



Picturing stories: Drawings in narrative family therapy with children

AUTHOR
ANIK SERNEELS

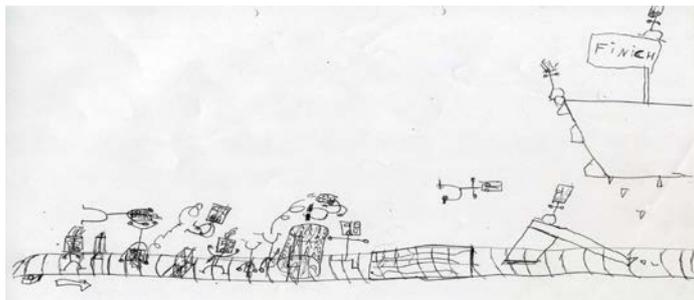
Anik Serneels works as a psychologist and family therapist in a child psychiatric hospital and a private practice in Antwerp, Belgium. She teaches family therapy and was trained in narrative family therapy at the Dulwich Centre. She can be contacted via email: anikserneels@hotmail.com

This article illustrates how drawings can be implemented in narrative family therapy with children. This work primarily draws upon the narrative family therapy framework, but other family therapy ideas are also integrated. It will be argued in this article that non-verbal media, more specifically drawings, can contribute to alternative story development and the co-creation of joint family actions, whereby the family can achieve their preferred ways of living. First I explain how drawings can assist externalising conversations. This is followed by a detailed description of the stance I take as a family therapist, questions I ask, and how I focus on relationships and interactions during the co-creation of drawings. I also describe how positively implicating family members and enabling their active participation during this drawing process reinforces the change process. If family members have experienced problems similar to the ones the child is now struggling with, intergenerational and sibling alliances can also be created. Finally I put theory into practice by providing the reader with a case example.

Keywords: *narrative family therapy, drawings, family therapy, children, externalising, narrative practice*

INTRODUCTION

In my work with children and their families, I've experienced that drawings can contribute to the construction of alternative stories. These alternative stories, of which family members are the primary authors, help people to achieve preferred ways of living and to reduce the undesirable influence of problems. A ten-year-old boy pictured his process of change as moving through a course full of obstacles and challenges. With the support of others, he acquired the skills, knowledge, and training needed to overcome the obstacles and get to the finish line:



Narrative family therapy provides a valuable framework to help children and their families to find their strength to overcome problems and to work towards their 'finishing lines'. Since the language of narrative therapy has a picturesque quality it can be put into practice not only in words but also in creative non-verbal media. Narrative literature provides us with many examples of how to engage children in externalising conversations by letting them draw or paint the externalised problem or skills. For example, Michael White (2006) asked Richard, a seven-year-old boy struggling with fears and insomnia, to paint his fears. Looking at the boy's painting, Michael White described that no-one who had such fears in their lives would be able to get any sleep at all. David Epston and Michael White (1992) also drew attention to the 'spirit of adventure' (p.9) associated with narrative practice. It is in this spirit that I invite children and families to create family drawings to accompany and support alternative stories.

A NARRATIVE APPROACH TO TALKING ABOUT DRAWINGS

People sometimes expect that as a psychotherapist I should be able to deduct hidden meanings from looking at their drawings. I explain to families, however, that they are the experts of their drawings and that my hope is that through their drawings we can co-research (Epston, 1999) how the problem operates, the preferred ways of living of the family, and which family actions can contribute to alternative story development.

The dialogical approach developed by Peter Rober (2004) and inspired by postmodern family therapy practices provides a valuable framework when working with drawings. Some of the key principles in this approach involve seeing the child as an expert of the drawing, and being a respectful and curious listener. In accordance with this approach, I initially avoid linking the child's life to what has been drawn to ensure neither the child nor

family members feel judged or put on the spot. I also explain to other family members that they can ask questions about the drawing without judging the content or comparing it with their experiences. When reflecting on the drawing afterwards, I ask the child and family members if this reflects what happens in reality and how this can inspire future family (inter)actions. I

EXTERNALISING CONVERSATIONS AND DRAWINGS

Although various maps of narrative practice (White, 2007) can be used during the therapeutic drawing process, I would like to describe how I apply the map for externalising conversations within my creative work with children and their families. About 25 years ago the concept 'externalising' first appeared within narrative therapy literature (White, 1988; White & Epston, 1990). Externalising involves separating the person from the problem. Instead of being the problem, the person can have a relationship with the externalised problem (Freeman, Epston & Lobovits, 1997). Externalising conversations create opportunities for family members to reconnect and develop initiatives together to deal with the problem (White, 2007). Separating the person from the problem in an externalising conversation also releases the person from the pressure of blame and defensiveness (Freeman et al., 1997).

