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Keywords

'life, lives', 'our, sexual, depictions, relationships, people's, health, young, empathy, stigma, happens'

Disciplines

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**‘Our Lives’ and ‘Life Happens’, from stigma to empathy in young people’s depictions
of sexual health and relationships**

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This article describes qualitative research undertaken to explore young people’s understanding of sex and relationships that used a scenario-driven body-mapping technique. This art-based method was designed to allow young people to think deeply about the subject and build upon each other’s ideas through the medium of decorating a life-sized human body. Although this method produced rich information, the depictions of young people tended to be highly stigmatized. We further refined the method to encourage young people to empathize with the character that they created and the resultant research became the basis for the sexual health resource ‘Life Happens’.

Keywords

adolescence

art-based research

sexual health

body mapping

qualitative research

relationships

stigma

empathy

This article describes the development of a resource 'Life Happens' to explore sexual decision-making, sexual health and relationships with young people. Our aim was to re-think sexuality education and to position young people as the experts (see also Pattman and Bhana 2017), where they could prioritize their interpretations and concerns. We also wanted to provide a forum where issues around sexuality and relationships could be discussed in an environment that protected individual safety.

The resource 'Life Happens' builds on a body-mapping approach that had formed the basis for our previous research with young people: the 'Our Lives' project (Chenhall et al. 2013; Senior et al. 2017). In the 'Our Lives' project, young people (Indigenous and non-Indigenous) worked in groups to develop a character, who was represented as a life-sized body shape, and then took this character through a scenario describing a hypothetical relationship.

Each group of young people was provided with a life-sized canvas and asked to trace the outline of the body on the canvas. The usual setting for this work was a classroom, but in some cases we worked outside with youth groups or in a range of community settings. The young people used a variety of mediums, including paint, crayons and pens to illustrate how their particular body was thinking, feeling and reacting to the story that they were taking them through. The artwork produced was a collaborative piece, which effectively captured the visual narrative of the group, as they responded and built upon the ideas that they presented.

The hypothetical nature of the exercise meant that young people were protected from disclosing personal information about their own behaviours. Although the scenarios could describe positive and negative consequences of sexual relationships, all the resulting body maps produced by the young people depicted highly stigmatized images associated with

sexual health and relationships. These provided important insights into young people's understandings of these issues, but were limited in terms of the positive messages about sexuality that could be drawn from them.

This article explores why young people may be predisposed to thinking in such a way from both psychological and sociological perspectives. We then discuss how, on the basis of this knowledge, we re-conceptualized the method to elicit depictions that displayed greater levels of empathy and sympathy, which in turn enhanced the educational value of the 'Life Happens' resource.

How adolescents think about themselves and others

Although adolescence is often seen as a time of experimentation, developmental psychologists, who start from varying sets of theoretical assumptions, have sometimes been in agreement regarding the relative rigidity of thought and the tendencies towards extreme polarities in categorizing adolescent stages. In Erik Erikson's famous 'Eight Ages of Man' model (see Erikson 1963), the period of adolescence is characterized by the psychosocial crisis of 'identity versus role confusion'.

According to Erikson, ego identities develop from an accrued confidence of sameness and meaning for other, and are manifested in the promise of a career; the danger is of course role confusion. Significantly, Erikson noted that 'young people can also be remarkably clannish and cruel in their exclusion of all those who are different' (1963: 236). From a cognitive perspective and focus, in the early 1980s, neo-Piagetians Gisela Labouvie-Vief (1982) and William Perry (1981) pointed out (separately) that adolescents tend to be inflexibly *literal* in their logical thinking. Consequently, adolescent thinking styles tend towards being 'black and white', whereas adapting and assimilating to the often and competing demands of the adult world is better served by a thinking style of *relativism*.

This feature of adolescent thinking would seem to have either a knock-on effect or perhaps is consolidated by how adolescents feel about themselves and others. Researchers into the area of self-esteem since Stanley Coopersmith's (1967) pioneering work have shown the importance of the family of original relationships as determinants of childhood self-esteem.

Harter (1987), however, found that at adolescence, peer support was a more important determinant of self-esteem than was parental support. Indeed such is the importance of belonging and peer group conformity that general 'peer popularity was found to be a more important determinant of self-esteem than was 'close friend' support'.

Erikson's (1963: 262) comment about how adolescents would and can be 'clannish and cruel' in their exclusion of all those who are different (see above) has been borne out in surveys of the incidence of bullying behaviour in a number of countries and that show a peak in this level of activity in the mid-teens (Minton 2010 and Smith et al. 2004).

