

# Narrative Therapy with Children and their Families

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CHAPTER ONE

Narrative Practice with  
Families with Children:  
Externalising conversations  
revisited

by Michael White

# Introduction

In this chapter, I will review developments in my work with families with young children over more than twenty years. Looking back at this work over this period will provide an opportunity to revisit the development of a range of narrative practices, including externalising conversations. I will share three stories of work with young children and their families, and then chart the therapeutic conversations associated with these three stories onto three maps of narrative practice. The first map I refer to as a ‘statement of position map, version 1’. Over the last decade I have taken recourse to this ‘statement of position map’ in order to unpack externalising practices in teaching contexts, and to describe the preliminary steps in the sort of rich story development that is founded upon ‘unique outcomes’ or ‘exceptions’. The second map that I will describe in this paper is a ‘statement of position map, version 2.’ This second version of this statement of position map provides a guide to therapists in rendering the unique outcomes/exceptions of people’s lives highly significant. The third map that I will describe here is a ‘scaffolding conversations map’. In recent years, I have been utilising this scaffolding conversations map to provide a second description of a range of narrative practices. In the development of this scaffolding conversations map I was inspired by the work of the Russian psychologist, Lev Vygotsky.

So, let me begin by introducing you to the stories of my work with three children: Richard, Gerry and Millie, and their families.

## *Richard*

Richard is a boy of seven years of age who was brought to see me by his sole parent mother, Jane. Richard wasn't doing well in life. He was generally fearful, quite frail, considered to be 'school phobic', and was suffering from a condition that was believed to be 'psychosomatic'. As well as this, he was experiencing persistent insomnia. Richard's father had abandoned the family when he was an infant, and from that time had no contact with Richard.

In response to my questions about Richard's experiences of life, I learned that he'd had some experiences of trauma which were not recent, and I consulted Jane about her thoughts on the merits of addressing this in the context of our therapeutic conversations. Jane said that she thought that it might be a good idea to attend to these experiences, but wondered if there was something that I could do that might have a more immediate effect on Richard' fearfulness, which was becoming increasingly pervasive. In witnessing the present circumstances of Richard's life, this was a priority that I could highly appreciate.

To attend to this priority, I encouraged Richard to introduce me to these fears that were giving him such a hard time – I wanted him to characterise these fears for me so that I would have some idea of what he was up against. He was surprised by this request, and there was suddenly a spark of interest in his eyes. We soon decided that I might get a better picture of things if he painted his fears. I fetched some art materials, and Richard went to work. I peered over his shoulder as he did so, and as these fears began to take shape it took my breath away to see what Richard had been struggling with. These were indeed very scary fears, and I observed:

*M:* No-one who had fears like this running around in their lives would be able to get any sleep at all!

*Richard:* Well, I hardly get any sleep myself!

*M:* Well, is that fair?

*Richard:* What?

M: Do you think it is fair that these fears take away your sleep?

*Richard:* No, it's not fair. It's really not fair.

M: Are the neighbors getting any sleep with these fears on the loose at night?

*Richard:* Uh.

M: Are the neighbors ...

*Richard:* What do you think mum?

*Jane:* Maybe you could ask them?

*Richard:* Okay, I'll do it! I'll do it as soon as I get home. Mum, I'll ask Mrs Murphy first. And then I could go and see Johnny and find out what is happening there.

M: Has Johnny been looking tired lately?

*Richard:* Has he mum?

I invited Richard to take a further step in characterising these fears by naming them, and we then spent some time figuring out what these fears were up to in his life, and what this said about the agenda of these fears. It didn't take long for us to develop some understanding of the specific tactics employed by these fears to set themselves up as an authority in Richard's life, of the purposes that shaped these tactics, and of the plans that these fears had for his future.

As all of this became clearer to Richard, he became quite indignant and decided that he wasn't all that happy about going along with the plans that the fears had dreamt up for his life. In fact, this suddenly seemed quite intolerable to him. The three of us then spent some time figuring out why it was that he was so displeased with these fear-filled plans for his future, and before long we were discovering what it was that he wanted for his life that didn't fit with the agenda of the fears.

It was upon this basis that Richard decided that some action would just have to be taken:

*Richard:* Something just has to be done about this.

*M:* Sorry, what ...?

*Richard:* Something just has to be done about this. These fears need a good education.

*M:* Oh, so a good education would ...

*Richard:* Fix things, yeah ...

*M:* Okay. Great!

As our conversation unfolded I learned that Richard was going to begin by educating his fears about what he wanted for his life, about his own plans for his future. What's more, he decided that these fears shouldn't be free to roam about at night creating havoc in his life and in his connections with others. To this end, he developed a program to curtail their activities:

*Richard:* These fears could be upsetting everyone.

*M:* Yeah, they could be.

*Richard:* They must be ruining other people's sleep.

*M:* Probably.

*Richard:* They shouldn't be allowed just to run around all over the place at night.

*M:* I reckon you could be right about that.

*Richard:* They should be locked up at night.

*M:* Locked up at night?

*Richard:* Yeah.

*M:* How would you do this?

*Richard:* I'll put them in a box and tie it up.

*M:* Sounds like a good plan. When will you do this?

*Richard:* Before bedtime.

*M:* What then? Will you just keep them tied up in a box all of the time?

*Richard:* No, I'll let them free in the morning before school, so that they can just play around.

*M:* This does sound like a good plan!

*Jane:* It sure does.

When we met again three weeks later, I learned that, with Jane's support, Richard had put these plans to educate his fears and to curtail their activities into action. He had brought back to this meeting the paintings that he'd done of his fears. This time they were shut safely in a cardboard box, which was secured by strong elastic. Richard had been feeling much better, and as a consequence of this had been sleeping more soundly and had returned to school on a part-time basis. He was looking stronger and more confident. Upon hearing about the initiatives and efforts that Richard had undertaken to educate the fears and to curtail their activities, I asked about how the fears had taken this. Richard informed me that it hadn't been easy for the fears, and that 'they had been quite pesky'. He then demonstrated this peskiness:



*Richard:* Look, they wriggle a lot. They wriggle a lot. (The box clearly shaking in his hands.)

*M:* Yes I can see that. But I can see that when you've got hold of them they don't wriggle too much, do they.

*Richard:* No, they don't wriggle too much.

*M:* Let's see if they wriggle when I've got hold of them.

*Richard:* Okay. (Richard passes the box to Michael.)

*M:* Oh. Oh. (As Michael takes the box the fears begin to wriggle a lot.)

*Richard:* Be careful.

*M:* Oh. Oh. Oh. (The situation is deteriorating, and now the fears are jolting Michael around in his chair.)

*Richard:* Look out!

*M:* Oh. Oh. Oh. (Michael is now being gyrated around in his chair by the fears, and is barely able to keep hold of the box.)

*Richard:* Watch out, watch out!

*M:* Oh. Oh. Help! Help! (Michael is thrown to the floor, the gyrations have now increased in amplitude, and he fears that the box will get free of his grasp.)

*Richard:* I've got it! (Richard leaps out of his chair and seizes the box, saving Michael from a terrible fate.)

*M:* Phew! That was close! So close! Oh thanks, thanks. (Clearly shaken up,

Michael rather unsteadily pulls himself back onto this chair, and tries to get himself together again.)

*Jane:* Hey look. Look, they tried to get out!

*Richard:* (Standing beside his chair, with the box on his seat, looking very proud of himself on account of the intervention he'd made into a situation that was looking pretty grim.) Yeah. See here's the flying one sticking out, and here's the creepy-crawly one sticking out too.

*M:* (Still breathing heavily and looking quite disheveled.) Oh boy, it is lucky that you were here.

