

## **The Narrative Theatre Explorations when Working with Communities Going Through Challenging Times: An Interview with Yvonne Sliep by Ruben Newman and Serge Nyirinkwaya**

### **Abstract**

Yvonne Sliep is an international consultant and academic who specialises in a variety of areas, including collective healing, narrative therapy, peace-building and critical community psychology. She is interested in collective narrative approaches to working with communities affected by trauma, conflict and war, and developed narrative theatre as an approach to facilitate collective externalising conversations in those realms. Yvonne resides in South Africa. She has worked and taught in several African countries (such as Malawi, Burundi, DR Congo, Kenya, Uganda, and Sudan), and in other parts of the world such as Iraq, Sri Lanka, Nepal. In this interview conducted by Ruben Newman and Serge Nyirinkwaya, Yvonne reflects on the early beginnings of narrative theatre explorations and how they sparked significant community conversations in many parts of Africa and beyond.

**Keywords:** narrative theatre, collective narrative practices, community conversations, Africa.

**Ruben:** Yvonne, our first question is, what brought you to narrative theatre? What were your hopes and intentions in developing these ways of responding to people's suffering? What kind of ideas, principles and theoretical underpinnings did you build on? Could you share with us a story from the history of narrative theatre that seems significant to you?

**Yvonne:** Well, I did my PhD around developing a counselling model for HIV, which was named the CARE model. CARE stands for Community Action Renders Enablement. I had started in 1990, which was really the onset of the epidemic. At that time, the only counselling model available was designed for white gay men in North America, and it was the model recommended by the World Health Organisation for use in all countries in the same way. I had completed my master's degree in working with traditional healers and mental health a few years before, and I already knew how important it is to consider the context and how that informs culturally responsive practices. So, I was really eager to find a different way to address the issues at stake, and I felt a sense of urgency about it in countries I was already working in, such as South Africa and Malawi. This work could not wait for another ten years because people in Malawi were dying within two years of contracting HIV, and most did not know they had it until they were admitted to the hospital in the last stages of their lives. It had a devastating impact on whole generations. At the time, there was a lot of confusion about the disease and how it worked. Nobody knew what it was or how it spread.

Africa is more collective than individually orientated. When you visit someone in the community to do supportive work around HIV, you have to realise it will not be private. Neighbours could be popping in; people would come and sit with you, greet you, and then leave. It is a very different situation compared to focusing on single individuals. Obviously, there is a place for individual work too. However, it was also more of a space for family work and then community work, as awareness-raising was a critical aspect of the work.

Responding to the impact of HIV on communities required looking at the full story of people affected, what needed to be addressed, and what response could be negotiated. For example, when you are working in contexts where people rely on seasonal harvests to sustain themselves, the challenge of daily living and ensuring a consistent food supply becomes a part of the conversation to address emerging and broader issues.

The HIV counselling strategy that was developed through my PhD was rooted in context and culture. It was accepted as the counselling model for Malawi and rolled out on a national level. After its implementation, it was evaluated. It worked well on an individual and family level, but I was not satisfied with the community results. At this stage, I got the opportunity to attend a workshop by Michael White which took place in Zimbabwe. I was genuinely impressed by how well it aligned with the African worldview. The emphasis on storytelling and the importance of past, present, and future stories resonated with me. There were many connection points made around the ideas I had, and it was incredibly powerful. The art of asking the right questions was at the foundation of narrative therapy as it was in the CARE model. I also found the concept of externalising very interesting, as it provided a clearer way to show that the person is not the problem; the problem is the problem.

So, when I returned to work in Malawi, I brought those ideas with me and continued that work for a while. I wanted to incorporate the narrative ideas I had, but working individually was not going to be a viable approach. While it's possible to work alone in certain ways with people, what was needed in Malawi was much bigger. The challenges were substantial - large numbers and few resources. We had to make the best of what was available and leverage people's strengths, abilities, local knowledges, and practices to create ways to move forward together. I asked Michael White if he thought it could work on a community level as it hadn't been done before. He said he didn't know, but I should try.