Lawrence Kohlberg (1983) argued that the way in which we think, feel and reason about our own actions and those of others can be approached via a stage model of moral reasoning, which he developed from the 1950s.

Methodologically, Kohlberg constructed stories containing hypothetical moral dilemmas and asked people how they reasoned about and solved them. Over the years, he built up a model that specified three main levels, each with two stages, as an explanatory device in looking at the development of moral reasoning. This may be summarized as follows: (a) pre-conventional morality (so called because children do not really understand the conventions or rules of society), which is divided into the stages of: punishment and obedience orientation, and instrumental and relativist orientation, which is typical of children up to the age of 9 years; (b) conventional morality (so called because people at this level conform to the conventions simply because they are the explicit rules or laws of a society),

which is divided into the stages of good boy-nice girl orientation, and law and order orientation, as is typical of those aged between 9 and 20 years; and (c) post-conventional morality (so called because the moral principles that underlie the conventions of a society are understood), which is divided into the stages of social contract orientation and universal ethical principle orientation. This final level is usually reached only after the age of 20 years, and then only by a small proportion of adults (Snowman and Biehler 2003).

Comment [S1]: Snowman and Biehler (2003) has not been included in the Reference List, please supply complete publication details following Intellect House Style (see style guide).

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Given the age stages attached to the model (which it must be noted, Kohlberg was by no means prescriptive about, and sometimes even reluctant to attach (see Kohlberg 1983 and Snowman and Biehler 2003), at adolescence, then, we might expect good boy–nice girl orientations and law and order orientations to dominate moral reasoning. These stages have been characterized as ‘the right action is the one that would be carried out by someone whose behaviour is likely to please others’ and ‘to maintain the social order, fixed rules must be established and obeyed’. ~~It is essential to respect authority’ respectively~~ (Snowman and Biehler 2003). These psychological models (Erikson, Labouvie-Vief, Perry and Kohlberg) thus have value in bringing our attention to certain limitations in adolescents’ capacities to reason about moral issues and how these same may serve to delimit, or even obviate, an empathic approach to oneself and others.

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Risk, stigma and identity protection

The psychological models discussed above highlight the reasons why adolescents may seem to lack empathy or describe situations in particularly rigid, black and white terms. Into this mix we throw the subject matter, sexual health, which is often a taboo subject. As Fielden et al. (2011: 270) point out, the taboos surrounding sexuality are even greater for adolescents ‘since sex among adolescents is not perceived as natural or acceptable by many adults, especially parents’.

Our research has alerted us to several important features that may influence young people's attitudes towards sexual health, their preparedness to talk about this subject and their likelihood of emphasizing with someone who does get a Sexually Transmitted Infection. Young people and especially young Indigenous people in the regions where we worked were frequently reminded about the high rates of Sexually Transmitted Infections among the youth population (Mooney-Somers et al. 2009; Kang et al. 2010; Nakhla et al. 2012) and occasionally, as in the case of the syphilis outbreaks in remote communities, resisted very strongly to being defined in such a way (McMullen 2014).

Furthermore sex education efforts in their attempts to shock young people into safe sex often reinforced the stigma of Sexually Transmitted Infections, with an emphasis on extreme depictions of the effects of the disease, as one young Indigenous woman recalled of her sexuality education:

The STIs that they showed, they passed around like a bunch of flash cards that had different Sexually Transmitted Infection's on them and they were extreme cases, like really extreme cases.

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As young people frequently pointed out to us, their experience of sex education focused on organs and disease, not bodies, relationships or pleasure (Senior et al. 2017). Sexually Transmitted Infections' and unwanted pregnancy are preventable, but often young people find that negotiating safe sex or even obtaining access to reliable contraception is extremely difficult (Senior et al. 2014). Despite these difficulties, failure to look after yourself by ensuing safe sex becomes, within the context of 'healthiest' discourses (Lupton 1999: 25), a moral failing, adding to the stigma of having a Sexually Transmitted Infection.