The steps that Richard took to educate his fears and to curtail their activities worked out very well for him, and over a period of weeks he achieved a fear-free life. On account of this achievement, he was awarded a 'Fear Busting and Monster Taming Certificate', and was granted membership of the 'Fear Busters and Monster Tamers Society of Australia and New Zealand' (in the early 1980s this was quite an active society with a wide membership). Richard decided to take this certificate to school to show his peers in the hope of identifying another child who was a member of this same very secret society. Although his peers showed considerable interest in this certificate and were curious to hear about the story behind it, he was unsuccessful in his efforts to find other members of the society, except for one small girl who thought she might have been a member earlier in the history of her life.

One unexpected outcome of showing this certificate to his peers, and of his sharing of the story of the fear-taming exploits that it symbolised, was that several other children felt emboldened to speak to Richard about what is not routinely spoken of in the context of the culture of the schoolyard – these children began to speak about their own fears and insecurities. In response to this, Richard suggested that these children give him their fears to tame, with the agreement that he would return these fears to them when it was safe for them to have them back. So, for a time, Richard became an unofficial school

counsellor. Later, he was appointed President of the ‘Fear Busters and Monster Tamers Society of Australia and New Zealand’. This society flourished under his tenure.

## *Discussion*

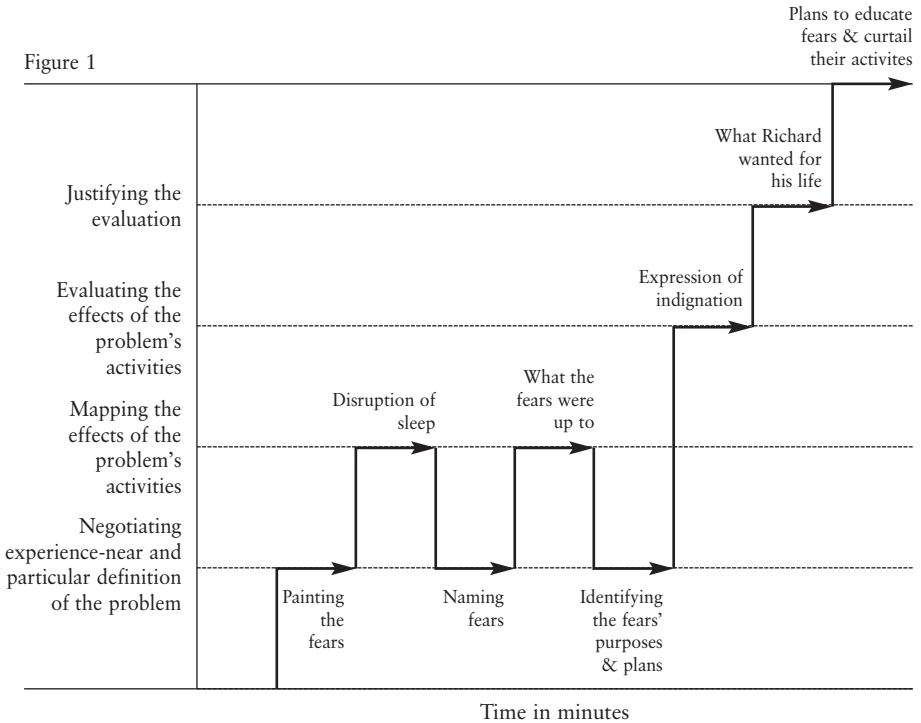
My work with Richard and Jane was shaped by what I have referred to in more recent years as a ‘statement of position map, version 1.’ (This map represents my efforts to unpack externalising practices). I will trace this conversation here, placing in parentheses the specific categories of inquiry around which this map is constructed.

My conversations with Richard and Jane were structured around four general stages. First, I invited Richard to characterise the fears through the painting and the naming of them (‘negotiating an experience – near and particular definition of the problem’). Second, together we drew out an account of what the fears were up to, with a significant focus on the consequences of their activities (‘mapping of the effects of the problem’s activities’). Third, I encouraged Richard to evaluate these consequences and, in response to this, he expressed his displeasure and indignation – he was clearly not happy about going along with these (‘evaluating the effects of the problems activities’). Fourth, I requested that Richard, with his mother’s assistance, help me to understand why it was that he was so displeased with, and so indignant about, the consequences of the fears’ activities (‘justifying the evaluation’). At this stage, Richard had the opportunity to identify what it was that he wanted for his own life, and to articulate some of the purposes and plans associated with this.

Although our conversation did not evolve through these four stages in a strictly linear fashion – it did not move smoothly through stages one to four – it was of a progressive nature. In the first place, the problem which had come to characterise Richard, defining his existence and his sense of self, was in itself characterised. And, finally, we were engaged in a conversation in which Richard’s identity was being newly characterised in terms of specific aspirations, purposes and plans for his own life. This provided him with a

foundation to define actions that he might take to reclaim his life from the fears, actions that were in harmony with what we had all been learning about these aspirations, purposes and plans.

Figure one provides an illustration of the charting of my initial conversation with Richard and Jane.



**Comment**

At times, other therapists have taken the idea of externalising conversations to be a proposal that we assist people to do battle with the problems of their lives, in order to either defeat and vanquish these problems, or to banish them. However, this has not been my understanding about the nature of these conversations. I recently undertook a review of the articles I'd written over the past twenty or so years on the subject of externalising to discover that in just

one of these had I presented battle and contest metaphors. Those metaphors that feature much more prominently in the history of my writing about this subject are geological metaphors through which people engage in acts of 'reclaiming' their lives and of 'undermining' problems, political metaphors of 'protest' and 'resistance', liberation metaphors of 'freedom' and 'escape', geographical metaphors of 'gaining ground' and 'recovering territory', educational metaphors of 'teaching' and 'supervision', metaphors of light such as 'overshadowing' and 'enlightening' the problem, and so on.

Although these metaphors have mostly been drawn from the expressions of people seeking counselling, I have played a significant role in the selection of these. For example, a child might be reporting on his/her new initiatives to resolve his/her encopresis (soiling), providing an account of how s/he is now 'beating Mr Mischief' (competition metaphor) with the intention of 'getting my life back from Mr Mischief' (reclamation metaphor). In such circumstances it would be common for me to emphasise the reclamation metaphor in my questions when inviting the child to draw out these initiatives. This selection is based on a concern about the consequences of routinely reproducing battle, contest and/or competition metaphors in the context of therapeutic conversations.

It is significant to note that Richard never set out to vanquish his fears. Instead, his approach was benevolent. He was quite firm in his resolve to educate and enlighten these fears about how they might do what was in his best interests, and in the best interests of other children.

## *Gerry*

Gerry, four years of age, was a pale, thin and short boy, who'd had a life-threatening gastro/intestinal illness in his first year of life. He was hospitalised on account of this illness, and for a period of time he was treated in an intensive care unit. As a consequence of the nature of this illness and the suffering associated with the treatment of it, which included a significant separation from his parents, from thereon Gerry associated the consumption of food and fluids with trauma and with nausea. He became food phobic and a very picky eater.

Over the next few years, the concerted efforts on behalf of his parents, his pediatrician and hospital staff to address this predicament were to no avail – he failed to thrive. Gerry’s pediatrician was now very concerned about his growth hormone levels, and referred this family to me in the hope that a ‘fresh approach’ might be effective in modifying Gerry’s orientation to food.

In my first meeting with Gerry and his parents I encouraged them to characterise the ‘eating problem’. His parents understood this problem to be a ‘phobia’, and Gerry was familiar with this name even though he didn’t know what it meant. I asked the parents to describe this phobia in terms that would be understood by Gerry, and very soon he was willingly participating in a conversation about what the ‘very naughty little phobia’ was up to.

