

Children's problems and children's solutions:

Celebrating the agency of neurodivergent children

by Tarang Kaur



Tarang Kaur is a developmental therapist with Children First India. She works with children across a range of neurodevelopmental and socioemotional challenges using child-led and play-based approaches. Tarang graduated from Lady Shri Ram College, New Delhi, and completed her postgraduate studies at the University of Delhi. tarang.cf@gmail.com

D ORCID ID: https://orcid.org/0009-0008-0463-7224

Abstract

Children, particularly those on the neurodivergence spectrum, have historically not been afforded a great degree of power and voice in their own lives. This has significant implications for the therapeutic space, in which the identification of "problems" and interventions to address them may not take the child's perspective and skills into account. My work seeks to explore children's views and understandings of their "problems", as well as the uniquely skilful actions they take in response. In this paper I describe how narrative therapy principles were adapted for children across a wide spectrum of social skills and degrees of access to spoken language to document – in the form of a scrapbook – various experience-near descriptions of children's problems and children's solutions. This living document records the skills, values and acts of resistance demonstrated by a community of neurodivergent children, and offers an opportunity to witness this community's agency and unique insight into their own situations.

Key words: neurodivergence; autism; nonspeaking; nonverbal; children; collective document; therapeutic document; narrative therapy; narrative practice

Kaur, T. (2025). Children's problems and children's solutions. *International Journal of Narrative Therapy and Community Work*, (2), 73–85. https://doi.org/10.4320/VQGM2915

Author pronouns: she/her

Cultural narratives around children tend to do them a disservice by treating them as naïve or immature beings without much experience of the world. Meanwhile, the "grown-ups" around them are assumed to know what's best. Coupled with very little freedom and agency in terms of legal rights, these dominant discourses marginalise young people and frequently strip them of their power and voice (White, 2000).

This becomes doubly true for children who are neurodivergent – notably, those on the autism spectrum. Certain societal discourses that further the control and marginalisation of children's lives can be observed. For instance, certain modes of communication are considered more socially desirable and "valid" than others: the acquisition of verbal language is a highly sought-after goal in "autismas-deficit" models (Tager-Flusberg & Kasari, 2013). Nonverbal or assisted communication, in comparison, may be seen as second-tier: we may not prioritise "hearing" what a child is trying to communicate when that communication is happening without spoken language. For instance, when a child is pointing to a door, crying and resisting any attempts to bring them into a room, we may still try to bring the child into the room. It is only when the child says "I don't want to go in this room" that they might (might!) be afforded the dignity of being heard.

Others may also decide for a child what passes for an "action" – executed with intention, with depth and meaning, and serving some purpose – as distinct from what can be dismissed as a "behaviour" – a surface manifestation that must be analysed for "assessment" or "management" (White, 2000). Such discourses withhold consideration of the meanings of children's actions and may instead note only "behaviours" and "symptoms" that don't signify the child's comprehension or values. This furthers an understanding of autism as a deficit, resulting in a plan of intervention or "treatment" that disregards the skills and knowledges generated by neurodivergent children through their own lived experiences of the world (White, 2000).

As a person active in the field of early intervention, I find that it is especially important to be cognizant of these prevailing discourses, and to be careful to not further biases and unequal power relationships under the guise of treatment and therapy. Instead of situating "autism" as the problem in and of itself, a more "experience-near" intervention might consider what children understand to be their difficulties, and explore actions and solutions that have been protective for them, through their own lived experiences of coping and management (Olinger, 2021b).

Documenting children's perspectives and knowledges

Within the context of developmental therapies with neurodivergent children – especially those less fluent with spoken language – there may be an inclination to identify so-called "symptoms" as the "problems" to be addressed. These "symptoms" may include "emotional regulation", "inappropriate behaviours", "meltdowns", and so on. However, this view demonstrates little curiosity for eliciting experience-near accounts of what young people actually view to be their "problems", and how their actions reflect skills of coping.

My practice has been to apply the principles of narrative therapy to view children as engaging not in meaningless or problematic "behaviours", but in meaningful, intentional "actions" that serve some protective purpose. To this end, I created a scrapbook to use as a collective living document recording children's descriptions of their struggles, accompanied by the strategies and solutions that they have developed.

Reflecting the ways in which these experiences were elicited and recorded as per the different profiles and needs of the children, the scrapbook is divided into the following sections:

- Section 1: Descriptions of children's problems and children's solutions, as explored through externalising conversations, predominantly with children who were comfortable talking about their problems
- Section 2: Descriptions of problems and subsequent acts of resistance with children who found spoken expression to be challenging or limiting
- Section 3: Descriptions of problems and subsequent acts of resistance with children who didn't speak or spoke very little.

This paper explores the creation of each section of this collective document, including the methods and adaptations that were essential to eliciting the children's voices as collaborators and uplifting their lived experiences and insider knowledges.

