVID-19, leaving messages on or near trees.
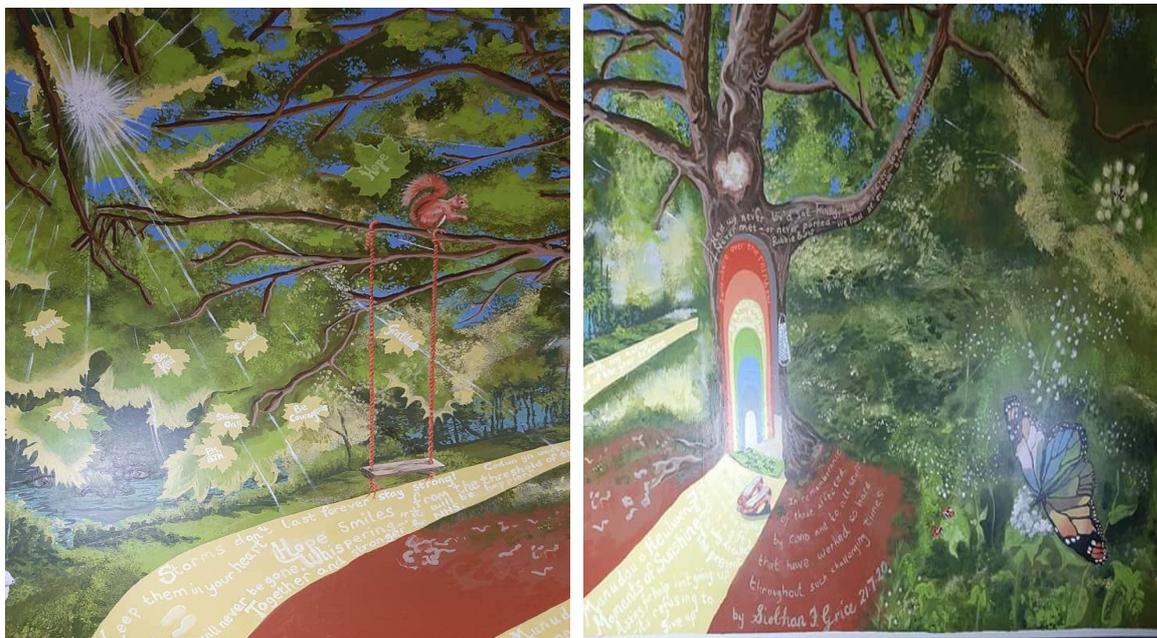


*"Wellbeing Tree" in Royal Glamorgan Hospital by artist Siobhan Grice. Photographed by Esyllt George.*

Further relevance of trees includes the concept of sowing seeds of creativity, new growth, of transformation and of "branching out". For us this meant moving from a clinic base to a community outdoors setting; for others it might have been the first time they had ventured this far out of their home since lockdown. It might also be their first human-to-human encounter outside of their family, for example, or even their first encounter with nature during this time. In addition, we wanted to improve the green spaces that we used for the project and leave something behind as a lasting legacy for future generations who can appreciate the trees we planted (aesthetically speaking and also in terms of positively impacting towards cleaner air in towns and cities) for years to come. This is another

way of speaking to social justice and ecological wellbeing. A report called "Community Green" investigating the relationship between urban green space, inequality, ethnicity, health and wellbeing in England emphasised the disparity in accessing green space. The message from the report was clear. "Living in a clean and healthy environment is everyone's right. The most vulnerable people with the least power and money see these rights denied on a daily basis." (Commission for Architecture and the Built Environment 2010, p. 6 and p. 41).

## The matter of inequality and social injustice

The World Health Organization (WHO) also have a clear position in relation to health inequality have stated:

> The poorest of the poor, around the world, have the worst health. Within countries, the evidence shows that in general the lower an individual's socioeconomic position the worse their health.
>
> WHO 2020

This is a stark reminder that the health of our communities is always at risk from poverty, social inequality and ecosystemic crises. We need to be alert to the potential for already marginalised groups of people to experience further marginalisation by being denied access to health services, and services that positively impact wellbeing including the arts and community green spaces.