Following this, I joined with family members in an exploration of the multiplicity of ways that this phobia was affecting their lives and their relationships with each other, and with the outside world. For the parents, this naughty little phobia, apart from other things, constantly demanded their attention, interfered with their parenting, and contributed to very significant frustration on a day-to-day basis in their efforts to ensure their son’s wellbeing. And for Gerry, apart from other things, it became clear that this phobia excluded him from so many activities that he longed to engage in, like climbing trees, playing with his peers, riding a bike, and going fishing with his grandfather. Going fishing with his grandfather, as his cousins did, was something that he longed to do, but he was too frail to hold a fishing rod.

As the meeting unfolded, I learned more about these frustrated longings by encouraging Gerry and his parents to describe the activities that he would be free to engage in if it wasn’t for the influence of this phobia. I then asked them to characterise the sort of strength that would be required to prevail against this phobia and to undertake these highly valued activities. Before long, Gerry determined that this would have to be the strength of a tiger – ‘tiger strength’\*. Gerry was clearly enthusiastic about getting some of this tiger strength for his own life, and this provided an opportunity to introduce a

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\* In the mid-eighties I was meeting with a number of families with children who had ‘eating problems’, and it was interesting just how often these children chose the tiger metaphor in the characterisation of this strength – although there was the occasional appearance of Tasmanian Devils and Rhinos. Today, early in the 21st century, it seems that tigers do not have such an exalted place in children’s culture, and other metaphors are more commonly chosen.

conversation about where he might find a tiger to welcome into his life, and about what would be necessary to sustain the strength of this tiger. Of course, as you could guess, this turned the focus of our attention to tiger diets and the eating habits of tigers, and to general observations about their extraordinary constitution – including the fact that tigers can eat virtually anything and never get sick or even suffer from nausea. When I remarked that most children knew this about tigers, Gerry quickly pronounced that this was a fact that he had known all the way along.

We were soon putting together a menu of the sort of foods and fluids that regularly feature in tiger diets. Gerry took the lead in this, proclaiming foods and fluids like fruit loops, oranges, beetroot, and milkshakes to be regular tiger fare. And we were also soon talking more about what Gerry's life would look like when his tiger was present, and when he was drawing upon tiger strength to do the things that he wanted to do in life. At this juncture, Gerry's mother informed me that her own mother was a dressmaker by trade, and that she would be only too happy to put together a tiger suit in exactly Gerry's proportions.

Then we worked out a deal that instantaneously made Gerry happy, but that initially provoked not insubstantial anxiety in his parents. In fact, they seemed to go through what could only have been momentary panic. This was the deal: from the moment that Gerry recruited a tiger into his life he would no longer be required to eat for himself. Instead he would have to be prepared to stand aside to let his tiger feed. His tiger would henceforth sit in for him at all mealtimes in the family home. As Gerry's parents began to realise that this was a proposal for Gerry to visit the dinner table in the tiger costume, and for him to stand aside at this time to let his tiger feed, their panic dissipated, they grinned broadly and visibly relaxed.

The family went away from my meeting with a plan to visit the Adelaide Zoo to meet the local tigers, and to photograph them. They also agreed to join Gerry in the development of a tiger album, which would include the tiger menu, a story about the arrival of this tiger in Gerry's life, and a story about his agreement to stand aside to let his tiger feed. There was a plan to further develop this album through the inclusion of all sorts of tiger paraphernalia, and for the parents to review this with Gerry each evening at bedtime.

At the very next meeting, three weeks later, I learned that Gerry's tiger had already begun to develop a healthier appetite – apart from other things, he had been eating beetroot and oranges for the first time. At my request, Gerry led me through a review of the beautiful tiger album that he and his parents had been developing, and I seized upon this as an opportunity to identify parallels in the life of Gerry's tiger and those pictured in this album:

*M:* Where is your favourite tiger? Which one is your tiger, Gerry?

*Gerry:* (Turning over the pages of the tiger album, Gerry identifies his tiger – this was one of the tigers that his parents had photographed on their visit to the zoo.) There, that's the one!

*M:* Let me see. This tiger looks happy, doesn't he! I think he's smiling. What do you think Gerry?

*Gerry:* Yes him does. Him looks happy. (Closely scrutinising the photograph.)

*M:* What's that? (Pointing to the tiger's mouth.)

*Gerry:* I dunno.

*M:* I think that this tiger has been eating beetroot!! I think that these are beetroot stains around his mouth! What do you think Gerry?

*Gerry:* (Peering at the photograph, and chuckling.) I think him has!

*M:* Ask your mom and dad what they think.

*Parents:* (Now huddled around Gerry, pouring over the photograph of the tiger.)

*Father:* I reckon he has been eating beetroot!

*Mother:* Didn't use a tissue, did he!

*Gerry:* (Looking at Michael, and chuckling.) Didn't use a tissue.

*M:* Didn't he!



*Gerry:* Let's look for some more. (Placing the tiger album back on Michael's knees.)

*M:* Okay. (Closely examining the photograph.) What's that! Is that orange peel?

*Gerry:* Let me see ... (Laughing.)

I met with Gerry and his parents over several more meetings. During this time he went from strength to strength, and his tiger became more and more playful. The family arrived for our fifth meeting with Gerry attempting to hide a large brown paper bag behind his back. After everyone was seated in the interviewing room, Gerry's father indicated that I should leave the room. He followed me to the door and suggested that I come back in a while. I waited for a time, and then loudly announced my return before walking back into the interviewing room:

*Father:* (Whispering.) Here he comes, here he comes. Quick!

*M:* (Walking into interviewing room, noticing that Gerry is absent.) Where's Gerry?

*Gerry:* (A tiger suddenly leaps out from under the chair that Gerry had previously been sitting on.) Roaaaaaar, Roaaaaaar.

*M:* (In fright jumps a metre into the air.) Yikes! A tiger! A tiger! Help! Help!

*Gerry:* Roaaaaaar.

*M:* (Dives under a chair.) There's a fierce tiger in my room! Help me someone! Help me!

*Gerry:* It's only me. Look, it's only me.

*M:* I know, it's a fierce tiger!

*Gerry:* No, look, it's only me. (Removing his tiger hood, and then peeling off his tiger suit.)

M: Help! Help!

Gerry: It's only me.

M: I know. It's a tiger wearing a little boy suit! Help!

Gerry: (Laughing.)

Parents: (Laughing.)

It did take some time for Gerry to assure me that there was no danger, and to coax me out from under the relative safety of that chair. Although shaken, I mustered my resolve and was able to participate in the rest of the meeting. From what I learned about developments in Gerry's life, it was clear to me that he was now starting to thrive, and was beginning to step into all of the activities he had longed to engage in. Now, twenty years later, I still have a vivid recollection of his pride when, at our last meeting, he walked in to the interviewing room and proudly announced that he had been fishing with his grandfather – we all cried.

Like Richard, Gerry engaged other children in these initiatives. For example, he proudly modelled this tiger suit for his cousins, shared his tiger album with them, and performed a range of tiger feats that were simply breathtaking. His cousins' fascination with these developments in Gerry's life was powerfully reinforcing of Gerry's claims about his tiger identity, and of the initiatives that he was taking in the consumption of food and fluids. And it wasn't long before Gerry's grandmother received several more orders for tiger suits.