Creative, non-verbal methods can assist the externalising process. The externalised problem can be painted, created with clay, represented by objects, and so on (Freeman, Epston & Lobovits, 1997). Here I will illustrate how drawings can assist externalising conversations and vice versa. In my experience, drawings facilitate the process of externalising through visual problem presentation. The person and the problem are not only separated through language but also visually. The family members can actually look together at the externalised problem and talk about it.

Michael White (2007) asked Jeffrey to make a picture of his ADHD after he had shown him a painting that another boy, named Jerry, had made of his ADHD. After Jeffrey had painted his ADHD, then the family could tell stories about how this ADHD had been making trouble for Jeffrey at school and had been messing things up between him and his parents. This also created the opportunity for Michael White to approach the problem in a playful way. As he looked at the picture of ADHD, he called for help from the entire family because there was an ADHD loose in the room! At the second meeting with Jeffrey and his parents, Michael White invited the family to think about possible initiatives for subverting ADHD's activities. As the externalising conversation developed, options for successful problem resolution became more visible and accessible.

It is not only the problem that can be subject of an externalising conversation, but also the family's skills, initiatives, intentions and knowledge. People can draw on previously obscured skills, values, abilities and knowledge to revise their relationships with the problem (Madsen, 2007). When these externalized skills and knowledge become more visible to family members, this creates hope and an increased sense of personal agency or 'potential power to act' (Gammer, 2009).

The 'externalising conversations map' (White, 2007; White & Morgan, 2006) provides me with some specific routes of inquiry to explore the drawings of children and their families:

- **Naming:** Negotiating an experience-near particular description of the problem: 'Can you tell me something about your drawing?', 'What would you call that?', 'Is there anything else around?', 'How big/heavy/fast is it?', 'How does it look/feel/sound/smell?', 'Does your drawing have a title?'
- **Mapping the effects and influence:** effects on identity, relationships, feelings, daily life, expectations and so on: 'What happens between these elements, objects or characters?', 'What effect does all this have on the character?', 'Does it influence the way it acts/feels/thinks/interacts with others?', 'Can the character do anything about what is happening?', 'What will happen in the future?'
- **Evaluating the effects of the problem's activities and operations:** people can evaluate effects positive or negative or both: 'What do you think about what is happening in the drawing?', 'Is that okay with you, or not okay with you, or both?'
- **Justifying the evaluation: expressing aspirations, plans, hopes for life:** 'Why is that okay or not okay with you?', 'What would you prefer?', 'What does this say about what you hope for in life?', 'What does this say about your values?', 'What does it say about what you treasure in relationships?'

ADDITIONAL NARRATIVE THERAPY INFLUENCES

In addition to the externalising conversation map, my way of looking at drawings and listening to the stories is influenced by a range of other postmodern and narrative therapy practices. For instance, when I'm looking at a picture and listening to the telling of the story by the client, I take a stance of curiosity and facilitate the expansion of preferred meanings rather than offering an expert opinion on the artistic productions (Freeman et al., 1997). I don't have pre-fixed questions in mind and I don't know where the drawing process is heading, except towards co-creation of new narratives.

Re-authoring questions that invite people to re-tell and further develop stories about their life (Russell & Carey, 2004; White, 2007) are also significant in my practice. Alternative storylines can be developed by attributing significance to exceptions and linking these to other events. I ask landscape of action questions (White, 2007) such as:

- 'Where does it take place?'
- 'Who is around?'
- 'Who/What takes which action?'
- 'Why does this figure take these steps?'
- 'What happened before and what happens after this?'

While landscape of identity questions focus on why we do the things that we do (White, 2007):

- 'What do these actions say about the hopes and dreams of this character?'
- 'Why is this important for this character?'
- 'What purposes, intentions does this character have?'

A final narrative therapy influence in my work relates to William Madsen's (2007) questions about ways of coping with problems. These questions can be asked with reference to the characters or elements in a child's drawing, but also in regard to the family's ways of coping with problems in daily life:

- 'How have you/the character resisted or coped with these effects?'
- 'How is it that you were able to do the things you do, to sustain yourself and to still enjoy your time together despite these effects?'
- 'What would you like to change about the drawing?'
- 'What can the character do or what does it need from the environment to get there?'