Scrapbook Section 1: Documenting the knowledges of children who were comfortable speaking about their problems

This section includes accounts from children who found it beneficial to engage with externalising conversations to describe their problems, and who spoke about the strategies they employed to overcome them.

Describing children's problems

Externalising conversations, alongside supplementary modalities like art and drama, were used to personify the problem and locate it outside the child and their identity (Carey & Russell, 2002). Rather than imposing experience-distant labels ("emotional dysregulation", "meltdowns", "aggressive behaviour" and so on), I sought to explore and record the child's own experience of the problem: "The Angry Feeling", "Chest Hurty" and so on.

The statement of position (SOP) maps – in particular, SOP map version 1 (Morgan, 2006) – offered a framework, as follows.

Characterising the problem

When identifying and naming a "problem" as an external entity, building characters around feelings offered a relatable starting point for many children. The simple question of "What name can we give to the feeling that comes when this happens?" was often the most helpful one, as it created a comfortable distance between the child's experience and the feeling that they perceived as unclear or undesirable.

Questions about the situations in which the problem arose also aided its description and characterisation:

- When does [problem name] come?
 What makes it come visit?
- · When is it the strongest?
- · When is it weaker?
- · When does it go away?

In addition to such questions and conversations, the process of characterising a problem was supported by other modalities such as:

 art and images – drawing a body figure and asking the child where a particular feeling or problem

- lived; drawing feelings as characters that visit in various situations; using flashcards
- embodiment and drama acting out how it feels in the body and face when a certain feeling comes to visit, where it is felt in the body; for instance, based on a child's description of how "meltdowns" felt, we were able to name the problem "Chest Hurty"
- picking up on the child's language and scaffolding responses – for instance, noticing a child using the word "rubbish" when she felt frustrated or embarrassed allowed us to talk about and build a character around the "Rubbish Feeling"
- turning adjectives into nouns Even the simple act of adding a "the" to the start of a feeling, and calling it an "it", created comfort in children.

Many of the young people I worked with adopted a defensive, protective posture when asked if they got angry. But by beginning to call it "The Angry Feeling" instead of "getting angry", and other similar externalisations, a lot of children were immediately more relaxed about talking about this character.

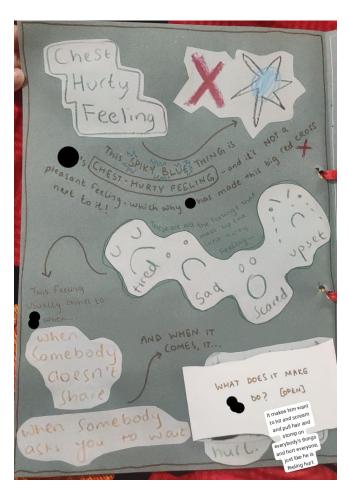


Figure 1. Characterising The Chest Hurty Feeling to describe Aarav's¹ experience of "meltdowns", as documented collaboratively in the scrapbook.

It seemed to signal to them that they were not being blamed, and that there was genuine curiosity about this experience – which seemed to be a radical act for many.

Such explorations proved helpful in the identification and naming of problems in experience-near ways that centred the children's perspectives on their struggles.

Mapping the effects of the problem

To build a richer understanding of the problem, it also proved important to identify and elaborate on its effects:

- · What happens when [problem name] visits?
- · What does it want you to do?

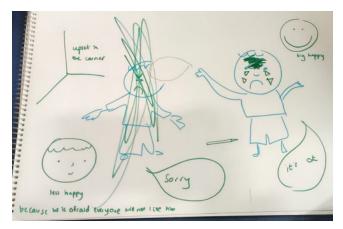


Figure 2. Adi's depiction of what happens when "Fighting" comes to visit: "It makes me hit and shout at a friend! Now the friend is sad. And angry at me."

Evaluating the consequences

With the effects of the problem better fleshed out, children can be invited to take a position on these effects: whether they are okay with what the problem is doing or not. This invitation was oftentimes revelatory for children, as they realised that they could take a stance on something that was previously considered an inextricable part of their identity!

Some questions that invited children to evaluate the consequences of the problem were:

- Does it feel okay when [problem name] comes or not?
- Do you like having [problem name] around?
- · Do you like what [problem name] is doing?
- When [problem name] is doing this, is it being nice or not nice?

- What happens when it comes
 - ... when you're at school?
 - ... when you're at home/with Mumma or Papa?
 - ... when you're with friends?
 - ... and so on.

Drawing the child's attention to a previous situation when the problem may have come up helped them to recall the associated effects. This was particularly helpful for children facing difficulties in abstract thinking and the "mental time-travel" required to think back to an experience and emotional state in the past (Barresi & Moore, 1996).

As children shared their experiences, writing or drawing descriptions made it easier for them to remember, refer to and stay with these ideas over time.



Figure 3. I noted down Jai's words as he described what happens when the "Very Upset Feeling" comes to visit, and we later documented this in the scrapbook.