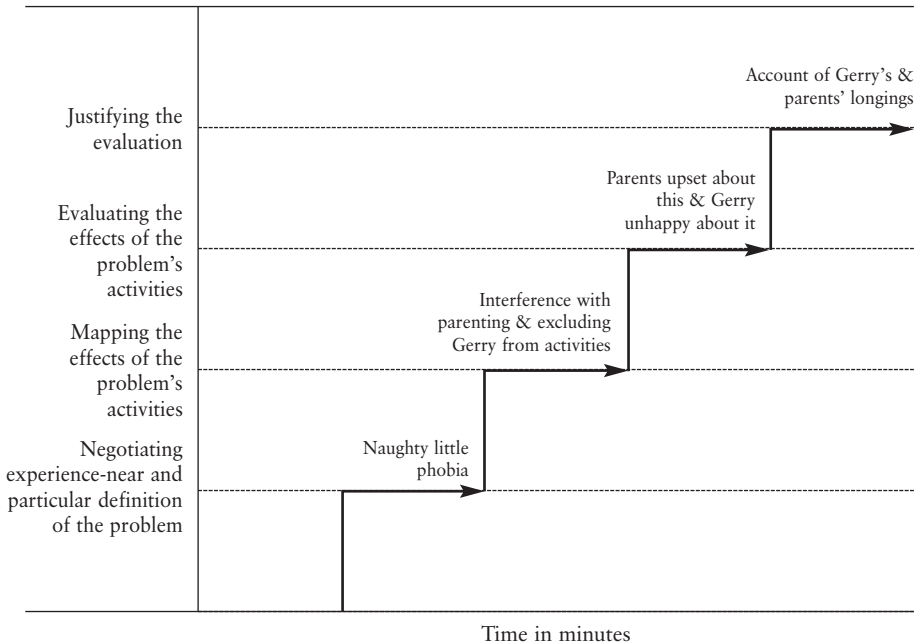
## *Discussion*

Externalising conversations also played a significant role in my work with Gerry and his parents. As in my meetings with Richard and Jane, these conversations unfolded according to the same four categories of inquiry of the 'statement of position map, version 1'. First, I invited Gerry and his parents to characterise the problem in terms that were experience-near and particular to Gerry's knowledges of life – this problem became the 'naughty little phobia'

(‘negotiating an experience-near and particular definition of the problem’). Second, we engaged in an exploration of what this naughty little phobia was up to in their lives and their relationships (‘mapping the consequences of the problem’s activities’). Third, I inquired about how family members felt about all of this (‘evaluating the consequences of the problem’s activities’). Fourth, Gerry, with the assistance of his parents, helped me to understand why they were all so unhappy about the consequences of the naughty little phobia’s activities (‘justifying the evaluation’). It was through this inquiry that we all came to a richer understanding of Gerry’s longings, and of some of his intentions for his life.

Figure two provides an illustration of the charting of my initial conversation with Gerry and his parents:

Figure 2

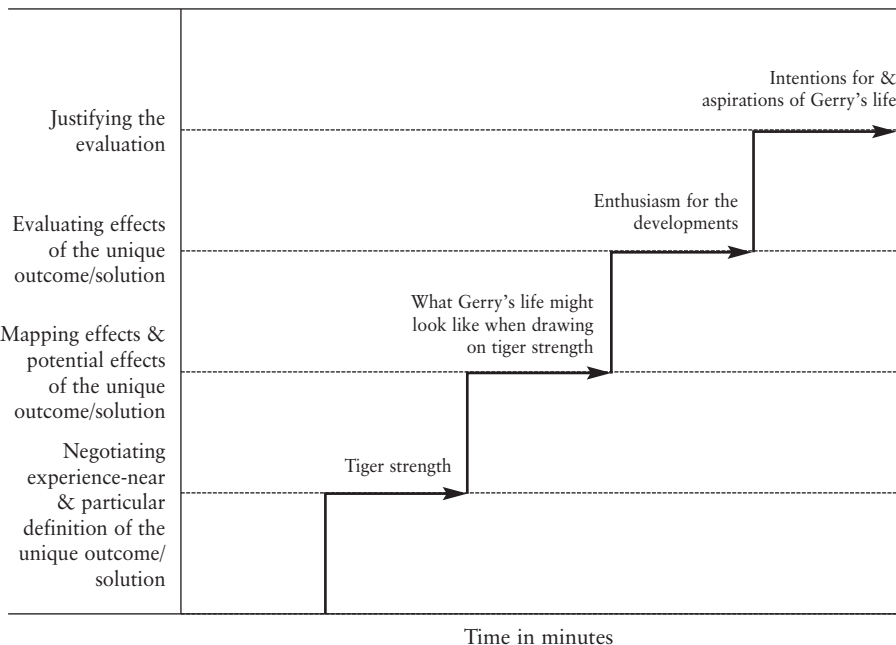


Conclusions about what might be required for Gerry to prevail against the problem were also taken into an externalising conversation. This was shaped by a second version of the statement of position map. The subject of

this conversation principally centered on the concept of ‘personal strength’. First this strength was characterised – a tiger identity was attributed to it (‘negotiating an experience-near and particular definition of the unique outcome/solution/initiative’). Second, we talked about what Gerry’s life might look like when this tiger was present, and when he could draw upon tiger strength to do what he wanted (‘mapping of the consequences of the unique outcome/solution/initiative’). Third, I enquired about how family members might receive such developments, and I learned that this would be with very considerable enthusiasm (‘evaluating the consequences of the unique outcome/solution/initiative’). Fourth, I encouraged family members to provide me with a yet fuller understanding of why they would be so enthusiastic about these developments (‘justifying the evaluation’).

Figure three provides an illustration of the charting of the initial conversation with Gerry and his parents that was shaped by this second version of the statement of position map. In this conversation the concept of ‘strength’ was externalised:

Figure 3



As in my work with Richard and Jane, my conversations with Gerry and his parents did not evolve through these four stages in a strictly linear fashion, but they were progressive. At the outset of the first conversation, the ‘eating phobia’ which had come to characterise Gerry, defining his existence and his sense of self, was in itself characterised. At the outset of the second conversation, the concept of ‘strength’ was characterised. At the end of both of these conversations Gerry’s identity was being newly described in terms of some of the aspirations and intentions that he had for his life. And, as in my conversations with Richard, this very significantly provided Gerry with a foundation to proceed to address the problem – to proceed in ways that were consistent with this new characterisation of his identity.

### *Comment*

At times it has been assumed that it is only the problems that people present for therapy that are taken into externalising conversations. However, this hasn’t been so in the history of my explorations of externalising conversations. Throughout the history of the development of these conversations, I have been just as interested in the part that externalising conversations might play in the revision and redevelopment of what is often defined as people’s strengths and resources, and in revisions of people’s relationship with whatever it might be that they give value to. Amongst other things, I have explored the possibilities that become available to people as an outcome of entering into externalising conversations in relation to their purposes, hopes, values, beliefs, dreams, and so on. I have found that these conversations open options for people to revise their relationship with what it is that is externalised, and that this provides them with new avenues for addressing their concerns and predicaments.

In my meetings with Gerry and his family there was a double externalisation: first the eating problem was externalised as a naughty little phobia, and then it was tiger strength that became the principle object of our inquiry. The tiger metaphor, which was coined by Gerry in response to my request that he characterise the sort of strength that would be required for

him to undertake all of the valued activities that were not available to him, contributed to the externalisation of the phenomenon that is usually conceived as a personal strength. It was through this externalisation that this phenomenon became highly developed and richly known to an extent that would not have been possible had it simply retained the status of an internal quality. And the externalisation of this phenomenon that is usually conceived of as a personal strength provided a foundation for Gerry, with the assistance of his parents, to become more influential in the shaping of his own life.

### *Millie*

Millie, a girl of four years and ten months, was referred to me by child-protection services, with a specific request that I address her difficulties in establishing bowel and bladder regulation. She had persistent soiling and wetting, and this had defied all initiatives undertaken in regard to toilet training. Her foster parents, Sherrie and Ned, had expressed growing concern over this as Millie was about to go to pre-school, and they believed that there was a good chance that she would be rejected by other children on account of her soiling and wetting. Further, they were apprehensive about the possibility that, unless resolved, this problem could contribute to the establishment of a negative reputation that could complicate Millie's relationship with her peers in the school years ahead.