The emphasis on the intervention in this paper, for this reason, is on community therapeutic intervention and community resilience, **not** therapy. Tackling inequality requires a more visible presence than being situated in closed clinical setting, allows. Moving out of the therapy room and into the community is a small step towards greater access for people in our community and greater coherence for us, as a small service. It also offers ways for us to be part of developing social networks rather than closing ourselves off with appointment and referral systems that emphasise individualised notions of health and ill health and do not tackle social inequality.

For example, Salena, a member of staff in the health board who has moved to Wales from India, spoke with me about experiencing social isolation. She told me how important it had felt for her to be part of this project, to feel connected with others and to feel heard. Her involvement became a family affair with her daughter also taking part and sharing stories with us that she had written for a school project. The word family was added to the tree. Salena told me how much joy her children have brought her and she talked about what they had learned together through home schooling. This was experienced positively, despite balancing this with working often twelve hour days. She also remarked how her children had changed through being at home more, as if they had experienced more freedom to be children and to engage in free play.

In addition, Salena talked about members of her cultural community who have had difficulties accessing health services due to language and cultural barriers. Salena is now making a film about this in order to invite changes in staff training, particularly for staff working in frontline services. In this sense the transformative nature of storytelling is multi-faceted. Salena feels heard and validated and is transformed through these experiences - *and* she goes on to contribute to service transformation

by working with others to portray her story in ways that can be widely shared and inform learning.

My sense is that being outdoors and listening outside of a clinical context, enabled more of an emphasis on social justice. When people told us that they felt hurt by not having contact with their community mental health nurse (for example), we did not shut down their story or point them to a tired looking complaints form. We listened. We listened as intently as we listened to those who told us that their relationship with their occupational therapist, for example, was a "lifeline" for them and kept them going. Crucially we also then talked with the storytellers about what they wanted us to do with these stories, who else needed to listen. We took our responsibilities seriously and were proactive in feeding those messages back into the service, as we did with Salena.

## Social inequality, isolation and loneliness

There is ample research to suggest that limitations in social networks and poor access to social activities can be predictors of mortality, correlating social networking with multiple common lifestyle and clinical risks (Pantell et al 2013; Holt-Lunstad and Smith 2012). In a review of research into the impact of social networking on health and wellbeing a meta-analysis of the data suggested that in times of significant illness "individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships." (Holt-Lunstad and Smith 2012). This obviously points to the benefit of social connection in communities and highlights the risk of detrimental impacts of social isolation. Loneliness, we know, is a key indicator in poor emotional wellbeing and has implications for physical and mental health. In this project the word loneliness featured multiple times and was the word that was chosen most frequently by the storytellers to place on the tree.

Jack, a young man living in shared accommodation, told me that he has never felt so lonely. He has little family contact and the location of his accommodation makes access to friends and support services challenging. He had walked two hours on the day to come to the event. He placed the word "lonely" and the word "community" on the tree. He said he had been moved by how people were looking out for each other even if he had not directly experienced it himself. Hearing the stories of others being cared for in that way had touched him.

Another of the storytellers, Lizzy, a young white woman wearing a "Black Lives Matter" wristband and black leather jacket, also spoke about this. Though Lizzy also was living in shared, supported, accommodation, she told me that she constantly feels lonely. One of the major connections in her life has been music. Going to gigs, meeting people who share a similar love of music, has given her a sense of identity linked to community that she had not experienced in childhood and adolescence. She was missing those opportunities to connect with others.