While asking such questions, it was also important to let the children know that they had the option of answering "sometimes", "something else", or even "I don't know". Giving children a pen and inviting them to physically

interact with the effects previously noted down or drawn – for instance, putting a "tick" on what's okay and a "cross" on what's not, or drawing emoji-style faces to indicate a feeling – also made it easier for them to indicate their position in relation to the problem and its effects.

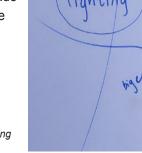
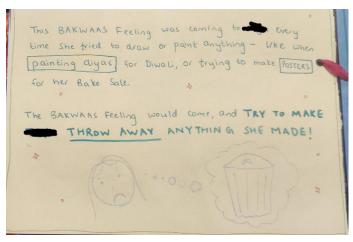


Figure 4. "Fighting is badmaash [naughty]!" Adi shouts while drawing a cross on the word. "Big cross!"



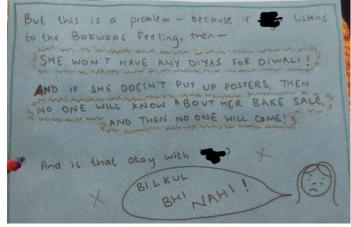


Figure 5. Riya and I talked about The "Bakwaas [Rubbish] Feeling" that was making her dislike and throw away all the posters she made for her bake sale. But if she didn't make and display posters, how would people come? When considered this way, Riya – who previously wanted to stop making the posters altogether – decided that this was totally unacceptable. She was not at all okay with this effect of The Bakwaas Feeling!

A nonjudgemental and curious attitude proved crucial when facilitating such evaluations. People may have certain expectations about what constitutes a "correct" evaluation; for instance, if The Angry Feeling makes a child shout and hit when it visits, then they "ought" to not be okay with what it is doing. However, a child's indication that they are okay with having this character around can once again be examined as an action, rather than a behaviour. The so-called problem may serve some useful or protective function. What if The Angry Feeling keeps the child feeling safe in scary situations? Or perhaps it helps them get the things they want! Without maintaining a posture of curiosity and openness, the subtleties of detangling the beneficial effects of a situation from the harmful may be lost.

Justifying the evaluation

Evaluating the effects of the problem offers a natural entryway into a justification of the evaluation. The question "Are you okay with this?" is easily followed by "Why?", and subsequently, "What values does this position reflect?"

Oftentimes, evaluations had already been offered implicitly or indirectly by the child. In these cases, making explicit what is implicit was helpful. This could be done using a smorgasbord approach, where options were listed based on what the child had already shared, and the child was invited to choose the best fit.

For instance, according to Adi, Fighting is "badmaash" (naughty) because it makes him do hitting and shouting, which makes his friends sad and angry. I observed, "It seems that you don't want to fight with your friends — what can we call that?" At this point, we get a chance to

discuss ideas like "getting along", "being friendly" and "making friends happy" as options. "So not fighting with friends is important for you – and it seems like getting along is important to you!" I surmised. Adi agreed, and shared that he wanted to make his friends happy because "I love my friends!"

Summarising what we had learnt about the child in the third person, or through the voice of another person or character, and then asking the child to comment as an outsider, was also often helpful in prompting a justification of these evaluations.

Tarang: What would you call a boy who's five years old and wants to be with his friends very badly, and have fun with them and make them happy?

Adi: Friendly and nice. He is a good boy.

Tarang: I see. Well, didn't you say you also want to have fun with your friends, and make them happy too? Does that make you a friendly and nice boy, too?

Adi: Yes, I want to be friendly. I will take care of my friends and be nice to them. My mom and dad say you have to be friends forever, like Optimus Prime and Bumblebee!²

A process of *re-authoring* thus began as we elicited Adi's values, the history of these values, and the actions he had taken in line with these values to overcome the problem or lessen its effects (Carey & Russell, 2002).

Describing children's solutions

By asking children for solutions to problems they have experienced, we could reiterate their position and values and help build a second story of resistance. Collecting these solutions and suggestions honoured children as experts in their own lives, with unique skills and knowledges arising out of their values and histories.

These questions made it easier for children to reflect on their actions:

- · When did [problem name] go away or get smaller?
- · What powers did you use to make it smaller?

These questions explicitly drew children's attention to their own acts of resistance and regulation, and positioned them as active agents standing up to problems or their unwanted effects. Framing their actions as the use of "superpowers", "special abilities", "brainpower" or other such metaphors, usually helped – most of them were very excited to talk about their actions in this manner!

• Then what did you do when [situation] happened?

Questions about specific actions made it easier for many children to respond. Explicitly asking for advice on behalf of another person, or sharing how other children I know might have responded, also helped spark ideas among the children.