During my initial telephone conversation with the child-protection service worker, she reiterated a request that, in my work with Millie, I specifically focus on the development of bowel and bladder control. She also assured me that the other issues of concern that might become evident in my conversations with Millie and her foster parents were being attended to. These issues of concern were the outcome of the fact that Millie had been through significant trauma in her young life, and exhibited most of the developmental complications that are typically associated with 'failure-to-thrive syndrome'. This included the fact that she was short in stature and was delayed in many of her developmental milestones.

What sort of trauma I asked? The child-protection worker informed me that at the age of two years Millie's biological parents were prosecuted for perpetrating abuse and neglect, and she was removed from their care and placed with foster parents. When Millie was three years and ten months of age, these foster parents were also prosecuted for perpetrating abuse and neglect, and she was placed with a second foster family. In this second foster placement, Millie had 'struck gold'. Under the warm and loving tutelage of these foster parents, Millie's development had accelerated quite dramatically. This was particularly evident in her social skills and in the area of speech development.

There was a further request from the child-protection worker: that I find a way of addressing Millie's problems with bowel and bladder regulation without raising this matter directly with her. 'Oh, is that all. You just simply want me to assist this little girl to achieve this without raising the subject with her', I responded. 'Yeah, that's it', replied the child protection worker. 'Okay, so I've got it. Is there anything else? Like perhaps there is something else that you would like me to do as well that might be a fraction complicated or difficult?' I remarked. This amused the child protection worker, who said that she was making this request on account of the fact that, to date, toilet training initiatives had been traumatising of Millie. In response to these initiatives it was common for Millie to become highly distressed and then to regress. It would then take days before she was again able to pick up the threads of her life. The child protection worker's understanding of this was that Millie's first foster parents had taken to rubbing her face in her own faeces as a method of toilet training her.

It was my sense that the complexities of this situation were such that I would need some assistance in my work with Millie and her foster family. In view of the history of trauma associated with efforts to establish bowel and bladder regulation, and because it would be re-traumatising for Millie to represent herself on this matter, it would be important to have a third party present at our meetings to be her spokesperson. I could interview this spokesperson on matters of soiling and wetting, thus providing a safer context for Millie. The spokesperson could then check back with Millie about the degree of accuracy with which she was being represented.

There was another good reason to engage a third party in this work. Because of the apparently intractable status of Millie's soiling and wetting, I assumed that it would be important for this family to have someone who was readily available to them whom they could consult in their efforts to implement the ideas that might come out of our meetings. Further, I thought that it would be helpful if this person could be available to join the family over these efforts in their home.

In light of these considerations, at my first meeting with this family and the child protection worker I arranged for several of my colleagues to be present. It was my hope that Millie would gravitate towards one of these colleagues, perhaps in the context of play, and strike up a connection with them. It was my intention to then invite this colleague to join me in my work with this family, to represent Millie on the subject of bowel and bladder regulation. At this meeting she did develop such a connection with one of these colleagues, and this colleague was invited to join our meetings as Millie's representative:

*M:* (Addressing this colleague, who, by the way, happens to be a stuffed toy in the shape of a small bear wearing a pilot's costume, including flying helmet and goggles.) Do you like being with Millie, Pilot?

*Millie in role of Pilot responds:* Yes.

*M:* Tell me, do you think that Millie and you will be friends?

*Pilot:* Yes.

*M:* He thinks that too! Wow!

*Pilot:* Yes.

*M:* Tell me, why would you like Millie for a friend?

*Pilot:* Because she likes, she likes me.



*Michael:* Because she likes you! That's a good reason to have Millie for a friend. Will Millie keep you warm?

*Pilot:* Yes.

M: At night?

*Pilot:* Yes. And I'll put, and I'll put, she'll put me in my, in my bed.' (Millie briefly dropping out of the role of Pilot, then recapturing this, and then briefly dropping out of it again.)

M: Would you like to cuddle up with Millie in her bed at night?

*Pilot:* Yes.

M: You would like that! Okay. Tell me, would you like to help Millie get her poos in the toilet?

*Pilot:* Um, I would teach her how to.

M: You'll teach her how to. Okay. And do you think that you and Millie will be very happy when you teach her how to do that?

*Pilot:* Yes.

M: How will you teach her how to do that?

*Pilot:* When Millie comes home from school (pre-school), I'll see ... she will see if ... if I've had a great day.

M: So when Millie gets home from school, she's going to come and ask you whether you had a great day.

*Pilot:* Yes.

M: What else do you think Millie's going to come and say to you?

*Pilot:* Mmm. I'm going to help Pilot get poos in the toilet.

M: She is going to tell you that she's going to help you get your poos in the toilet?

*Pilot:* Mmm. Mmm.

M: And will you help her do that too?

*Pilot:* Yes.

M: You will? Okay, how would you be able to help Millie get her poos in the toilet?

*Pilot:* We will go quickly to the toilet.

M: That sounds like a good plan. I think the two of you have a good plan.

*Pilot:* Yes, yes.

In this meeting it was Pilot's role to be Millie's representative and her consultant. It was through Pilot that Millie was able to express her knowledge about self-regulation and put together a plan – albeit very rudimentary, but in her own words – for addressing the problem of soiling. To the knowledge of the foster parents, this was the first occasion upon which Millie had participated in formulating some ideas for addressing this problem; until this time she had been an unwilling passenger to the ideas formulated by others. Midway through this meeting I consulted all of those present about what they had been drawn to in this conversation between me and Pilot and Millie. In response to this, all present participated in the rich development of the story about Pilot and Millie's connection with each other, and about their plans to address the soiling. Millie listened to this as she drew pictures on a

whiteboard, and from time to time interjected with corrections and embellishments.

At the second meeting, three weeks later, I learned that Pilot and Millie had worked well as a team, and that Millie had managed to get ‘two poos in the toilet’. About this she was very pleased, and pirouetted to the story of this achievement as it unfolded. Apart from this development, there had been a significant shift in Pilot and Millie’s relationship: Millie was now Pilot’s consultant, and she was more directly possessing and expressing her knowledge about self-regulation:

*Millie:* And I got two poos in the toilet!

*M:* Did you get two in the toilet?

*Millie:* Yes.

*M:* Congratulations! Do you shake hands? You got two in the toilet!

*Millie:* (Nods yes.)

*M:* Really! And how did you do that?

*Millie:* I pushed them out.

*M:* You pushed them out, yeah. And, did Pilot help?

*Millie:* Yes.

*M:* How did Pilot help?

*Millie:* He helped me push them.

*M:* He helped you push them, did he?

*Millie:* (Nods yes.) And Pilot pushed the button.

M: What was that?

Millie: When Pilot feels the poo coming out I quickly take him into the toilet.

M: Okay, when Pilot feels the poo coming you quickly take him into the toilet.

Millie: Yes, and he does a poo.

M: And he does a poo.

Millie: In the toilet.

M: Really, wow! So Pilot lets you know. Pilot tells you when it's a good time.

Millie: Yes.

M: Does he? That's great, yeah! And were you ...

Sherrri (*Millie's foster mother*): And she's sitting longer.

M: Sorry?

Sherrri: I said she's just sitting longer ...

Millie: I try to, I sit for a long time on the toilet.

M: Oh, okay, so there's two things, you sit longer as well do you?

Sherrri: Yes she does. And I don't have to remind her quite so often, sometimes she tells me she's going to sit and try.

Millie: Yep.

M: So two things. You got poos in the toilet twice – can I write this down here?

*Millie:* Yes.

*M:* I'll just put here: 'Millie put poos in the toilet two times', yeah. (Michael begins to recite as he writes, and Millie quickly commandeers this, rendering Michael the scribe.)