FAMILY THERAPY INFLUENCES

While much of my work is influenced by postmodern family therapy ideas, I'm also inspired by modern family therapy schools. For instance, I seek to take ideas from structural family therapy (Minuchin & Fishman, 2002) and put them into practice in a postmodern way.

Bringing the whole family into the therapy room is a key element of my work, as is a focus on relationships and interactions. I'll pay attention to, but not interpret, family interactions while the family is working on their drawings. I will transparently bring these observations into conversation and ask questions about the family members' experience of working together (Minuchin & Fishman, 2002). It's my experience that this practice brings in new perspectives, contributes to alternative story development, and often leads up to new initiatives taken by the family. Please note, in initiating conversations about family interactions, I'm not interested in encouraging the family to comply with normative ideas about how families should live their lives. It is not my intention to categorise family relationships or to analyse these in terms of good or bad, right or wrong, normal or abnormal, etc. Interactions, however, shape the relationships we have with others, thus also shape our identities and the actions we take. Paying attention to interactions, and looking for preferred ways of being in family relationships, can contribute to achieving preferred ways of living.

The work of the Milan group (Boscolo, Cecchin, Hoffman & Penn, 1987) also influences my approach in that I accept without judgement each family member's unique perception of the problem. No one family member's view is seen as more correct than that of any other and I ask family members to take this position towards one another's views during our conversations. I also draw on circular questioning, developed by Milan family therapists (Boscolo et al., 1987). I ask circular, thought-provoking, relationship-focused questions during the making of the drawing (Selvini Palazzoli, Boscolo, Cecchin & Prata, 1980; Boscolo et al., 1987; Brown, 1997). According to Milan family therapists, it's through these circular questions that family's beliefs can be expanded beyond the meaning that they currently hold and alternative solutions to problems can be considered (Storms, 2011). Instead of asking lineal questions about who or what is to blame for the problem, I try to convey a circular understanding of the way the problem operates. In my experience, triadic questions which invite one family member to describe what they

see happening between two others (Selvini Palazzoli et al., 1980) can also be helpful:

- 'What did you see happening between your father and your brother?'
- 'What happened next?'
- 'How did your father respond to this?'
- 'What did your brother do?'

Through these sorts of questions, new ways of thinking about the problem emerge. In asking triadic questions, I don't intend to 'overcome resistance' or to 'break the rules of dysfunctional families', as described by Milan family therapists (Selvini Palazzoli et al., 1980). Instead, when I invite family members to make a picture of the externalised problem and the circular nature of the problem becomes clear as a result of circular questioning, they no longer stand on opposite sites but stand next to each other looking at the different elements that contribute to the problem. Through a combination of externalising and family therapy practices, problems are situated in a broader context and this can lead the way to different joint family actions.

Proposals for family actions are created collaboratively. I explain to the family my assumption that there's not one 'best' way to approach the problem. Different kinds of actions can be influential and can contribute to the desired change process.

FAMILY HISTORY AS A RESOURCE

Caretakers, brothers and sisters take many different roles during family therapy sessions. Narrative therapists have described the following contributions family members can make: adding meaning to conversations and play; helping to characterise the problem; witnessing the development of preferred outcomes; helping to describe unique outcomes; taking part in rituals; and celebrating change (Freeman et al., 1997). I would like to draw attention to one extra role: family members can share their history of struggling with and overcoming problems as a resource for whichever family member is currently facing hardships. In this way, family members can inspire each other in finding ways to deal with problems.

David Epston's (2011) work with Simon, a thirteen-year-old boy struggling with fears, and his parents, is an evocative example of how the parents' struggle with fears in their past acts as a source of inspiration for Simon when it comes to implementing 'bravery knowledge'. When parents and other family members are invited to talk about their own struggles with a certain problem in their life, in the past or present, that's similar to the one the child is experiencing, opportunities for joint family action arise. As do intergenerational family therapists (Bowen, 1978; Boszormenyi-Nagy, 1987; Framo, 1992), I ask questions about the ways in which a particular problem may have appeared in their family of origin, how they reacted to this as a child, and how this influences their current problem-solving. My goal, however, is not to gain clarity into 'dysfunctional transgenerational dynamics' that are feeding the problem, but to elicit parents' experiences of the problem, to help make visible the knowledge and skills of the parents, to

enable parents to evaluate the effects of their problem-solving approaches, and to look for clues about preferred coping skills.