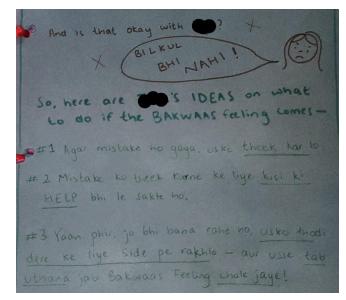


Figure 6. Some of Riya's suggestions about what to do when The Bakwaas [Rubbish] Feeling comes. #1 If you make a mistake, fix it; #2 Take someone's help to fix the mistake; #3 Keep it to the side for a while and pick it up when The Bakwaas Feeling goes away!

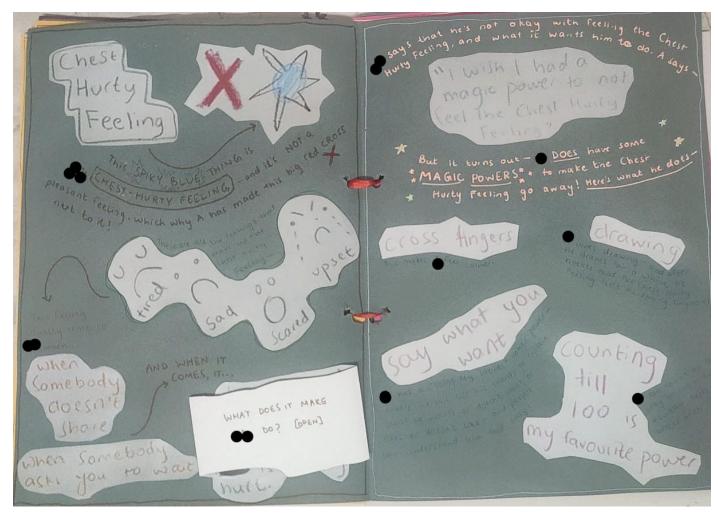


Figure 7. Aarav's "magic powers" that can make The Chest Hurty Feeling go away.

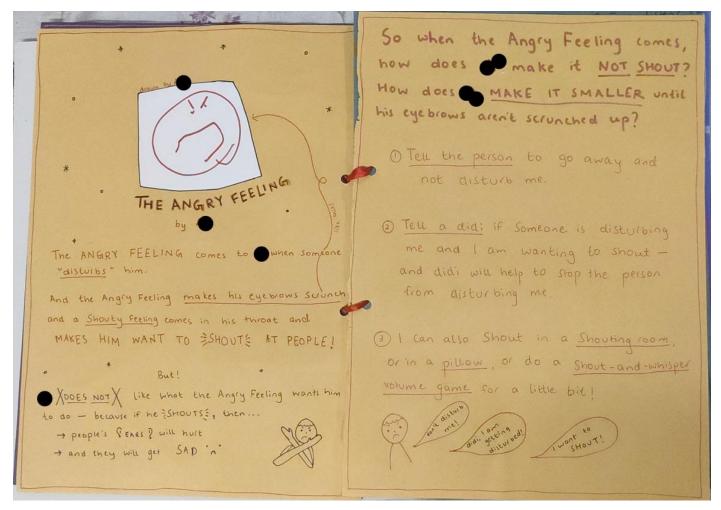


Figure 8. Prabir's suggestions about how to deal with The Angry Feeling that comes when someone disturbs him.

When collating strategies for overcoming the problem, it helped to tell my young collaborators about the existence and intent of the scrapbook, which fostered a sense of togetherness and community. Many children were quite empathetic, and eager and proud to give suggestions if they felt that some other child needed their assistance for a problem that *they* were uniquely equipped to deal with!

Scrapbook Section 2: Documenting the knowledges of children who were less comfortable with speaking

This section of the scrapbook includes descriptions from children who may demonstrate foundational skills of social communication, but for whom spoken expression and communication may feel limiting or challenging. Here I describe how principles of narrative therapy offered alternative perspectives on their difficulties and subsequent acts of resistance.

Of the various cultural narratives that marginalise neurodivergent children, a significant one is the abilities discourse in which others decide what expectations to hold of a person who "looks normal" or appears "capable", regardless of how much support they actually need (Olinger, 2021a). Such expectations are especially problematic for children who demonstrate some rudimentary skills of social communication and spoken language, to the extent that they may be viewed as "normal" or "relatively able" by those around them, which ultimately dictates the level of support and consideration they are (or aren't) offered. For instance, consider Ayush, a young autistic boy experiencing high anxiety and difficulties with emotional regulation, who nonetheless had a brief repertoire of spoken language, often present as templated or scripted speech. When he would collapse to the ground, crying and struggling to make sense of why he was upset and how to calm down, he tended to scream a few phrases over and over again (e.g., "I want Mumma! I want Mumma!"). At this point, rather than considering a neurodivergent child's needs, others tended to be taken aback and critical of what they perceived to be a "tantrum". Since he was often taken at first glance to be a neurotypical kid, they tended to expect "better" from him.