This stigma further reinforces young people's desire to position themselves in a different group from the sort of person who may exhibit such irresponsible behaviours:

Thus, the process of nurturing identity necessarily entails the adoption of various strategies for protecting oneself from symbolic connection to 'infected others' and the negative characteristics ascribed to them. (Lupton 1999: 25)

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Given the fear and stigma associated with Sexually Transmitted Infections coupled with the reluctance (or in the case of young women, difficulty) of practicing safe sex, Senior et al. (2014) found that young people constructed a position of safety in which they considered that youth and familiarity of partners equated to safe sexual choices. In young people's interpretations, being young was equated to being both 'clean and safe':

I think at that age they think they are too young to get a Sexually Transmitted Infection. They think they are all young enough. All the kids of that age are too young for it. Not until you get a lot older, then you say 'where have you been?' that sort of thing. (Senior et. al2014: 7)

Young people in this case have constructed what Giddens (1991) describes as *Umwelt*, a sense of 'accomplished normalcy with which individuals and groups describe themselves' (Giddens 1991: 127).

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Actioned: date amended

Threats to this sense of normalcy, which Giddens describes as a 'protective cocoon', stems from the different, the deviant and the outsider who attempts to pierce and shatter its

protective walls. There is therefore an imperative to conformity within the group, to emphasize both sameness and safety.

Building empathy with young people

From the arguments presented above, it is clear that adolescents are strongly predisposed to in-group behaviours and disinclined to identify with a person who does not comply with their own norms of behaviour, or threatens their constructions of safety. There are ways to build empathy, however, and a way that has particular resonance with our study is the use of narratives to help young people explore a range of different life situations. As Mar and Oatley explain:

Fiction is a laboratory that allows us to experiment in a controlled and safe manner with intentions, emotions, and emotion-evoking situations that would be impossible and often highly undesirable in the real world. In narrative fiction, we can explore what it would be like to be a participant in war, for example, without the risk of injury or posttraumatic stress disorder. (2008: 183)

To be effective, a narrative must be able to transport an individual into another world as the more engaged people are with a particular story, the greater chance of them developing a sense of empathy for the characters within it (Johnson 2012: 154). Predictably, people are more likely to develop emphatic responses for those characters who are more like them, but narrative has also been successfully used to build empathy for characters to whom people have no personal experience (Mar and Oatley 2008). As Mar and Oatley explain the power of the narrative is that it invites readers to 'try out solutions to emotional and social difficulties

[...] as we try to comprehend the actions of protagonists and ponder how our own responses may compare when we are presented with the same situation' (2008: 184).

Developing a narrative: Embodied story telling

In the 'Our Lives' project, we utilized a body-mapping technique to engage with young people about their sexual health as part of a large, multi-site study of sexual health and relationships in Northern Australia (Senior et al. 2017). We used this art-based method in an effort to reduce the power inequalities between researchers and young people (Best 2007; Wagner 1999), to encourage a deep reflection of complex and sensitive issues (Wright 2000; Leavy 2009) and to provide a canvas for a diversity of responses (Leavy 2009). We also wanted to produce research findings that were accessible and meaningful to young people (Leavy 2009).

Our approach involved a group of young people (usually five–six people) working around a single map, which is different from the usual focus of body mapping as an exploration of the embodied experience of the individual (Jager et al. 2016). We wanted the group exercise of decorating the body to capture the body as a socialized identity in order to explore issues such as stigma. Through the art-based method we also wanted to explore the production of a multi-layered visual narrative and how the production of images on the body generated new ideas and discussion among the young people.

We worked with 171 Indigenous and Non-Indigenous young people aged between 15 and 25 years in six different communities in the Northern Territory, Western Australia and South Australia, including large urban centres, regional towns and remote Indigenous communities. The majority of the participants ($n=134$) were aged between 16 and 18 years, and so the most usual point of contact was through secondary schools (Senior et al. 2014).

A recent review of body mapping has commented that the technique contrasts with traditional research methods that 'often neglect bodily or sensory dimensions of experience' and as such allows access to information that may otherwise remain invisible (Jager et al. 2016). Young people worked in groups to take their life-sized body map through a hypothetical scenario. We found this technique to be highly effective to generate rich discussions, where young people produced a complex group narrative (Chenhall et al. 2013). This was because the hypothetical scenario allowed young people to tell stories without any risk of personal disclosure. Generally young people enjoyed the body-mapping process, and produced work that if not beautiful, was certainly startling and highly informative. The maps and the narratives that emerged during their production provided us with very important insights into their relationships, including a highly nuanced understanding of vulnerability stigma and gendered differences (Senior et al. 2017).