These intergenerational conversations are linked to the intergenerational alliances generated in collective narrative practice projects (see Denborough, 2008). When I work with families, I seek to elicit common skills, knowledges and values that different generations are drawing from to deal with difficulties. In this way, intergenerational and sibling bonds can be strengthened. Caretakers and children can be honoured for their contributions to each other's lives.

Having described some of the postmodern and modern family therapy approaches that influence my work with families, I will now share an example of my work.

FLYN

Flyn's parents, Diane and Chris, came to consult me because eight-year-old Flyn has severe temper tantrums. At school he exhibits aggressive behaviour towards teachers and classmates. He hits, bites, screams and kicks. In the relationship with his parents and his ten-year-old sister Sara, Flyn doesn't react physically aggressive but he screams, throws things, and uses abusive language. When I ask the parents what meanings they ascribe to these tantrums, they tell me that their son has always been easily frustrated and exhibited impulsive behaviour. He has also been diagnosed with ADHD. The parents tell me it sometimes looks like he has two personalities: one kind personality that takes care of others and shows affection, and one bad personality that hurts others on purpose and has a bad temper. Flyn also has difficulties with expressing himself verbally which according to the parents frustrates him. He has learning disabilities, which he is treated for. The parents think that marital problems in the past have also had an effect on Flyn's behaviour. He saw verbal aggression between his parents, and they think that he did not learn to express his anger appropriately as a result of this.

Responding to my questions about the effects of these tantrums, Diane tells me she feels tired and that there is a lot of tension in the house. She tries to be patient as to prevent tantrums. When Flyn doesn't comply, she repeats her instructions and tries to convince him to do so. When this doesn't work, she begins to yell. As a response to my circular questions about the effect of this on Flyn, Diane tells me that Flyn often waits to comply until Diane yells and then sometimes throws a tantrum. Diane becomes more fearful for tantrums and tries to prevent Flyn from getting angry. When I ask to evaluate these effects, Diane says she doesn't want this because she finds mothers have to be able to give instructions to their children without fearing their reactions. Chris tells me he doesn't tolerate any disobedience from his children. He yells, physically intervenes, and punishes Flyn. As a result, Flyn fears his father's reactions. Chris evaluates this effect as both good and bad. It's good that Flyn does as he is told, but he doesn't want Flyn to be scared of him. The parents tell me that the tantrums also affect their own relationship. They argue about the appropriate way to deal with this.

FAMILY HISTORY AS A RESOURCE

During the next session with the parents, I ask if they recognise Flynn's struggle with verbal aggression. Diane says that she's easily upset, tries to hold frustrations within herself, and then later explodes, screams and says things she regrets. Chris says that he reacts impulsively when he feels angry. He yells and physically intervenes. In the past, he intervened by grabbing Flynn by his arm for instance, and as a result of this hurt him. Now he leaves the room when he gets angry to prevent himself from hurting others.

I enquire about the history of this problem with the purpose of getting a thorough understanding of 'verbal aggression' and any possible knowledge and skills of the parents. Diane says that, as a child, she saw a lot of quarreling between her parents about the alcohol abuse of her father. She felt anxious in these situations and thinks this is why she tries to prevent family members from getting angry. I ask Diane if she feels she's able to prevent aggression in her family by avoiding the expression of anger. She replies that it seems to have the opposite effect from what she wants to accomplish. I ask her if there was a time that Flynn could express his anger towards her without reacting aggressively. Diane says that she sometimes succeeds in reacting patiently and can talk to Flynn about what makes him angry. Replying to my question about the effect of this approach on Flynn, Diane explains that Flynn can say what's on his mind without using aggression. She says that Flynn feels bad and misunderstood when she yells at him. As a result Flynn shouts and throws things. Diane agrees with the suggestion to share this approach with others, like other family members and teachers, so they can also help Flynn to express his feelings, without the use of aggression.