She also spoke with me about the impact of not being believed when she had symptoms of coronavirus. She feels that this was because the diagnosis she has been given of Borderline Personality Disorder influenced the listener's ability to hear a report of physical ill-health and instead foregrounded mental ill-health. She highlighted to me that whilst social isolation has impacted everyone it has not done so equally. For people with mental health conditions who already experience

marginalisation and isolation, the disparity has been a further injustice. Lizzy made a passionate plea to remind us that "people struggling emotionally always matter - whatever is going on in the world!" Far from helping her to feel more connected to others, the normalising narrative in the media that "we are all in it together" had the effect of enhancing pre-existing feelings of loneliness as she felt she was not part of this "we are all in it together" world. She told me how she continued to feel left out of the story and was desperate to connect with people who might understand how devastating this has been, to not even be able to see the one or two supporters/ family members who have stayed in touch, for example. Lizzy also worked with the drama students to produce two films that illustrated her frustrations in relation to not being heard. In one of the films she used the analogy of "being in the same boat". She said "everyone keeps saying we are in the same boat, but we are not. We might be in the same sea, but we have different boats. Mine has holes in it and I'm sinking." She spoke with us about the transformative nature of having her story witnessed in this way. She told me that she "couldn't believe" that people would be interested in her story and that this, in itself, made a significant difference to the story she had been telling herself that no-one listens to, or believes in, her. The word she put on the tree was "self-belief". She chose the colour purple to colour it and rainbow coloured ribbon to adorn it. These were carefully chosen and represented aspects of her identity. They also represented a resistance to the heteronormative status quo.

In many ways then, bringing people together has felt crucially important. We are aware that bringing people together is about acknowledging difference as well as similarities (Reynolds 2020) *and* we are aware, as a learning community, that we *could* create additional risk in a time of pandemic by coming together in large groups. We therefore had to carefully design the project so that it (predominantly) did not necessitate people coming together in a physical sense (other than very carefully and outdoors) but in a metaphorical sense. Also that it validated some common experiences at the same time as recognising the unique stories that were shared with us; so that any "coming together" felt safe enough for everyone.

Laurel Richardson says that "…emotionally binding together people who have had the same experiences, whether in touch with each other or not… overcomes some of the isolation and alienation of contemporary life… (offering) the possibility of social transformation." (Richardson 1990, p. 26).

Marginalised groups have long experienced multiple forms of oppression that has seen them being "done to" rather than "listened to" (see as examples Watson 2019; Shaw and Proctor 2005; Salter 2016, 2018, 2019, 2020; Heinemeyer 2019; Reynolds 2020; Thomas et al 2019). For marginalised people, research can be experienced as, what indigenous researcher Linda Tuhiwai Smith (1999) calls, "a dirty word" because it continues a colonial, oppressive and objectifying discourse. We need to move towards a purposefully decolonial, anti-oppressive, more democratic form of public engagement around financial, health, ecological and community wellbeing if we are going to really aim to "be in it together" or at least to meaningfully acknowledge that we are not and to actively move towards less disparity.

As David Denborough says, "The stories we tell about ourselves are not created in a vacuum. All too often, the stories we believe about ourselves have been written by others" (Denborough 2014, p. 8). Stories are powerful ways for people to feel and be heard and they can be (mis)used as powerful tools

to silence people(s) (Simon and Salter 2019). For this reason, this project was always about engaging in meaningful dialogue, connecting with each other in a spirit community learning and co-construction (Simon and Salter 2019).

**Marking solidarity**

Creating a moveable (human made) story tree but also leaving behind in the communities we work newly planted trees offers an example of co-construction and of remembering important stories by leaving a visual reminder of the stories that have been shared. It is also an acknowledgement of the vitality of the matter we have been engaged with - the storytellers, the stories, the words, the trees, the arts material - all are relevant. As people put words on the story tree and planted their sapling they could tell their story and symbolise its significance by leaving something behind in honour of it. This is significant in marking the impact of trauma in tangible ways, as a way of beginning the recovery process. There is significant research in this area and its relationship to collective healing (for example, Shamai 2016).

Wider research on the value of collaborative, community interventions (for example Reynolds 2013, 2014, 2000; Salter 2017, 2018, 2020; Salter and Newkirk 2019) emphasises the value of community support and inclusiveness in relation to community trauma to locate the trauma as a shared experience not one that can be individualised and thus lead to further marginalisation and separation. Two of the storytellers, Ali and Philly told a story of how they created a pebble tree in their community. As a group of runners who could no longer run together; they found creative ways to leave messages of hope to each other along a familiar coastal path. This soon "branched out" to other people in the community joining in and leaving pebbles as messages of hope to spur on the runners but also to spur on NHS and social care staff.