In one of the maps, a group of young men depicted their character with great care, labouring over his 'cool' sunglasses and muscular body. In stark visual contrast to the young women who are depicted with a STI (who are sad, bedraggled and dirty), the young man is smiling confidently, surrounded by a cloud of broken hearts. This is despite the fact that he is also depicted with a public louse the size of a lobster climbing out of his shorts.

The body maps become a multi-layered visual narrative of how a group works through a story and how their ideas change and develop. For example, in the story behind the body map illustrated in Figure 1, the group of young boys who were creating the character of Rebecca initially thought that she was pregnant, and drew her brain as being 'fried' and tears running down her face. When the story reveals that she is not pregnant but does have an STI, they immediately change their approach, drawing a full-sleeve tattoo on her arm and the words 'thug life' on her knuckles. 'She is not from round here' the boys said, 'she's not one of us'.

Other maps depicted information that was never spoken about. For example, many of the depictions of young women included depictions of extensive bruising all over the body as a result of the sexual encounter. As a result of these depictions we were able to ask the young people about them and explore their understandings of rough sex and their tolerance, and in some cases, expectation of violence within relationships (Senior et al. 2016).

There were important limitations to this technique, the most important being that the process appeared to encourage young people to create sensationalized and often highly stigmatized depictions of the bodies that they created.

Young people who were found to have a Sexually Transmitted Infection were often described in highly derogatory language and the bodies themselves were depicted as 'stinking, because of that disease inside'.

In some cases it appeared that the young people drawing the maps worked hard to ensure the worst possible outcome for their character; for example in a story of a young woman who becomes pregnant as a result of a one night stand:

I am guessing she is keeping it secret

Researcher: not tell friends?

I reckon you have lost your friends at this point. 'Oh my God what did I do? I reckon she will keep her best friend out of it'

(Chenhall et al. 2013)

This particular story reinforces the importance that young people place on conformity and peer popularity as the worst possible outcome, which is not the pregnancy, but the fact that by failing to conform, she has lost all her friends.

We argued that in the context of stories about Sexually Transmitted Infections and to a lesser extent unwanted pregnancy, young people strived to create bodies that were different from themselves. The bodies that were created were often barely dressed or had highly visible marks of difference, such as the young woman described above. This was their attempt to reinforce their own sense of personal safety by insisting that ‘people who get sexually transmitted infections are not like me’ (Senior et al. 2014).

Figure 1: [Body Map from ‘Our Lives’ Workshop. Note lack of clothes, disease indicated by a black smear across the body and tattoo of ‘Thug Life’ along the arm](#)

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The creation of these bodies has resonance with Kohlberg’s model, in that the young people seek to conform to rigid rules of society, in this case the rules implicit in public health education about safe sex. The characters in the stories have failed to take heed of this public health education and are punished for their choices through stigmatization and exclusion.

It is important to remember that most of the workshops were carried out in a school environment, and whether a teacher was actively involved or not, they were always present. Furthermore the students were aware that the project was being undertaken by health researchers (with a qualified nurse or doctor often present), which again may reinforce the imperative to provide what was seen as the ‘right’ answer from a public health perspective. They also emphasized their place in the good boy-nice girl orientation in their efforts to please the facilitators, who they saw as representing the same messages about the importance of safe sex.

Re-thinking the body-mapping technique

The body-mapping method provided insights that would be impossible to obtain through more traditional research methods and captured the dynamics of conversation and ideas that emerged through the process of creating the images. But it was clear that young people did not relate to their images; they created images of difference that were distinctive in their often brutal depictions and lack of empathy.

During a series of workshops with sexual health service providers and young people in the Illawarra region of Australia, we began the process of refining the body-mapping technique and developing it into a game that could be used as a sexual health education resource. We retained the idea of using life-sized bodies and a range of hypothetical scenarios to guide the development of the body map.

This time, however, we placed a great deal of emphasis on character development. We created a series of Character Cards, each one with a name and a unisex image on the front and a series of prompts on the back. These included 'choose a gender for your character', 'who does this person love', 'who is this person's family', 'what is this person thinking', 'watching and wearing', 'what is this person's weakness and strength', 'what inspires this person' and 'how does this person fill their personal space?'

These encouraged participants to spend a much greater amount of time thinking about the character that they were creating as a person. As facilitators, we encouraged the groups to take time to visually create their character as a complete person, and typically the groups would spend time discussing and then illustrating facial features, clothes and the things that their character thought most important in their lives.