So, I tried this new approach to the HIV challenges. The main aim was to break down the stigma and find a way people could support each other like they had done around other challenges. In this approach, it was also important to provide information in a way that people would understand and to draw on their strengths. In this new approach HIV was an externalised character that had Stigma as its friends. CARE was also an externalised character that drew on the concept of Ubuntu. Ubuntu is an African saying meaning *I am because we are*. The approach involved community actions and reactions. It enabled mutual contributions and incorporated local proverbs and stories. The main proverb used was: "You can easily break a stick, but you can't break a bundle". The CARE character would ask someone to break a stick, which was easily done. Then the CARE character would give a bundle of sticks to someone identified by the audience as the strongest person in the community. This person then tried to

break the bundle of sticks, but would not be successful. People then discussed what it meant in their lives as they often used this proverb. I didn't know what I was doing and whether I was doing the right thing and if it fitted with the narrative therapy approach.

Michael and Cheryl invited me to come to Adelaide to attend a workshop that was going to be led by women for women. I made all the arrangements, but then that training was cancelled. It meant I was in Adelaide already, and I was instead exposed to other ideas, and I took on a different role while I was there. I brought pieces of my work on a videotape and showed them to Michael and Cheryl. David was also involved. They found it very interesting and an exciting new way of using narrative therapy as a collective approach, and Michael encouraged me strongly to continue working in those ways.

After that, I was in the Netherlands for a year or so – because my son was studying – I remember one day, it was probably around three o'clock in the morning; I got a call from Cheryl and David saying “why don't you write up this work?” I had just finished my PhD and I was in the process of submitting job applications. At that time, I was heavily involved in academia and felt that I couldn't do justice to the work I was seeing and experiencing and I wondered how to write about it effectively. I said to them I was concerned I would not be able to do justice to the work. Cheryl then said: "Well, okay, don't worry, we'll come to you in Malawi and help write it up." So, they then came to Malawi while I was there and witnessed the work and engaged in the practice explorations as well. We had very meaningful engagements during that time.

After Malawi, I returned to South Africa and kept reflecting on the work. Because the stories involved characters and externalisation, they resonated with something that was influential in South Africa at that time. What I experienced was some sort of dynamic community work that was similar to Augusto Boal's theatre of the oppressed called ‘forum theatre’. I found many of the forum theatre ideas inspiring. However, I was a little concerned about the way those ideas were presented here in South Africa. I don't know if that's what Augusto Boal would have said himself about it, but it was practiced in a way that a lot of people became intensely aware of a lot of social injustices in a very short amount of time, which could bring up anger and resentment but without finding resolutions. It meant people left with negative feelings and felt overwhelmed. I found that the collective narrative therapy approach offered a way forward.

I hence continued working with the principles from both of those approaches, narrative therapy and the theatre of the oppressed. Sometime later - I think it was now 15 years ago- I was in northern Uganda, and I was doing workshops with refugee communities. I talked about how I was drawing from the two approaches. I kept saying, "These are narrative therapy ideas, and these others are forum theatre ideas." It was actually the participants who coined it "narrative theatre," and I liked that. I found that fitting and began using it to describe the work, acknowledging the influence of both approaches and how it was shaped by the context in which the work was being done. That is the history of how the narrative theatre came to be.

**Ruben:** You ended talking about how the participants coined it narrative theatre, as a mixture of forum theatre and narrative therapy. Could you say more about what this innovation brought to you and to the people you worked with?

**Yvonne:** When I returned to Malawi and other places where I worked, people felt so energised afterwards. That was why I loved the work. Even though I worked on extremely challenging and often overwhelming problems, both the people I worked with and I felt energised. I would leave the sessions feeling energised. Not only were the participants feeling energised, but I did too. Prior to looking at these issues through a narrative lens, people often felt hopeless. Many of the contexts I worked in had high rates of HIV/AIDS with no cure available at that time, resulting in a lot of hardships. I also worked in areas affected by conflict and war, some of which may still be ongoing. It is the energising ways that resulted in those ways of responding to communities' hardships that gave me the courage to carry on. I'm still working in those ways because that's where I get the energy to respond to communities going through hard times.