They told me… "The interesting thing is we had accepted the impermanence of the tree and had thought that it would get washed away in the tide, but it never has. It is still there. People still leave messages. The tide never reached it.  The messages are still there, messages like 'keep going' or 'you have made my day' etc. It has taken on its own life. It keeps growing."

Ali also talked with me about her shifting sense of what it means to be in community. She felt that there are many aspects of life that have changed positively but, as a manager of a family support project, she also recognised the stresses that many people have been under.

As Donna Haraway suggests, it is not just the act of *producing* matter, through artistic endeavour, but the matter *itself* that "matters" (Haraway 2016). The pebble tree on the coast and the story tree in the park are both co-created between human and non-human matter. The substance of the tree, in both cases, matters as much as the words that are written down or vocalised. The tree, the driftwood, the pebbles, the wire, the strings, the fabric, the words written down all have their own meaning, their own quality, their own way of revealing themselves and relating with their environment. They also have their own agency, their own power; what Bennett (2010) calls "thing-power".
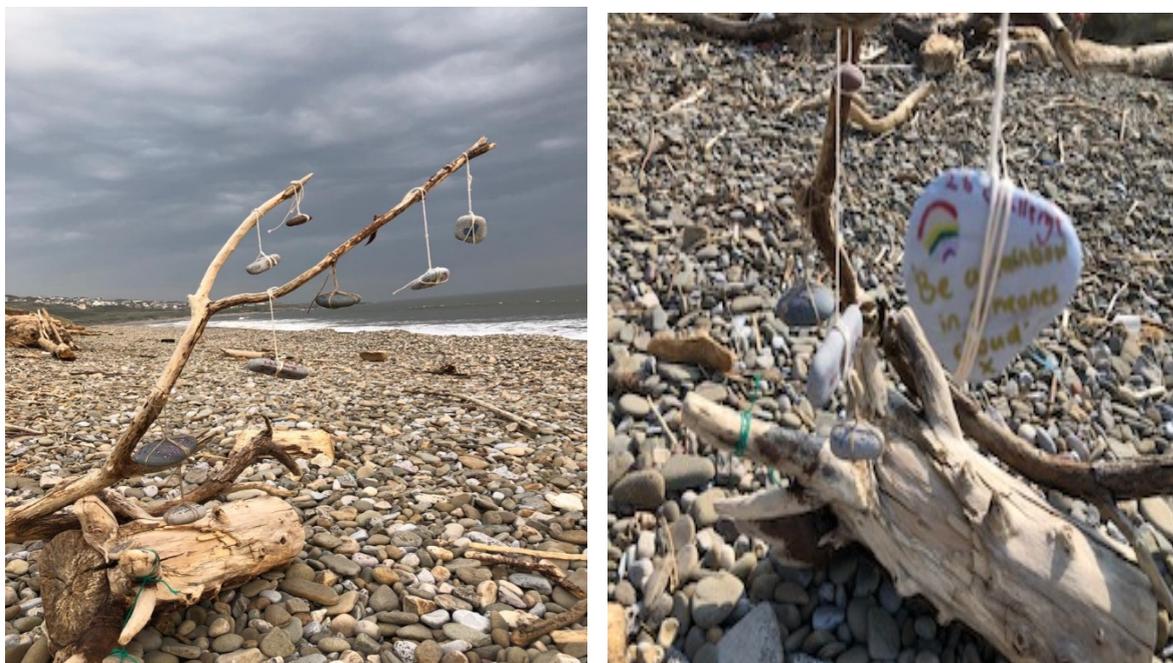
*Pebble tree at Merthyr Mawr. Photos by Alison Meredith*

The story tree is a "thing" - a structure that is co-constructed between different members of the community at different times (supported by the participatory artist) and it has the ability to move between communities. It could be seen as a "transitional object" (Winnicott 1953) but this serves to objectify it. I prefer to think of it as a living embodiment of the stories shared and co-constructed through the "life" of the project. Yes it is made of what could be classed as non-living material, of paper, wire, wood, string and other human made or naturally occurring material but it also has a quality beyond its parts and its parts have a quality beyond how they are coded or defined. They each tell a unique story, have a unique history. The videos of the performative telling of the stories can also be seen in the same way as a living embodiment - the performers' bodies holding the words of the story in much the same way as the tree does.