The next session, Chris says he used Diane's approach and was able to calm Flynn down. Diane is satisfied with this because she felt she did something good as a parent and that she and her husband agreed about how to approach Flynn. Chris grew up in a context in which everyone was more used to physical ways of communicating. Physical punishment was a culturally accepted reaction to disobedience. Now he experiences that physical aggression results in marital problems and he doesn't want his children to act in the same way and scare others. I ask Chris if he feels that he has been able to use his experience with aggression, and ways to deal with it, such as leaving the room, to prevent aggression from having a negative impact on his relationship with Flynn. Chris replies that he sends Flynn to his bedroom when he reacts in an aggressive way. As a result he no longer shouts at Flynn. Flynn is then able to control his aggression and doesn't feel scared of his dad. By asking questions about this action, I render Chris' skills visible. Chris mentions that he has noticed Flynn sometimes sitting in a corner or going away to prevent himself from using verbal or physical aggression. Chris agrees that this strategy is valuable for Flynn and that it can contribute to the development of a good relationship with family members, teachers and other children.

EXTERNALISING 'AGGRESSION'

After talking about the times and the way aggression appears with every family member, I asked the family to make a picture

of 'aggression'. The problem had been given different names and descriptions throughout the sessions. In this session, I ask Flynn how he would name the problem we've been talking about. Flynn calls it 'anger'. This is part of the first step of the externalising conversations map (White, 2007). I invite the family to visually present 'anger' in any way they like: an animal, shape, colour, imaginative figure, plant, object, or an abstract drawing, etc. In this way, the person and the problem are clearly separated, not only through language but also through visual presentation. I let them choose a piece of paper on which they would like to make their drawings. Afterwards these externalised figures are integrated in a family drawing.

Flynn draws a stone.

Therapist: 'Can you tell me how you pictured the anger we talked about?'

Flynn: 'This is a stone. It lies on the ground.'

Therapist: 'Does that stone bother you? And, if so, in what way?'

Flynn: 'Yes it does. It hurts when I trip over it or when it falls on my head.'

Therapist: 'Does the stone also hurt other people in the same way?'

Flynn: 'Yes and people kick the stone then.'

Therapist: 'Oh, so other people kick the stone. Does the stone feel that or is the stone so hard that it cannot feel the kicking?'

Flynn: 'The stone is actually soft inside. But people don't understand that. They cannot see that the stone isn't hard.'

Therapist: 'What do you think of that?'

Flynn: 'It is not good because they hurt the stone.'

Therapist: 'So if I understand correctly, the stone looks like a hard stone but it isn't, other people get it wrong and don't take the softness inside into account. As a consequence, people hurt the stone by kicking it?'

Flynn: 'Yes.'

When I ask Flynn to look at his drawing again and to think if there is anything else he wants to add that fits with anger, he also draws a ram. An externalising conversation about this ram follows. Flynn explains that the ram attacks other animals with his horns. As a result, they feel scared and run away or fight with the ram.

Chris draws a lion. Younger sister Sara draws a little lion. Diane makes two drawings, one of a yelling octopus and one of a fireball:

Diane: 'This is a fireball.'

Therapist: 'Wow, it looks like a big one.'

Diane: 'Now it is big but usually it is very small.'

Therapist: 'What can make the fireball grow?'

Diane: 'If a stone or something else in the environment hits the fireball, it grows.'

Therapist: 'Can the fireball sense a stone coming or does it feel something when the stone hits the fireball?'

Diane: 'No it doesn't feel a thing.'

Therapist: 'Is there something inside the fireball?'

Diane: 'I don't know. It's very warm inside and that feels unpleasant.'

Therapist: 'What does the environment look like? Where is the fireball?'

Diane: 'The fireball floats in space.'

Therapist: 'What does that space look like?'

Diane: 'It's very dark.'

Therapist: 'Does the fireball affect that darkness, does it light up the space?'

Diane: 'No.'

Therapist: 'Does the fireball stay where it is now or does it go somewhere?'

Diane: 'It doesn't have a goal, it just floats around.'

Therapist: 'Is that okay with you?'

Diane: 'No it's not. It feels alone and sad.'

I then ask if the other family members want to know something else about the fireball.

Sara: 'Does the fireball want to meet someone?'

Diane: 'Yes.'

Chris: 'Is the fireball happy?'

Diane: 'I don't know. The fireball feels sad sometimes.'

Sara: 'Can the fireball be happy sometimes?'

Diane: 'Yes, it feels happy when it can function as a sun somewhere.'