A traditional deficit-based model of intervention may look at this situation and identify the skills that are "lacking", which would then be targeted for "correction" through an intervention. In such a model, however, both the *problem* and the *skills required to overcome it* are identified by outsiders — without much interest in the skills and knowledges generated by the child, based on their own unique experiences of the world (White, 2000).

An alternative to this approach may be to instead try to spot what the child views as a difficulty, and remain as experience-near as possible in this description to facilitate understanding of the child's acts of resistance to the difficulty. In Ayush's case, we talked about "emotional dysregulation" as a shorthand description of the gist of his difficulty. However, this term wasn't able to capture his experience. For instance, he might be saying "I want Mumma!", but even when his mother would come, he'd continue crying (sometimes even harder!). Looking only at "emotional dysregulation" didn't help us figure out what could actually help - that clue came from Ayush himself when we noticed him doing something peculiar. Sometimes, when starting to cry, he'd lightly slap himself on his hand and start saying, "I got hurt!"

This could have been seen as a symptom or "behaviour" – that he's getting dysregulated and crying; he's hurting himself, or at least pretending to; we need to get him to stop doing this "I got hurt" behaviour. This would have closed the door on exploring Ayush's experience. Instead, describing this as an *action* invited us to look at Ayush as an agent in his own life, acting to serve some need of his own. What might be *his* experience of the difficulty that we were calling "emotional dysregulation"? What was *he* experiencing as a "problem", and how might this "getting hurt" action be helping him respond?

We started considering: could it be that, when Ayush is experiencing what we're calling "dysregulation", his struggle is that he's not able to make sense of his situation? Perhaps a slap on the hand was helping him localise an otherwise generalised, undefined feeling into something that could be addressed. With this understanding, the next time he hit himself and told us, "I got hurt", instead of telling him "Nothing happened" or "Don't do it next time", we got out a First Aid box and affirmed: "Ayush got hurt – where does it hurt?" We put some "medicine" (sanitiser) on his "hurt" and applied a "band-aid" (a scrap of tape). We noticed that this ritual helped him calm down immensely.

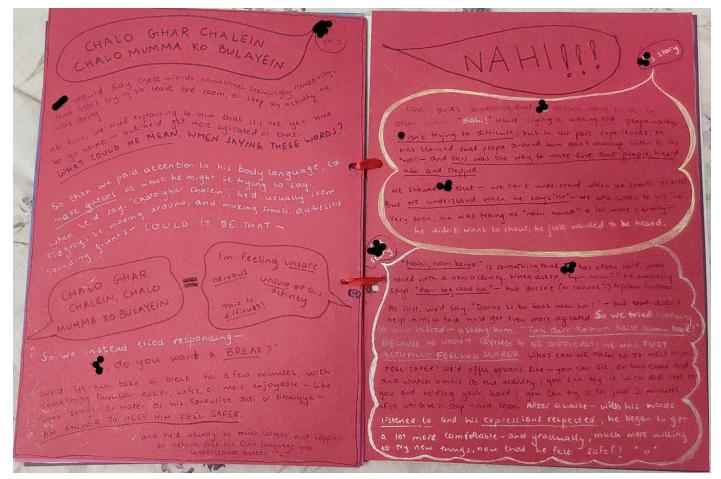


Figure 9. A page from Section 2 of the scrapbook describing stories similar to Ayush's.

Over time, when Ayush became "dysregulated" – for instance, crying for his mother even when she was there with him – we began to ask him, "Where does it hurt?" He could understand and connect to this phrase, take action to make himself feel better by getting his First Aid box, and express his feelings in a way that made sense to *him*: "I got hurt".

This approach recognised the child as having unique skills and capacities – and showed curiosity about the child's understanding of the problem. This helped mitigate against the creation of a pathologised single-story. In fact, what we may otherwise have identified as a "problematic behaviour" could be recognised as an act of strength and resistance!

Stories of neurodivergent children using their own language and words to describe their experience of a struggle were documented in Section 2 of the scrapbook, with the hope of offering an alternative lens for viewing children's problems and recognising acts that could serve as self-initiated "solutions".

Scrapbook Section 3: Documenting the knowledges of children who don't use speech

This section of the scrapbook includes descriptions of children who are nonspeaking or minimally speaking, with limited foundational skills of social communication. Principles of narrative therapy offered ways to identify and highlight their acts of resistance.