*Sherri:* You tell Michael ... what else did you want to say? You were sitting, were you going to tell Michael that? You sit a little bit better now it's not so hard to sit still?

*Millie:* Yeah, I sit a little better now. It isn't hard to sit still.

*M:* Millie sits better now, and ... (Again, Michael begins to recite as he writes, and again Millie quickly commandeers this.)

*Millie:* ... and it isn't hard to sit still, no it's not.

*M:* And you said that Pilot helped. Can I write down what Pilot said again? What you told me about Pilot? You said Pilot tells you when the poo's coming, yeah.

*Millie:* And I tell Pilot when he, and then I take Pilot to the toilet quickly and he does a poo in the toilet.

*M:* Okay. And I take Pilot, I take Pilot quickly ... (Michael again writing, and almost instantaneously back in the position as scribe to Millie's voice on this.)

*Millie:* ... to the toilet, and he does poos in the toilet.

*M:* Wow, that's what I've written there. See, I've put here: Millie put poos in the toilet two times. And Millie sits better now, it isn't hard to sit still. And then Pilot tells Millie when poo is coming and Millie takes him quickly to the toilet and he does poos in the toilet! (At this point Millie is intently

pouring over the written word, which is clearly profoundly significant to her, even though she does not read or write.)

*Millie:* Yes.

*M:* And were you happy. Happy when you got poos in the toilet? Or were you sad when you got poos in the toilet? Or ...

*Millie:* Happy ...

*M:* Who else was happy? Anybody else happy?

*Millie:* Barry was. (Barry is Millie's elder foster brother.)

*M:* Barry was happy?

*Sherri:* He had to come and have a look didn't he! (Laugh.)

*Millie:* And I done big poos in the toilet.

*M:* You did big poos in the toilet. Okay. And how did you know? Did you hear a plop, or what?

*Sherri:* What did you tell me Millie ... what did you tell me? I said: 'How did you know there was a poo there?' What did you tell me? Do you remember what you told me?

*Millie:* Oh, yeah.

*Sherri:* What did you say? What could you feel? Do you remember what you told me?

*Millie:* A poo coming.

*M:* Yeah, you felt a poo coming.

*Sherri:* And you felt it coming out you told me, didn't you. So you knew there was something there, you had to have a look, yeah ... so she's never actually said that before.

*M:* So, you felt a poo coming out ...

*Millie:* Yeah. I felt a poo coming.

*M:* Did you? Wow. And that's something that you saw as particularly important?

*Sherri:* Mmm, because she's never ever said this. She just sort of keeps peeping there not knowing if there's anything there or not, but she said she knew because she could feel it coming out.

*M:* Okay. So before she had to keep peeping, and now she can actually tell when it's coming?

*Sherri:* Mmm, they're only tiny ones. And she goes quickly now when it's very fresh in her pants, so obviously she's not quite finished so she can do a little bit more in there, so I guess that's stage one.

By the third meeting, Millie had become Pilot's teacher, even more directly possessing and expressing her knowledge in relation to the establishment of self-regulation. She had also recruited a third member onto the team – a new doll – and the three of them had been going off to the toilet room to do their thing together while sitting on each other's lap. The logistics of this sounded rather hazardous, but it appeared to be working out quite well!

Several meetings into our work together, Millie showed up with a medallion around her neck. This was a medallion that her foster brother had won in a bicycle competition some years earlier. At the time of this meeting the Australian Olympic Games were in full swing, and I correctly assumed that Millie had been watching the medal ceremonies on television. I openly

wondered whether Millie deserved a progress medal for what she had so far achieved, and all present concurred. I offered to organise this, and interviewed Millie about what she would like to have inscribed on the medal. I left these words with the manager of a trophy store, along with instructions to produce a medal that was a replica of those presented at the Australian Olympic Games. The plan was to award this medal to Millie at ‘a presentation evening’, in the manner in which certain sports people are awarded medals by their clubs at the end of each season.

The ‘presentation evening’ duly took place late on a Thursday afternoon, and was attended by invited family and friends. In the ceremonial phase of this meeting, Millie stood on a dias that I’d assembled, one that was replete with giant blue and gold ribbons, while those present had the opportunity to speak about their understandings of Millie’s achievement. Millie was clearly in ‘heaven’ at this time, and on account of her excitement I was concerned that she might fall from the dias. The shiny medal was then awarded to her, and we all sang the Australian National Anthem, as Millie had become familiar with this from watching the medal presentations to Australian swimmers. As the Australian National Anthem is not generally well-known, I’d handed around copies of this and had also played an audio-recording of it so that everyone would know the words and could sing to the tune. Even with these preparations, two of the participants of this event got into a debate about whether this really was the national anthem, and this was only resolved when I said that it really didn’t matter and that we could just sing it anyway.

This ceremonial phase of the presentation evening was followed by a celebratory phase in which we all consumed the sweets, cakes and liquid refreshments that had been ordered by Millie (I recall feeling a little nauseous at the end of this event). The presentation evening contributed to an acceleration of Millie’s progress, and before long she had successfully achieved the ‘accident free’ regulation of her bowel and bladder.

A few months after follow-up, Millie’s foster mother, Sherrie, called to say that she was again concerned about Millie. This concern was not about regress – Millie had remained incident free in regard to bowel and bladder regulation. Rather, Millie, now six years of age, had recently begun to talk about ‘the mean things’ that had been done to her in her first foster home. As



she was nearly four years of age before being removed from this context, it could be expected that she would have had clear episodic memories of some of her experiences of trauma.

This development had caused Sherrie and Ned, Millie's foster father, much consternation. On the one hand, these parents were concerned that to encourage conversations about this trauma might be very unsettling for a little girl whose life was only now becoming settled – in fact she was just about to sleep over at a friend's house, and would be soon going away on a brief school camp (a two-day and one night visit to a nature reserve). On the other hand, these parents understood that it could be important for Millie to give expression to her experiences of trauma, and that this should be welcomed, and not silenced or discouraged.

Sherrie hoped that I might be able to assist in resolving this dilemma by telling her how to approach it. I informed her that it was my understanding that trauma had different effects on different children, and, as well, that a response to an expression of trauma that is appropriate for one child might not be appropriate for another. I suggested that the family return for a further meeting so that we might have an opportunity to figure out what would work for Millie. Before long I was meeting with Sherrie and Ned while Millie was being cared for by our reception person. At the outset of this meeting I said that I had a proposal for how we might find out what would work best for Millie at those times when she was giving expression to the trauma she'd been through. Ned, however, was very insistent that I would know how to advise them in regard to this dilemma:

*Ned:* Surely you'd know what to do about this Michael. I know you see lots of kids who've had hard times, and you must have come across this situation many times before. Surely you'd know what to do.

*M:* It's my experience that every situation is different, and what works for one child doesn't necessarily work for another.

*Ned:* But surely Michael this isn't a different child. Surely you know Millie better than most know her, so surely, surely you of all people, surely you would know what to suggest.

M: Yeah, I do know Millie. But I really don't know what is going to work best for her in this situation that's about healing responses. I think that we are going to have to do something that is tailor-made. And I've got an idea about how we might get onto that.

*Ned:* Okay, let's get going. Let's have it then.

I then shared my proposal for how we might proceed. Sherrie and Ned approved of this, and Millie soon joined us. I introduced Millie to another two of my colleagues, Toby and Julie, both stuffed toys. I then told her a story about Toby and Julie that closely paralleled her own story:

M: Millie, I wanted you to meet Julie and Toby, who have been with me for about as long as you have been with your new mum and dad. When Julie and Toby first came to live with me they were really scared. They didn't feel very good, and they didn't know if they could trust me.

*Millie:* Oh.

M: But after a while they began to feel safe with me. They began to feel much better, and then they began to get happier.