FAMILY DRAWING

I then ask the family to make a drawing together: All the externalised figures we talked about have to be in the drawing. They can also add additional elements like landscape features. 'Where do the figures live?' and 'What are they doing?' are clues for making the drawing. I then give the family members about 20 minutes time to make the drawing together (Drawing 1). Afterwards, I share with the family which interactions and behaviours I observed. I pay attention to possible unique outcomes, positively implicate family members, and ask questions about how the experience of working together was for them. For example, I acknowledged the ways the parents were encouraging their children and giving them compliments about their drawing abilities. I then ask the family to create a story about the drawing². I explain that it has to be a kind of fairy tale. In fairy tales things happen, sometimes not so pleasant, but it always has a happy ending. All the figures have to be included in the story. Again the family had 20 minutes to create this story. The 'things that happen' in the story can refer to the problem, tensions in the family, difficulties in the relationship between family members, and so on. The 'happy ending' may include unique outcomes, preferred ways of living, or family members' skills and knowledge. The happy ending can provide clues about possible ways forward for the family.



Drawing 1

STORY: FOCUS ON FAMILY RELATIONSHIPS AND INTERACTIONS

I ask the family who will be the storyteller, and Sara tells the following story:

It's a warm day. The sun is shining. The Big Lion looks for a place to cool down. He goes into a cave and falls asleep. After a while the Ram enters the cave and he trips over a few stones. The Lion wakes up. Because of the darkness the Ram can only see the Lion's red eyes. The Lion also only sees the red eyes of the Ram. They attack each other and start to fight. The fighting goes on and on and still continues to go on outside the cave. Finally they are exhausted and lie down on the ground. The Little Lion sees the Ram and the Big Lion lying on the ground. She asks them what has happened. The Big Lion and the Ram say that they are thirsty. The Little Lion points to the lake and replies that they can drink some water at the lake. The three of them walk over to the lake. When they are approaching the lake they all feel scared to go closer because there is a monster in the lake, the Yelling Octopus. The Big Lion and the Ram want to secretly drink the water. The Little Lion knows how they can drink safely. The Little Lion says: 'If you kindly approach the Yelling Octopus you can drink as much water as you like'. Next the Big Lion and the Ram talk with the Yelling Octopus and they ask if they may drink water. At the end they all become friends.

COLLABORATIVE CREATION OF JOINT FAMILY ACTIONS

Asking circular questions then enabled me to learn about the family members' preferred ways of being in relationship, ways of interacting, and ways of coping with the problem. The family members' answers provided valuable clues for possible joint family actions.

Therapist: 'Sara, can you tell me what the Little Lion saw happening between the Big Lion and the Ram?'

Sara: 'They were fighting over nothing.'

Therapist: 'What do you think of that?'

Sara: 'It's stupid.'

Therapist: 'Was there anything that could have prevented them from fighting?'

Sara: 'Someone should have said "stop"':

Therapist: (to entire family) 'Which character could be able to do this? Who is most suitable to perform this task?'
Everyone agrees this should be the Big Lion.

Therapist: (to entire family) 'When the Big Lion and the Ram saw each other's red eyes they immediately attacked. How could this have been prevented from happening?'

Flyn: 'The Ram could have said he was entering the cave and asked the Big Lion who he was and what he was doing in the cave. The ram could also apologise and explain that he didn't know this was the Big Lion's house.'

Diane: 'The Big Lion could also have listened to what the Ram had to say before attacking him.'

Therapist: 'It sounds like the Ram and the Big Lion had assumptions about each other's intentions and that these ideas were incorrect. They thought the situation was dangerous and they attacked to protect themselves. As a result they both got hurt. They could ask questions about each other's intentions. This could have prevented them from getting into a fight. Is that correct?'

The family agrees.

Therapist: 'Diane, can you tell me what the Yelling Octopus saw happening?'

Diane: 'The Yelling Octopus could only hear the Ram and the Big Lion fighting and could see the Little Lion. The Little Lion saw what happened. Maybe it could have explained to the Ram that the Lion was inside the cave. She also does this at home. Sara explains the situation to Flyn so he doesn't get angry.'

Therapist: 'Wow, so this is a knowledge and skill that Sara has developed herself: explaining the situation and other's intentions are an antidote for aggression.'

The family nods.

Therapist: 'Chris, can you tell me what the Big Lion saw happening at the lake between the Ram and the Yelling Octopus?'

Chris: 'The Ram was afraid of the Yelling Octopus.'

Therapist: 'Why do you think the Ram was afraid?'

Chris: 'The Yelling Octopus looks mad. She often seems to be angry.'

Diane: 'They think this all the time.'

Therapist: 'How do you experience this?'

Diane: 'It's unpleasant. Especially because I'm usually not angry and Flyn keeps on asking me if I'm cross with him.'