Although, at times, the work I'm involved in can be of a different nature, my lens has stayed the same. I always look for both problem and strength-based stories that reflect people's lived experiences. We learnt from narrative therapy that problem-based stories can be very seductive and tend to take over the whole space. When working with a group or community, it's important to focus on building on people's strengths to address issues in a manageable way. We need to ensure that our responses are within the scope of what people can handle without making them much bigger, too fast, or too overwhelming. It's essential to stay close to what people are sharing.

**Serge:** Great. These are rich histories, stories, and possibilities. I remember reading about your work in Malawi, focusing on AIDS and CARE. It's the type of work I always revisit when I'm engaging in collective externalising. I'm interested in hearing about the surprises you've encountered in this work. You mentioned some of the expectations you had, but what unexpected opportunities and possibilities have you witnessed through this work for both yourself and the communities you've worked with? It would be great if you could also share some specific stories from your years of experience. I'm really curious about that.

**Yvonne:** There is a lot I could say here, but perhaps the witnessing aspect. I see it everywhere: people want their lived experiences to be witnessed. They often feel invisible. We've spoken about other concepts like the problem-saturated and the strength-based story, the voices of different kinds of imagining, and reauthoring a different story, but I think that the witnessing part is also really important. When you do something, whether a small ritual or a scene of narrative theatre, or something that people remember that was important to them, when it is witnessed by many other people — that is what makes the change. The remembering and the witnessing are an ongoing thread for me around this work.

So that re-remembering practice, or a whole community talking about what they did during a very bad drought, and how they overcame it, and how they were there for each other, and remembering those kinds of abilities and stories, is also part of that process. And that's what gives people the courage. I remember working with traditional healers who were talking about a problem they were experiencing in their area, and we were doing some work around that. And I asked them if they were ancestors, once they're not part of this earth life anymore, and if their ancestors were consulted, what would they tell the healers about how to deal with this issue?

And you know, just bringing in their multifaceted voice and timeline, and what the children that aren't born yet would want from them, things like that. So yes, and I think what's powerful about the group is witnessing; when you're with more people, this greater witnessing, and that really makes a difference.

People open up and show vulnerability and inclusion in surprising ways. I'm surprised by what people bring, how people think and how creative people are with challenges in their lives, how

important family and community relationships are, and also, how much energy and passion people bring to these discussions.

**Rueben:** Could you speak more about that and how it benefited you, the workers, and the participants you collaborated with?

**Yvonne:** In this context we work with deadly serious problems, and in this case, literally deadly serious problems. Often, it's a very difficult space to be in. Within a narrative paradigm we know when there's been so much stress for a long time, and in this case, a lot of very intense episodes and traumatic events would have happened, which would have different impacts on people. But if that stress is on an ongoing basis, combined with the challenge of just meeting daily living requirements, then people do forget their own abilities and lose hope, and get quite stuck in space. By using this methodology within the narrative therapy paradigm, people remember their strengths, but also what the alternative story is, and through the theatre they are able to practise and experience what it's like to live a different story. The embodiment of the preferred story through the theatre, which, in narrative therapy, happens through words, but in narrative theatre happens in combination with action — that brings out a lot of energy. The work is both experimental and experiential. People are given an experience of the preferred story, though acting it out. This experience enables a different perspective on the problem story. They can step back from the problem story, map its effects and see if this continues, it's going to be bigger, and nobody's going to be happy with the effects. If they want to break this cycle, what would they prefer? And what would that look like? It's often difficult to make that realistic and to visualise what it will look like. But, through the theatre, by being able to experiment and try out different ways, and people changing positions, and trying out new ways, stopping the process, talking about it, and back into the scene again, trying another way — people start feeling skilled in what they set out to do. So, it's not only the wish of something different. It's the ability to step into and live something different. And it has to start with small steps. It can't start...you know, there might be a bigger vision, but to get there is always step by step. It results in animated discussions and brings new energy to people. People break into small groups, taking gender and age into consideration, which ensures that everybody's voice and perspective is heard, and everyone contributes to a way forward, not only those in power positions.