*Millie:* Oh.

M: Now Toby and Julie are feeling so safe and so good that they are both going to sleep over with friends next week. This will be their very first time.

*Millie:* Like me! That's like me!

M: And soon they are going to go away on a school camp.

*Millie:* Just like me!

M: But I have been worried about them.

*Millie:* Why?

*M:* Because I am about to go away with my work for about four weeks, and it just isn't a good time for me to go. Just when Julie and Toby are sleeping over for the first time, and just when they are going on their first school camp, they really need me to be there for them. It's not a good time for me to go, is it?

*Millie:* (Pauses, looking at me in a disapproving way – in fact so disapproving that I have a sense that she is entertaining the idea of calling the child protection service about my negligence!) No, it isn't. (Now shaking her head.)

*M:* Anyway, I have found a lovely family for one of them to stay with, where I know they will be alright while I am away. Would you be happy to look after the other one?

*Millie:* (Immediately seizing Toby, and holding him to her chest.) I'll take Toby. I'll take Toby. I'll look after him.

*M:* Phew! Thank you Millie. Thank you so much. Now I won't worry, because I know that Toby will be in safe hands while I am away.

*Millie:* I'll look after you Toby.

*M:* Millie, I have to tell you something. Toby has just started to talk about some of the mean things that were done to him before he came to live with me.

*Millie:* Ohhh. (Now stroking Toby, and holding him more tightly to her chest.)

*M:* And he might want to talk to you about some of these mean things while I'm away. Would that be alright?

*Millie:* Yeah, that would be alright.

M: Toby might feel a bit sad when he talks about these mean things.

Millie: That's alright.

M: What will you do if he does feel sad.

Millie: Pick him up and cuddle him. Make sure that he isn't by himself at night. And give him special treats.

M: (Briefly looking in the direction of the foster parents, hoping they are catching this, and that they will take their cue from this in responding to Millie when she talks about the trauma she experienced in her first foster home.)

Sherri: (Looks relieved and winks, signalling to me that she now has an answer to this dilemma about how to respond on such occasions.)

M: (Looking to Ned for a sign that this dilemma is also resolved for him.)

Ned: Michael, why are you staring at me?

M: (Turning away from Ned briefly, hoping that more time for reflection might assist him to 'get it', then turning back to him.)

Ned: (This time he gives me a highly theatrical and overdone wink, and then laughs uproariously – I always appreciated Ned's fondness for his own humour.)

M: (Thinking that it is now my turn.) What's wrong with your right eye Ned?

Ned: Nothing. Nothing.

Millie: Yes there is Dad, I saw it too. What's wrong with your eye Dad?

M: Millie, I'm a bit worried about your dad. He has this strange tick thing in his eye, and he calls me Shirley all the time. (Ned had the habit of prefacing many of his questions to me with the words: 'Surely Michael ...'. For an example of this, see previous except of transcript.)

*Millie, Sherri, Ned, and M:* (All laughing.)

Six weeks later, following my return to Adelaide, I again met with Millie and her foster parents. Millie's sleep-over had been successful, and she was just back from her school camp, which had also gone well. Both Toby and Pilot had accompanied her on these adventures. I asked about how everything had been for Toby in my absence, and about how things had worked out between him and Millie. I also asked if Toby had been talking to her about some of the mean things that had been done to him before he came to live with me. She affirmed that this was the case:

M: And you've been looking after Toby?

*Millie:* Yep.

M: And you were going to talk to Toby, because when he was little, before he came to live with me, some people were very mean to him like they were mean to you. Remember?

*Millie:* Yeah.

M: And I was going to be away for a little bit and I was worried about Toby. He needed someone to look after him, and you said that you'd look after him. And have you been talking to him?

*Millie:* Yep.

M: What have you been telling Toby?

*Millie:* Oh, that, that's alright.

M: You have been telling him ‘that’s alright’.

Millie: Yeah. And he gets scared in the night sometimes.

M: He gets scared in the night sometimes?

Millie: That’s when I pick him up and hug him.

M: You pick him up and hug him. So he feels nice and safe when he’s with you?

Millie: Yep.

M: And you tell him everything will be alright?

Millie: Yep.

M: Did he say anything about some of the mean things that were done to him.

Millie: Oh, he said he didn’t like it.

M: What else did he say?

Millie: Um, he said, he said he loves me.

M: He loves you – he said he loves you, did he?

Millie: He wants to stay at my house.

Sherri: (Laughs.) But he’s Dr Michael’s bear, so should he stay at our house, or has he got a house of his own?

Ned: All his friends and little brothers and sisters here will miss him.

*Millie:* Has he got a house?

*M:* He does have a house, but I was wondering if you wouldn't mind looking after him a little bit longer, because I am going away again, and I think he will be lonely if he doesn't stay with you.

*Millie:* Don't let him stay with those mean people again.

*M:* No, he should never stay with those mean people again, should he?

Over the next thirty minutes the account of Millie's healing responses were more fully drawn out. It turned out that she was a veritable fount of ideas when it came to assisting Toby in regard to the traumas he'd suffered. I also learned that Millie had come to Sherrie and Ned with stories of the mean things that Toby had been subject to. At these times they responded in ways consistent with what they knew of Millie's healing knowledges – for example, they would listen carefully, then immediately pick her up, cuddle her, ensure that she wasn't alone at night, and give her special treats.

## *Discussion*

Millie's sense of herself and of life had been considerably defined by her experience of trauma. Although the concerted efforts of her second foster parents and the child protection agency had made very significant inroads on this before Millie met Pilot, it was clear that this experience of trauma held sway in circumstances in which toilet training was at issue. In these circumstances, Millie was prone to re-experiencing this trauma, and this had the effect of recuperating a passive-recipient identity status, and strong sense of incompetence – which was all that it was possible for her to know about herself under these circumstances.

Pilot's participation provided Millie with the opportunity to reposition herself in conversations about bowel and bladder regulation. In this repositioning, Millie was able to distance from the immediacy of her

experience of trauma and to experience a degree of separation from this passive-recipient identity status. This distancing from the known and familiar, from this customary sense of identity associated with trauma, opened the possibility for Millie to define and give expression to her knowledge of self-regulation. From our first meeting, re-positioned as Pilot, she derived a course of action that she believed would contribute to success with toilet training. Admittedly, in the first place, this was founded upon a very rudimentary plan, but this marked the first occasion upon which Millie had a voice in regard to this issue.

In the second meeting Millie was positioned as Pilot's consultant, thus more directly embracing of her knowledge of self-regulation. However, she was still at a distance from the passive recipient identity status, and from the immediacy of her experience of trauma in regard to toilet training, as this was now projected onto Pilot. It was from this distance that Millie then more fully embraced and developed her knowledge of self-regulation, becoming, by our third meeting, Pilot's teacher, as the status of this knowledge was increasingly elevated within the context of our conversations.

These developments were further supported through soliciting responses from Millie's foster parents, foster brother, and from the child-protection worker. I invited them to reflect on what they perceived to be the actual and potential consequences of these developments in Millie's life, on what these developments reflected about Millie's friendship skills, and about what these suggested about what she wanted for her life; about what these developments might say about her purposes, her plans, and her hopes. Before long, Millie was reproducing many of these concepts about life in her conversations with Pilot and her foster parents.

When Sherrie called about her dilemma over how she might respond to Millie's stories about the trauma that she was subject to in her first foster home, my thoughts went to how to structure a context that would foreground Millie's knowledge about healing responses, and contribute to the further development of these. I understood that the foster parents would have some familiarity with a knowledge about healing responses that would be relevant to Millie, for this would have been significantly developed in the context of their relationship with her, and in the context of their contribution to her learnings about life.