Therapist: 'Father, was there anything the Ram could have done to know if the Yelling Octopus was angry? Or could the Yelling Octopus have done something so the Ram got the Octopus' intentions right?'

Chris: 'The Ram could have checked with the Yelling Octopus if it felt angry. The Yelling Octopus can explain what

makes it angry when it feels angry instead of waiting for questions from others.'

Diane: 'I saw the Big Lion and the Ram secretly drinking from the lake and that made me angry.'

Therapist: 'What would the Yelling Octopus prefer the Ram and the Big Lion to do?'

Diane: 'It would prefer that the Ram and the Big Lion would ask, friendly and calmly, if they can drink water from the lake.'

Therapist: 'You have developed a lot of ideas to keep 'anger' outside your family. Some of these things, all of you have been doing already, like explaining the situation and intentions of others. Maybe we can look together which other ideas that came up in the story, all of you can experiment with in daily life. Some of the strategies mentioned were:

- Someone saying 'stop' when there is a conflict,
- Expressing why someone feels angry,
- Asking for something in a friendly way instead of secretly doing it,
- Listening to what the other has to say,
- Helping others to look at the situation differently, and
- Asking if and why someone is angry.

Shall we pick one or two of these strategies to try out?'

After discussing the options, the family chose to try out 'stop' and 'respecting the stop-word'. In the next session, we discussed situations in which the family was able to use the 'stop-word'. These stories were richly described. I asked the family to describe the situation in detail and what the effect was on themselves, the other family members and on their relationships. I heard that Flyn now feels less frustrated and doesn't turn into a stone so often. As a result of this, the other family members listen to what Flyn has to say and react more calmly. Diane described that she thinks that Flyn felt like a failure when the family members didn't listen to him and when there was verbal aggression. When I asked how she noticed this, Diane says that Flyn no longer says he's a bad boy. There was also an opportunity to acknowledge Flyn for introducing the 'stop-word' into the family. He had been using it for a few years and now the whole family got inspired to use this powerful action against aggression. In later therapy conversations, other joint family actions that had been elicited from the conversation about the family drawing were also put into practice.

REFLECTIONS

In my creative work with children and their families, the problems children experience are understood as embedded in a broader family perspective. Changing the 'functioning' of the child is therefore not the main treatment focus. Using the experiences, skills and knowledge of the family as a whole, increasing the personal agency of each family member in relation to the problem, and creating the possibility of joint family actions, are some of the most important ingredients of my approach. Family members are not only included to support the child, but are truly active participants in re-authoring the family story.

In this paper, I have focused on the ways in which ideas and practices of both modern and postmodern family therapy schools can co-exist (rather than focus on their incompatible differences). In my experience, exchanges between verbal and non-verbal methods; between therapist and the family; between family members; and between the different family therapy schools; can be dynamic and enriching.

NOTES

The following questions, influenced by Rober (2004), can be referred to for guidance when asking children/families about their drawings:

- What is the context? Where does this take place? Who or what else is present? What is there to see?
- Which action or interaction is taking place? What are they doing? What is happening between the characters?
- Evoke different senses. What is there to hear, smell, taste and touch?
- What does the past and future look like? What happened before and will happen in the future?

Inviting family members to make up such a story is influenced by the work of Eliana Gil (1994) who engages families in therapeutic play in which family members are challenged to participate in a shared creative activity.

REFERENCES

Anderson, H., & Goolishian, H. (1988). Human systems as linguistic systems. *Family Process*, 371–394.

Anderson, H. (1997). *Conversation, language, and possibilities: A postmodern approach to therapy*. New York, NY: Basic Books.

Boscolo, L., Cecchin, G., Hoffman, L., & Penn, P. (1987). *Milan systemic family therapy: Conversations in theory and practice*. New York, NY: Basic Books.

Boszormenyi-Nagy, I. (1987). *Foundations of contextual therapy: Collected papers of Ivan Boszormenyi-Nagy*. New York, NY: Brunner-Routledge.

Bowen, M. (1978). *Family therapy in clinical practice*. New York, NY: Aronson.

Brown, J. (1997). Circular Questioning: An introductory guide. *Australian and New Zealand Journal of Family Therapy*, 18 (2), 109–114.

Denborough, D. (2008). *Collective narrative practice*. Adelaide, Australia: Dulwich Centre Publications.

Denborough, D. (2010). *Kite of Life. From intergenerational conflict to intergenerational alliance*. Adelaide, Australia: Dulwich Centre Publications.