In addition to the Character Cards, we also introduced a series of Life Cards (Figure 2). When playing the game, groups were offered five Life Cards and had to incorporate three of them into their stories.

The Life Cards are both positively and negatively framed for example 'you find your soul mate' and 'the condom breaks' and were designed to emphasize the unpredictability of life and relationships and the need to work through problems. Importantly, these were seen as random events that happened to the character and not chosen for them by the participants. These Life Cards added to the sense that this was an unfolding story, which the character was encountering.

The 'Life Happens' resource, like the body-mapping activity, is played in a group. The group develops their character and then takes their character through the story described on the Scenario Card. They also respond to the random events on the Life Happens Card.

The group have to work together to determine the best course of action for their character to take. At the end of the session, the completed body map and the character's story are presented to the larger group, again providing opportunities to talk about the decisions that were made, the supports that might be available and how the individual might be thinking and/or feeling.

Figure 2: [Life Card from Life Happens](#)

The task of designing the 'Life Happens' resource was given to third-year design students at the University of Wollongong as their major project. In the process of designing the cards, they too provided insights into the way in which questions and statements would be framed and provided additional ideas on the content that was included.

The new body maps

The body maps developed through the 'Life Happens' resource were very different from the ones developed previously. The resource has now been tested in remote

communities in the Northern Territory, with young people in youth groups within the Illawarra region and with University and TAFE students in both Norway and Australia. It is important to note that unlike the previous research, this second round of testing was not done in schools; however, school-aged participants (for example those in the Headspace Youth Reference Group) were involved, and the TAFE and University workshops were undertaken within a classroom setting.

Location	Organization	No of participants/maps
Illawarra/Wollongong	Headspace Youth Reference Group	15/4 maps
Illawarra/Wollongong	TAFE	25/5 maps
Illawarra/Wollongong	University of Wollongong	25/5 maps
Illawarra/Wollongong	HIV and Related Programs Unit	13/3 maps
Illawarra/Nowra	HIV and Related Programs Unit	15/4 maps
Illawarra/Shellharbour	Shellharbour TAFE	26/5 maps
Illawarra Warrawong	Illawarra CALD Women's Forum	30/6 maps
Norway, Fredrikstad	Øsfold University	24/5 maps
Ngukurr, Northern Territory	Ngukurr Community Members	12/3 maps

Table 1: Testing Life Happens.

Groups in the 'Life Happens' project spent considerably more time developing their character before they embarked on taking them through the game and thinking about what their character looked like and what sort of person their character was. In the process, they developed a level of affinity and sympathy with their character.

As one group said 'We really like Steve, we want him to be ok'. Once they had finished drawing Steve's kaleidoscope eyes and his chiselled chin, they took him through his story of having sex at his work Christmas party, his anxiety about his partner thinking that she was pregnant, his indecision about whether to take up an overseas job offer and his reaction to a text message that told him that his partner is in a relationship.

Throughout this story, they emphasized the complexity of Steve's life, from the anticipation and pleasure of the sexual encounter, through to the anxiety about fathering a baby to a woman who was already in another relationship. They talked about Steve feeling hurt, but also that he was wondering if his partner was feeling ok.

They discussed the need for communication and that on reflection, that Steve needed to reconsider his attitude towards safe sex.

In another story, a group developed the story of Chris, who they described as being 'good' (see Figure 2). Chris has had a difficult childhood due to an absent father. He has his first sexual relationship with a young woman where they did not use any protection. He worried about this the next day and sent her a text message 'hey its Chris, how are you after last night? I'm worried about not using protection'.

He was also concerned that he did not really enjoy the sex and thought that he may be more attracted to men. The group talked at length about Chris's feelings and worried that 'he might feel like a bad person'. The way forward was presented through talking to friends and a friend finally 'convinces him to go to Headspace (a mental health service for young people)'.

Figure 3: [Chris, whose friends talk to him and convince him to seek help](#)

In these stories (and many others) that have been created through the 'Life Happens' resource, there is little sense of alienation and stigma. Young people talk to their friends; they ask for help and they work through a range of complex and sometimes embarrassing or unpleasant issues. The emphasis was on protecting their character and 'getting them through' the events depicted on the Life Cards.