Indigenous studies literature has conceptualised the idea of nonhuman agency as it relates to a wide range of phenomena, including animals and plants, material objects. For example, Rosiek and Snyder remind us that an emphasis on non-human matter as agential is not a new idea and has a long history in indigenous knowledges that have, at best, been under-privileged and overlooked, more accurately have been written out of academic literature. They also highlight that stories matter, change over time, have their own agency and they shape society. They invite social researchers to not see stories as material to be separated from the storyteller or to be dissected but to position themselves as collaborators with the stories and storytellers and ask themselves if they are being "good companions" to the stories (Rosiek and Snyder 2018). This has stuck with me as I have been engaged in hearing, writing and performing stories through this project. Am I being a "good companion"? This has been a helpful question to keep me focused and actively engaged.

*The "story tree" with artist, Siobhan Grice and Arts in Health Coordinator, Esyllt George talking with one of the storytellers.*

## Creativity as community resilience

There is evidence to suggest that engaging in storytelling (both personal storytelling and traditional storytelling) can be positively transformative and can have a lasting impact on wellbeing and mental health (For example, Salter and Newkirk 2019; Heinemeyer 2019; Andrews and Beer 2019; Thomas et al. 2019). Developing new stories of self can be seen as a "future forming" (Gergen 2015) or a "Feed-Forward" (Penn 1985) activity that helps us "go on" (Wittgenstein 1953) and move forward in the telling and reshaping of our own stories, generating stories that help us move on. As Kim Etherington says, "new selves form within us as we tell and re-tell our stories" (Etherington 2004).

Wales has hosted two international storytelling in health conferences (2017 and 2019) within which, alongside people with lived experience of trauma, I have been able to showcase our storytelling practices. Wales can be seen as a "leading light in the fields of art and health" (Underwood-Lee and Thimbleby 2019) and the focus on arts in health has been cemented by the appointment of Arts in Health coordinators in each health board across Wales. The Welsh Government's forward looking "Wellbeing of Future Generations Act (2015) has also recognised the crucial link between ecology, the arts and health, not just now, but in the future.

As David Denborough, and the story I have shared about my friend, tells us, "Stories about our lives start before our birth, and they don't end with our death. We carry on the legacies, gifts, and burdens of those who have come before us, and those with whom we are connected will carry on our legacies long after we have gone." (Denborough 2014, p. 271)

I argue that this emphasis on stories and storytelling as active agents in transformative dialogue fits well within a systemic and narrative frame. In Narrative Therapy "double listening" (White 2003 2006)

has long been used as a way of asking questions and engaging in dialogue that actively listens out for (and elicits) stories of resource and resilience alongside listening to stories of trauma and suffering. Narrative therapy as a practice is inherently political (Simon 2014) in that it aims to address issues of social justice by seeking to hear marginalised voices and marginalised stories. Coombes and Freedman (2012) remind us that our lives are shaped by family, community and social discourses that can empower some but subjugate others- often purposefully so. So whilst this project is not geared towards therapy per se, it has a therapeutic endeavour in that as we listen to stories we might notice descriptions of people's lives that have not been enriched through validation but been dampened by marginalisation and inadequate access to resources in the community. Our work seeks to address this directly by co-creating richer, more meaningful ways to engage in collaborative practices with the storyteller and invite meaningful witness.