Words – "explanations" – are often used as the critical differentiator between an action and a behaviour. Unfortunately, this means that those who don't use words can't explain or justify a "behaviour" in a way that would be seen as elevating it to the status of "action". They may be subsequently stripped of their status as intentional agents (Olinger, 2021a; White, 2000). This can make young neurodivergent children particularly vulnerable – especially those who are nonspeaking and those who may have limited avenues for social communication through alternatives like augmentative and assistive communication (AAC). This group of young people is most easily dismissed

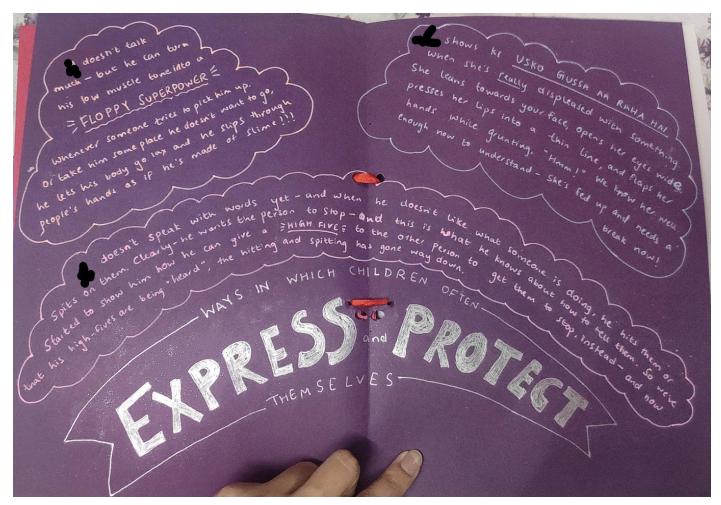


Figure 10. A page from Section 3 of the scrapbook documenting a "Floppy superpower" and other ways of communicating.

when formal language is privileged. When working with such populations with the intention of "intervention", it's essential to be aware of these discourses – and we must thus redirect attention to the numerous actions that neurodivergent children take to protect and express themselves.

Henri was a four-year-old boy who didn't use words to talk. When people tried to pick him up to take him some place he didn't want to go, he would let his entire body go lax and slip through their hands as if he were made of slime! He might not say "no" through spoken language, but his body language was loud and clear to anyone willing to listen.

Similarly, Saurabh babbled but was otherwise nonspeaking. When he was feeling agitated, his face furrowed, he chattered emphatically, and he made eye contact with the offending person as he kicked or pinched them. These were obviously not desirable outcomes for the person across from Saurabh – but at the same time, viewing this merely as a "behaviour" would not capture the whole picture, either. There was intentional communication and "action" in what he was doing – a communication that went beyond the use of words.

We can maintain a focus on what such are actions might be "saying" and respond accordingly. "I'm not liking this, Saurabh", we may say as we block or redirect a hit. "If you want me to stop, you can give a high-five and we'll take a break." Though he still pinches or kicks at times, over time, as his high-fives were "heard", he began to pause and became quick to respond when offered a high-five, relaxing when the person responded by taking a step back.

Section 3 of the scrapbook documents several such instances to offer examples of ways we can reconsider our perspective when working with people who don't use speech, and how we can consider their "behaviours" as experience-informed *actions*.

Turns out – children are always, always, responding!

Reflections on power

My developmental work with children differs from more traditional counselling approaches in one key aspect: many of my young clients don't come in with an explicit self-identified problem. They may not even understand what we are supposed to be working on during our play

classes. This means that *I* am often the one identifying the so-called "problems" to be brought into awareness and discussion. This would put any therapist in a precarious position of power, where they could far too easily be incorrect in speaking for a child who might not be able to correct them.

To safeguard against this, I practise various systems of "checks" with children who can express themselves through language. Aside from verbal confirmations to ensure that the child and I are on the same page, examples of checks include explicitly telling children to interrupt me if they don't agree with or like what I said, including offering for them to give me a "thumbs up" or "thumbs down" if what I'm suggesting sounds good or not. This may take any other form that is familiar and relevant to the child - for instance, one child who loved computer games and programs said "cancel!" and "delete!" if he didn't like what I said! I also seek to include plenty of scaffolding through a smorgasbord of options or specific action-oriented questions to make my queries more understandable to younger kids. Bringing in multiple mediums – art, enactment, stories, and so on - also helps to reduce demand on abstract and verbal processing.

Difficulties around emotional processing and regulation are a common theme with the children I work with. "Feeling characters" (anger, embarrassment, disappointment, frustration, and so on) come up regularly. I quickly discovered that talking about "the feeling" and creating a character around it was often more relatable to the children, rather than building fictionalised personifications like I had initially hoped to elicit: "Dementor", "Black Hole", "Pocket Monster" (Quek, 2017), and so on.

I initially worried that approaching a feeling-based character as the "problem" would result in the *emotion* itself being viewed negatively – so I took care to ensure that we didn't take an adversarial position against it, rarely referring to the feeling as "the problem" directly, and instead focusing on the outcomes or situations that co-occurred with it. Rich descriptions arose from discussions of such feeling characters. When we explored a child's feelings with curiosity and a nonjudgemental manner, children often:

- found it easier to notice and articulate the experience of the emotion
- more easily understand cause-and-effect linkages between the feeling and its consequences
- demonstrated less resistance towards the emotion in question.