Discussion

In the first iteration of the body-mapping method in our explorations of young people's sexual health, we found that young people tended to produce only the most extreme stories from the materials presented to them, even when the possibilities of a safe, trusting, consensual and fun relationship were available. They also tended to depict young people who get a Sexually Transmitted Infection with an extreme lack of sympathy. Young women with a Sexually Transmitted Infection were invariably depicted as bedraggled, bruised and scantily clad and in some cases they were naked, with prominent breasts. Their bodies and their genitals (and sometimes their internal organs) were described as being filthy 'shit on the inside', 'diseased and stinking'. Most tellingly, they are alone, their friends have left them and they have no one to talk to.

The insistence that these bodies are obviously diseased, which is discernible by both appearance and smell, and that their diseases are leaking from their bodies reinforces the notion of their stigma, their otherness and the sense that they are polluting and embody danger for others:

A polluting person is always in the wrong. He (sic) has developed some wrong condition or simply crossed some line which should not have been crossed and this displacement unleashes dangers for everyone. (Douglas 1966: 113)

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Importantly these bodies are depicted in ways that make them as different as possible to the people creating them. This can be seen as the young people's attempt to preserve their sense of being safe in their own particular *Umwelt*, where youth and familiarity of partner equate to safe sexual choices.

The maps convey the idea that the young people depicted in them are in many cases sub-human, which is central to our understanding of the construction of stigma (Goffman 1963: 5), and helps to understand the lack of sympathy for their plights (Lupton 1999: 141). In the second set of images, created through the 'Life Happens' project, the most immediate difference is that all the bodies are fully clothed. The emphasis in these stories is on the person and their relationships within the context of their everyday lives and not just their sexuality and their sexual organs.

The emphasis on character development and opportunities to become immersed in an unfolding story gave the participants the chance to be transported into a story, which increased their propensity to engage in an empathetic way with their character (Johnson 2012).

In 'Life Happens', we asked young people to decide the gender and the sexuality of their characters and unlike the situation in the 'Our Lives' project, stories were created about homosexual, bisexual and gender-fluid characters. In some cases, characters in 'Life Happens' were depicted with obvious sexually transmitted infections, for example a red rash

around the genitals. In the stories accompanying these, however, the emphasis was on help seeking and not blame. Importantly, the Sexually Transmitted Infections, in most cases, were depicted as something that the young person could receive treatment for and overcome, rather than as a lasting stain on their identity. In one case for example, a character finds out that she is HIV positive, but goes on to form a lasting relationship with another HIV-positive person, with participants commenting: 'they are positive together'.

In contrast to the 'Our Lives' project, where characters are depicted as vulnerable and alone, because of the stigma associated with their condition, the characters in 'Life Happens' talk to their friends and are supported to ask for help from appropriate organizations.

It is possible that the average age of the participants was older and that because of this, they had more highly developed empathic responses. Furthermore, removal of the workshops from the class room setting may have had an impact on the young people's desire to please the facilitators with what were seen as the 'right answers'. School-aged young people were involved, however, and the majority of workshops were in class room settings, where a desire to please the facilitator still remained.

Conclusion

The art-based method of body mapping was chosen for the Our Lives and Life Happens project to allow young people to explore the sensitive topic of sexuality in a way that allowed them to take more control than a standard interview or focus group. The act of being involved in the creation of the maps facilitated deep reflection on the part of young people involved and allowed a rich understanding of their attitudes and decision-making.

Although both projects revealed rich information about young people's sexual health and their decisions on sex and relationships, the educational usefulness of the 'Our Lives' project was reduced by the tendency for extreme and negative depictions of unsafe sex.

These depictions are unsurprising, given the developmental stage of the young people involved and their desire to distance themselves from any undesirable aspects of sexual health in their efforts to create a sense of accomplished normalcy in a situation that is characterized by a high degree of risk.

In contrast, in 'Life Happens', where the emphasis was on character development and the realization that events (in the form of cards) were random and could happen to anyone, there was depiction of characters who were not 'othered' and for whom there was a considerable degree of empathy. It appears that the game, in this format, offered opportunities for young people to move towards a more adult stage of moral reasoning (Kohlberg 1983). They were also more prepared to accept difference and diversity, and did not make the same efforts as the previous group to distance themselves from the character that they created. The format of the 'Life Happens' game created an unfolding story and it appears that the immersion in the narrative offered greater opportunities for young people to feel empathy for their character (Johnson 2012).

The stories that emerged in this context were ones where young people thought seriously about the options for help and support as they worked to ensure a happy ending for their character. The high level of empathy ensured that the young people were happy to engage in in-depth discussions about their character and their decisions with the rest of the class, enhancing the educational potential of the workshops.

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