It is energising to see how those voices inform a collective plan of action that's owned locally. The work does not happen in a single event. It is part of a process that is supported over time. Everyone was there to witness it, everybody was there to have a say in it, people had the possibility to try things, and that there's also an investment in coming back and talking about what worked and didn't work and trying out other ways again. This is often the moment of the change in the process of the transformation.

**Serge:** I find that fascinating. Could you share more about how roles are negotiated and how the brainstorming process works in your sessions? Was there like a democratic vote or more of a group discussion to come up with a name? You spoke about how you would start from something in daily life, not necessarily the big issues like war or things like that, but start where people are at and then move slowly to bigger issues. So, can you speak about how roles were negotiated and how these brainstorming processes worked?

**Yvonne:** Yeah. So, I take very much a background role in this, and I work with local organisations that work in a particular local geographical context. Different contexts have different ways of mapping what the issues are that people are grappling with at that moment. There could be different processes in which they find out about what the things are that people are most challenged about. People may name violence as a problem, or stigma.

**Serge:** That's insightful. You mentioned something earlier about what sounded like ethical considerations in your work, particularly in delicate community settings. Could you elaborate on these ethics and how they shape your approach?

**Yvonne:** Ethics of care are important, especially in contexts where historical mistrust and external pressures complicate interventions. We operate on a voluntary basis, emphasising follow-up and community partnerships to prevent harm and promote sustainable change. Central to our approach is inclusivity, ensuring that diverse voices shape the intervention and its outcomes. This requires navigating complex dynamics among organisations and funders to maintain integrity and community trust.



**Serge:** It's clear you've navigated many complexities. Have there been criticisms or challenges you've faced that have influenced the evolution of your model?

**Yvonne:** One critical aspect is the perception of outsiders bringing resources or imposing solutions. We strive to work within our means and collaborate transparently with local partners to avoid dependency or unintended consequences. Competition among organisations for funding can also strain community relationships, highlighting the need for coordinated efforts and shared accountability. So, from the onset we say we are not looking at material resources we are looking at people's abilities and strengths.

**Ruben:** That is significant. Now, if you think about the future of narrative theatre and using narrative therapy in ways that you do, what openings do you see?

**Yvonne:** What openings do I see? For me, I go back to the energy again. I would find a way of working that brings energy to everybody that's involved, you know? So, I have been involved in this work for yeah, over 30 years. And I wouldn't be able to do it if I didn't have ways that generated energy, that helped to be a bit of an antidote to the problems. So, you know, in other contexts, people also speak about self-care and those kinds of things. I think that if you walk out feeling completely drained, and so does the group that you're with, and more overwhelmed than they were before, then you've got to look at other ways to do the work.

**Serge:** One other possibility I was curious about is if this methodology was ever used in research, because I know you also worked in academia and taught in universities. May you also speak about using this in intervention or practice research in communities?

**Yvonne:** Yes, I am also an academic. One of the areas where I explored this approach is looking at the most significant change, which is tracked through qualitative participatory action research. Indicators get negotiated at the onset of the project as well. How will you know that this is successful or that real change has happened? People get to speak about what those indicators would look like. Some funders like a quantitative approach as well. I have adapted social capital scales to measure the impact of the work as well.

**Serge:** We are moving towards the end. I am really very moved, I found this to be a very significant conversation. We talked about so many things, but is there anything that you think

we didn't ask about, that we missed asking about, or that would be interesting to talk about as well?

**Yvonne:** I remember a conversation with a refugee woman, who felt trapped in a relationship that was very violent and abusive. I asked her how she managed to get into this country where she was now a refugee. She explained how she had crossed the rivers and that she'd experienced soldiers and crocodiles and protected her children on this journey. I just kept asking about her ability to do that, and her talking about kind of "What would other people say about you, if they heard this?" and the word courage that came out, and her protective ability towards her children, and so many different things. And then when we went back to the situation she was in, she said: "I didn't let crocodiles or soldiers or any of these big things get in the way of getting myself and my children to safety. Why am I letting one man prevent me from getting to a safe space with my children?"

Good, I wanted to leave you with that story! Thank you very much, both of you.

**Ruben and Serge:** Thank you so much Yvonne.

### **Further reading**

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