Often, the feeling characters were a crucial starting point in reaching a more specific understanding of a problem. For instance, Prabir and I initially started with "The Angry Feeling", which most notably would make him shout at others. After a while, this character morphed into the "Throat Vibration", referring to the feeling in his throat that came when he wanted to shout. Here, The Angry Feeling had to be understood before we could identify where the more specific "problem" – that is, shouting or the Throat Vibration – came from.

Navigating power and privilege, and taking care not to speak "over" a child, has been even more fraught when extending my work to children who are nonspeaking or minimally speaking, and those who may find fluent spoken communication to be challenging.

Some augmentative tools that expand communication beyond verbal exchanges – such as using "thumbs up" or "thumbs down", using flashcards, drawing pictures, engaging in enactments or nonverbal gestures – have been helpful for both speaking and nonspeaking children. Aside from this, however, none of the children and families I work with have used high-tech AAC devices or systems. Thus, I am in a precarious position of translating into words what someone is communicating to me *without* words.

At my place of work, we often try to differentiate a "spot" – an undeniable observation, like Ayush crying "I want Mumma!" or Henri's body going lax when you try to pick him up – from an "inference" about what that might mean. A desire to be decentred informs this differentiation, as we do not want to give our interpretations a position of primacy. However, some degree of interpretation is inevitable. There is no "pure" version of an individual's experience that can be accessed; some degree of mediation always exists when we try to understand what we observe. When working with children, especially those who are neurodivergent and nonspeaking, such mediation exists to a much higher degree. This is a dilemma I have had to grapple with.

When working with children with whom traditional systems of "checks" are harder to apply, I seek to stay as experience-near as possible by focusing on "spots" wherever I can. Inevitably, however, some interpretation and guesswork are needed by stakeholders in a child's life. If a child is crying or appearing to be in distress, it isn't enough to "spot" this; we have to hazard a guess as to what they may want or need. Do they need food, or rest, or quiet, or something else? Some measure of

translation will be needed if we cannot communicate with each other using the same language. However, I hope I have made clear the tentative nature of these interpretations: they are not absolutes but hypotheses aimed at serving the child's needs.

My intention in the stories documented in Sections 2 and 3 of the scrapbook has not been to speak "for" those who may not as easily speak for themselves; it is to provide an alternative lens through which to understand and interpret children's *actions*; witnessing them not as naïve or uncooperative beings, but as agents acting according to their own understandings and difficulties. This is an awareness that anyone working with children in a position of power – especially interventionists such as myself – need to hold.

In our personal conversations as a team of early-years developmental therapists, we often wonder whether the children we work with will return years later and tell us what they were thinking, feeling and experiencing back when we worked with them. It's very possible that we might not have got it "right". But I hope it'll be worth something that at least people were recognising that meaningfulness was there, and were at least trying to understand.

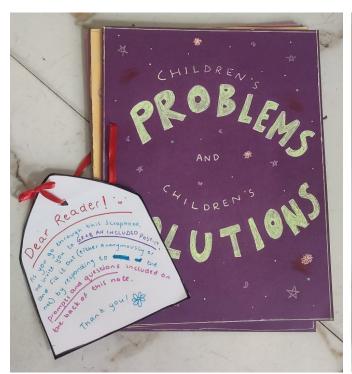
Archiving and sharing children's knowledges

Documents can ensure that words and ephemeral conversations "don't fade and disappear" (Fox, 2003, p. 27). Especially with children, having a record that they can refer to during situations of difficulty has proved invaluable in making their insider knowledges accessible to themselves: reminding them of how well they know their own struggles and what they can do in challenging circumstances. The scrapbook we have developed also offers a "children's community": a place where children can explore the advice given by other children and offer advice in turn.

Inviting children (and others!) to view this co-created scrapbook also applies a lens of appreciative inquiry (McAdam & Lang, 2003). The scrapbook testifies to the ways in which children use their agency during situations of difficulty. Through such ability-spotting, there is the uncovering and affirmation of the pride, capability and preferred identities of children. This is an opportunity for children to witness themselves as wielders of knowledge (Quek, 2017) and for others to witness them as capable and meaningful actors.

Honouring the idea of identity as a social project, we acknowledge how family and caregivers serve as a primary context where children's stories of identity are told, retold and co-created (Freedman, 2014). By involving the immediate family as witnesses to the child's experience, we invite them into the co-construction of preferred identities (Carey & Russell, 2003; McAdam & Lang, 2003; Morgan, 2006).

Outsider witnessing practices can be applied to facilitate this presence of third parties who acknowledge and thus help thicken preferred identities (Carey & Russell, 2003). Readers of the scrapbook are invited to witness the stories it holds through an included "prompt-card", which was formulated based on Michael White's map for outsider-witness responses (Carey & Russell, 2003; Denborough, 2008; Morgan, 2006; White, 2002).