Epston, D. & White M. (1992). *Experience, contradiction, narrative and imagination*. Adelaide, Australia: Dulwich Centre Publications.

Epston, D. (1999). Co-Research: The Making of an Alternative Knowledge. In: *A Conference Collection: Narrative therapy and community work* (pp. 137–157). Adelaide, Australia: Dulwich

Centre Publications

Epston, D. (2011). Liverpool supporter and anti-Fear person. *Explorations: An e-journal of narrative practice*, (1), 14–20.

Freeman, J., Epston, D., & Lobovits, D. (1997). *Playful approaches to serious problems*. New York, NY: W.W. Norton.

Framo, J. L. (1992). *Family-of-Origin Therapy: An intergenerational approach*. New York, NY: Brunner/Mazel.

Gammer, C. (2009). *The child's voice in family therapy. A systemic perspective*. New York, NY: W.W. Norton.

Gil, E. (1994). Family Puppet Interviews. In E. Gil, *Play in family therapy* (pp. 45–88). New York, NY: The Guilford Press.

Klijn, W., & Scheller-Dijkers, S. (2006). *Waar woorden tekortschieten: Praktijk en theorie van beeldende systeemtherapie*. Leuven: Acco.

Madsen, W. C. (2007). *Collaborative therapy with multi-stressed families*. New York, NY: The Guilford Press.

Minuchin, S., & Fishman, H. C. (2002). *Family therapy techniques*. Cambridge, MA: Harvard University Press.

Rober, P. (2004). Kindertekeningen in de gezintherapeutische sessie: een dialogische benadering. *Systeemtherapie*, 16 (4), 184–196.

Russell, S., & Carey, M. (2004). *Narrative therapy: Responding to your questions*. Adelaide, Australia: Dulwich Centre Publications.

Selvini Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1980). Hypothesizing – Circularity - Neutrality: Three guidelines for the conductor of the session. *Family Process*, 19 (1), 3–12.

Schwartz, R. C. (1999). Narrative Therapy Expands and Contracts Family Therapy's Horizons. *Journal of Marital and Family Therapy*, 25 (2), 263–267.

Storms, L. E. (2011). Milan Systemic Family Therapy. In L. Metcalf (Ed.), *Marriage and family therapy: A practice-oriented approach* (pp. 201–228). New York, NY: Springer Publishing Company LLC.

Waldegrave, C. (1998). The Challenges of Culture to Psychology and Post Modern Thinking. In M. McGoldrick (Ed.), *Re-visioning family therapy: Race, culture, and gender in clinical practice* (pp. 404–413). New York, NY: Guilford Press.

White, M. (1988). The externalizing of the problem and the re-authoring of lives and relationships. *Dulwich Centre Newsletter*, Summer, 3–20

White, M. (1997). The Ethic of Collaboration and Decentred Practice. In M. White, *Narratives of therapists' lives* (pp. 193–216). In Adelaide, Australia: Dulwich Centre Publications.

White, M. (2000). *Reflections on narrative practice: Interviews and essays*. Adelaide, Australia: Dulwich Centre Publications.

White, M. (2006). Narrative practice with families with children: Externalising conversations revisited (pp. 1–56). Adelaide, Australia: Dulwich Centre Publications. In M. White & A. Morgan, A. *Narrative therapy with children and their families*. Adelaide, Australia: Dulwich Centre Publications.

White, M. (2007). *Maps of narrative practice*. New York, NY: W.W. Norton.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: W.W. Norton.

White, M., & Morgan, A. (2006). *Narrative therapy with children and their families*. Adelaide, Australia: Dulwich Centre Publications.

DEAR READER

This paper was originally published by Dulwich Centre Publications, a small independent publishing house based in Adelaide Australia.
You can do us a big favour by respecting the copyright of this article and any article or publication of ours.

The article you have read is copyright © Dulwich Centre Publications Except as permitted under the Australian Copyright Act 1968,
no part of this article may be reproduced, stored in a retrieval system, communicated, or transmitted in any form or by any means
without prior permission.

All enquiries should be made to the copyright owner at:
Dulwich Centre Publications, Hutt St PO Box 7192, Adelaide, SA, Australia, 5000
Email: dcp@dulwichcentre.com.au

Thank you! We really appreciate it.

You can find out more about us at:
www.dulwichcentre.com.au

You can find a range of on-line resources at:
www.narrativetherapyonline.com

You can find more of our publications at:
www.narrativetherapylibrary.com