**The matter of language**

The language we used in promoting this project and in feeding back on the stories we hear is vitally important. Language is never neutral (Simon and Salter, 2019) and ignorance is a poor excuse for not questioning the "societal implications" of "self satisfying" and "self affirming" constructs (Gergen 2001) that are abound in the stories we hear at a societal level. As indigenous researcher, Joeliee Seed-Pihama, says "the power to name, or rename, is a specific kind of symbolic violence" (Seed- Pihama 2019 in Archibald et al. 2019, p. 116*)*. For this reason, the words that were spoken at the time of creating the story tree and the words that have been written down by people participating in this event are treated as "knowledge in themselves" (Kim Etherington 2004).



As these photos illustrate, the words storytellers shared with us are included in the construction of the tree. We did not change people's words in the process or edit their stories. In evaluating the project, we will not use methodology that groups or codes words. When we worked with performers to perform the stories, the storytellers acted as co-directors to ensure that their voices were heard, *through* the performance. Words performed and added into the construction of the tree were words that came from the stories and/or storytellers.

Salena, in particular, reminded me of the relevance of language. She told me that "talking in my mother tongue- kamal- helps me to bond with people". She said, "I feel lonely most of the time, despite the fact that we are a happy family… Many nurses and doctors in the UK, who have moved here, like me, are saving lives whilst also being disconnected from their family and struggling with loneliness and isolation… I don't know when I will see my family again."

## Next steps

Inquiring into the impact of this intervention will be the next phase for this project. The methodology for this after-the-event phase of the inquiry will draw on Narrative Inquiry (Bamberg 2012; Clandinin and Connelly 2000; Connelly and Clandinin 2013; Etherington 2004; Salter 2018) where the approach focuses on story and experience as collective learning opportunities and where stories and the telling of stories are seen as research material in their own right. It will also draw from arts-based methodologies and action research methods but will most closely be aligned with storytelling as research *and* intervention (Dodd 2019; Salter and Newkirk 2019; Thomas et al. 2019; Malpass and Penny 2019). The primary questions the research will ask of the storytellers will be:

- Having shared your story in whatever method you chose, what difference has this made to the stories you now tell yourself/ will tell yourself about living in these times and beyond?
- How might we, together, be good companions to these stories?

These questions, adjusted to lean towards practitioner learning, will also be asked of the people who have heard the stories.

- Having heard this story what difference has this made to the stories you tell yourself about your practice at this time and beyond?
- How might you be a good companion to this story?

The questions are both reflective and future forming (Gergen 2015) inviting the storyteller to reflect on their participation and also about how they might go on constructing stories about the future as we move towards **rebuilding** our communities. The results from this evaluation process will be the subject for future publication that we hope other practitioners will be interested to read and respond to.

## Summary

This paper has offered an overview of a project that highlights the validating and transformative quality of storytelling in systemic, community practices. Stories, storytellers and witnesses are framed as active agents as are the art installations and art materials used in the project. In creating a "learning community" the paper purposefully emphasises the agential, transformative nature of storytelling practices (Salter and Newkirk 2019), community learning (Senge 1994; Wenger 1998) and narrative practices (White and Epston 1990; Denborough 2006, 2008, 2014) as a holistic model for social action and in developing a learning culture.

The context of the project is situated within the time of the first wave of the COVID-19 pandemic and within the location of Bridgend, South Wales, where my colleagues and I are based.  In designing a way of engaging with members of this particular community impacted by COVID-19 (including staff, patients and the wider public) through storytelling, the project has sought to:

- Provide a platform for personal and collective stories to be heard and validated
- Offer an opportunity for people to engage with their own resilience and creativity
- Decrease social isolation and marginalisation
- Offer people an experience of being witnessed
- Widen opportunities for social change to be activated
- Build a meaningful learning community
- Rebuild human relationships following a period of social isolation using connections between the arts and the local environment
- Begin to rebuild and recover collectively.

The design is simple, coherent, yet rich. It invites personal reflection as a way to promote healing and build on community collaboration. This research offers a contribution to the wider arts in health research community and contributes to building "better social worlds" (Pearce 1994, 2007) through shared learning. Snapshots of the stories highlighted in this piece are done so with the consent of the storytellers without which this paper would not make much sense. A further evaluation into the impact of this project is currently in progress and will be published at a later stage.

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