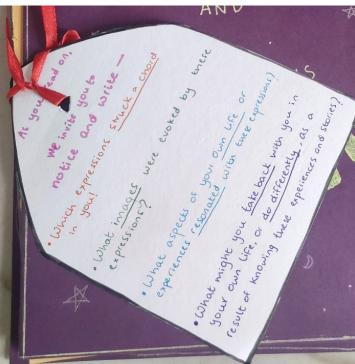


Figure 11. The scrapbook with its attached invitation for readers to witness and respond to the stories it holds.

Readers are asked to notice and write on sticky notes:

- Which expressions struck a chord in you? (Identifying the expression)
- What images were evoked by these expressions? (Describing the image)
- What aspects of your own life or experiences resonated with these expressions? (Embodying responses)
- What might you take back to your own life, or do differently, as a result of knowing these expressions and stories? (Acknowledging transport)

Children can go through the scrapbook later and read these witnessing accounts via the sticky notes. This enables them to witness their witnessing audience, thus furthering the idea of identity being a social co-construction. They can also witness their own impact and influence on a larger community with which they have shared their experiences and knowledge.

By creating this scrapbook as a collective document to record experience-near descriptions of children's problems and children's solutions, aside from its practical benefit as a repository of knowledge, it is hoped that we can help foster a sense of shared community among young people; make it possible to re-author problem-saturated narratives; and develop second-stories of the expertise and strengths in actions of a group that has, historically, not been seen as the experts in their own lives!

Acknowledgments

First and foremost, I would like to acknowledge all the young people with whom I have worked, who have so generously let me glimpse their stories and lives, and their valuable insights and knowledges. I would also like to extend my sincerest gratitude to Dr Shelja Sen and Ms Maya Sen for their mentorship and support in this

project, as well as Dulwich Centre and Children First India for facilitating my learning in the field of narrative therapy. Last but never least, for their constant and steadfast support, I have many thanks to give to my parents, friends and partner.

Notes

- Names have been changed to protect the privacy of children and clients.
- ² These are characters from the "Transformers" media and toy franchise (e.g. Orci et al., 2010–2013).

References

- Barresi, J., & Moore, C. (1996). Intentional relations and social understanding. *Behavioral and Brain Sciences*, *19*(1), 107–122. https://doi.org/10.1017/s0140525x00041790
- Carey, M., & Russell, S. (2002). Externalising: Commonly asked questions. *International Journal of Narrative Therapy and Community Work*, (2), 76–84.
- Carey, M., & Russell, S. (2003). Outsider-witness practices: Some answers to commonly asked questions. *International Journal of Narrative Therapy and Community Work*, (1), 3–16
- Denborough, D. (2008). *Collective narrative practice*. Dulwich Centre Publications.
- Fox, H. (2003). Using therapeutic documents: A review. International Journal of Narrative Therapy and Community Work, (4), 25–35.
- Freedman, J. (2014). Witnessing and positioning: Structuring narrative therapy with families and couples. *Australian and New Zealand Journal of Family Therapy*, *35*(1), 20–30. https://doi.org/10.1002/anzf.1043
- McAdam, E., & Lang, P. (2003). Working in the worlds of children: Growing, schools, families, communities through imagining. *International Journal of Narrative Therapy and Community Work*, (4), 48–57.
- Morgan, A. (2006). Creating audiences for children's preferred stories. In M. White & A. Morgan (Eds.), *Narrative therapy with children and their families* (pp. 99–119). Dulwich Centre Publications.
- Orci, R., Kurtzman, A., Kline, J., & Davis, S. (Executive Producers). (2010–2013). *Transformers: Prime* [TV series]. Polygon Pictures; Hasbro.

- Olinger, C. (2021a). Narrative practices and autism: Part 1: Theory and engagement: Shedding ableism from therapy. *International Journal of Narrative Therapy and Community Work*, (2), 32–41.
- Olinger, C. (2021b). Narrative practices and autism: Part 2: Expanding on understandings of autism. *International Journal of Narrative Therapy and Community Work*, (2), 42–49.
- Quek, E. S. M. (2017). Presenting the League of Parents and Small People Against Pocket Kering: Debuting the skills and knowledges of those who experience financial difficulties. *International Journal of Narrative Therapy and Community Work*, (3), 85–99.
- Tager-Flusberg, H., & Kasari, C. (2013). Minimally verbal school-aged children with autism spectrum disorder: The neglected end of the spectrum. *Autism research*, *6*(6), 468–478. https://doi.org/10.1002/aur.1329
- White, M. (2000). Children, children's culture, and therapy. In M. White (Ed.), *Reflections on narrative practice: Essays and interviews* (pp. 3–24). Dulwich Centre Publications.
- White, M. (2002). *Workshop notes*. https://www.dulwichcentre.com.au/michael-white-workshop-notes.pdf
- White, M. (2006). Narrative practice with families with children: Externalising conversations revisited. In M. White & A. Morgan (Eds.), *Narrative therapy with children and their families* (pp. 1–56). Dulwich Centre Publications