However, I perceived an opportunity to bring to focus a knowledge of healing responses that might be particularly relevant to Millie, and in a way that might assist her to distance from the immediacy of her experience of trauma.

The introduction of Toby and Julie set the scene for this. The parallels drawn between their lives and Millie's life established a strong sense of identification with them. In forewarning Millie that Toby might tell her about the mean things that he'd been subject to, conditions were established for her to step back from the immediacy of her experiences of trauma, and to instead represent Toby to her foster parents on these experiences. From this more distant position, Millie was able to enact and further develop her knowledge of healing responses. These were played out in her interaction with Toby, and reproduced by the foster parents in their responses to the stories Millie began to bring to them. Apart from rendering this knowledge of responses more available to Millie, Toby's participation contributed to a context of safety for Millie – she could now give expression to her experiences of trauma without being defined by these experiences.

### *Comment*

In the therapeutic conversations with Richard and Jane, it was the problem that was externalised. This provided an opportunity for Richard to distance from the ways that he had been defined by the problem; from a principal known and familiar sense of identity associated with the experience of fears. In the therapeutic conversations with Gerry and his parents, it was both the problem and the conception of strength that was externalised. This provided an opportunity for Gerry to also distance from a principal known and familiar sense of his identity, and for him and his parents to more richly know and develop this conception of personal strength. In the therapeutic conversations with Millie and her foster parents, it was incompetence, traumatic experience and knowledges of self-regulation that were externalised. Subsequently, these knowledges of self-regulation were more directly embraced by Millie, and further developed.

*Scaffolding the zone of proximal development: a second interpretation of narrative practice.*

In the illustrations given in this chapter, externalising practices assisted Richard, Gerry, and Millie, and the members of their families, to distance from the principal known and familiar accounts of their lives, and from experiences of life associated with these accounts, and to move towards what it was possible for these children to know about their lives, and for others to know about the lives of these children. This was an incremental and progressive distancing from this known and familiar that is not synonymous with a splitting off from one's life. Rather, it was an incremental and progressive distancing that provided a foundation for these children to play a more significant part in influencing the course of their own development and, in so doing, to more fully inhabit their own lives.

There is always some distance between the known and the familiar on the one hand, and what it is possible for people to know and to do on the other. This is a gap that must be traversed in order for people to have more to say about the shape of their lives and their relationships. It is rarely possible for people to traverse this gap without the appropriate scaffolding. This is the sort of scaffolding that is the outcome of social collaboration; that is founded upon the supportive participation of others. In my meetings with Richard, Gerry and Millie, I contributed significantly to this scaffolding in various ways, but principally through the introduction of various categories of inquiry associated with externalising practices. I also recruited the participation of Richard, Gerry and Millie's family members, other relatives, friends, and a child-protection worker, in this scaffolding. Richard and Gerry, on their own initiatives, recruited the participation of peers and cousins.

In traversing this gap between the known and the familiar and what it is possible to know and to do, Richard, Gerry and Millie all experienced a newfound sense of personal agency. By 'personal agency' I am referring to that sense of being able to regulate one's own life; to intervene in one's life to effect its course according to one's intentions, and to do this in ways that are shaped by one's knowledges of life and skills of living. It is this sense of personal agency that makes it possible for people to engage in what is usually

regarded to be ‘responsible’ action in relation to the predicaments and problems of their lives. According to this understanding, responsible action is not the outcome of chance, of the ‘liberation’ of ‘human nature’, or of any developmental imperative. Nor is it simply a ‘construct’. Rather, ‘responsibility’ is founded upon the development of a sense of personal agency which is in turn the outcome of a special sort of social collaboration.

These terms – ‘distancing’, ‘scaffolding’, ‘social collaboration’, ‘personal agency’ – invoke the work of the Russian psychologist, Lev Vygotsky (1986), a developmental theorist who had special interest in early-childhood learning. Although the development of my work with families with children was not originally informed by Vygotsky’s thought, in recent years I have been drawn to many of his ideas. This is principally because I find that my therapeutic explorations are confirming of Vygotsky’s conclusions about learning and development. I also find that his ideas contribute to new understandings of processes of therapeutic change, lend clarity to what is significant in the conversations of narrative therapy, and reinforce various narrative practices. And, as well, I am finding that his ideas are contributing to the further development of some of my narrative practices. On account of this, I have decided to briefly review some of Vygotsky’s ideas in the last section of this chapter.

### *The zone of proximal development*

Vygotsky was primarily interested in explorations of early childhood development. In these explorations he determined that, in a great majority of cases, development is founded upon learning. This was a challenge to much of the prevailing developmental theory of his time that asserted that development preceded learning and that, on this basis, learning was the outcome of the unfolding of some genetic/neurological imperative.

Vygotsky also emphasised that learning was an achievement not of independent effort, but of social collaboration. In this social collaboration, he observed that adult caretakers and more sophisticated peers structure children’s learning in ways that make it possible for them to move from what is known and familiar to them, and from routine achievements, to

what it is possible for them to know and to achieve. This he described as a movement across a zone of learning that he termed the 'zone of proximal development'. This is a zone that is comprised of the distance between what the child can know and achieve independently and what it is possible for the child to know and to achieve in collaboration with others.

Traversing this zone requires that the child distance from the immediacy of their experience. It is a significant task. According to Vygotsky, this is not a task that children can achieve unless it is broken down into manageable portions. It is the part that caretakers and more sophisticated peers play in this that contributes to the 'scaffolding' of this zone of proximal development. This scaffolding encourages the child to 'stretch' his/her mind and to 'exercise' his/her imagination in the achievement of these learning tasks, but not in ways that require impossible or improbable leaps that would contribute to exhaustion and a sense of failure on behalf of the child.

Vygotsky proposed that it was through this progressive and incremental distancing from the already known and familiar, and from the immediacy of one's experience, that it becomes possible for children to develop 'chains of association' that establish bonds and relations between what would otherwise simply remain undifferentiated objects and events of their worlds. He referred to this as the development of 'complex thinking', and he demonstrated how the development of this complex thinking provides the basis for the development of 'concepts' about life and identity.

It is this conceptual development that supplies the foundation for people to regulate their lives: to influence their own actions in purposeful ways; to intervene in their own lives to shape the course of events; and to problem-solve. According to this understanding, those actions that are considered to be responsible and autonomous have their foundation in social collaboration, without which this responsible and autonomous action would not be possible. The achievement of this self-regulation is synonymous with what I have referred to as the development of 'personal agency'.

I will here summarise some of Vygotsky's principal ideas about the zone of proximal development, and about learning. In seeking to reveal the

genesis of learning, Vygotsky's research brought him to the following conclusions:

- a) Learning is the outcome of social collaboration, not of independent effort, or of the unfolding of any 'hard-wired' bio-genetic process. In this social collaboration, skilled caretakers and sophisticated peers provide supported learning tasks that are within the reach of the child, but that require the investment of significant effort on behalf of the child.
- b) It is through these learning tasks that children have the opportunity to distance from the immediacy of their experience of the world. This is a movement towards what they might know and do in collaboration with others.
- c) This is a movement across a zone of learning that he called the 'zone of proximal development'. This is a zone that is formed by the distance between what the child can know and achieve independently and what it is possible for the child to know and to achieve in collaboration with others. To quote Vygotsky, the zone of proximal development is: *the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers ...* (1986, p.86)
- d) In this movement across this zone, there is a shift from gathering the objects and events of the world into 'heaps', from the uniting of diverse objects and events in groups under a common family name, to gathering the objects and events of the world into chains of association, or into complexes, that establish bonds and relations between these objects and events.
- e) There are several levels in the development of these chains of association or formation of complexes, from the preliminary unification of objects and events on the basis of maximum similarity to the grouping of objects and events on the basis of a single attribute (for example, only round objects or flat objects).
- f) This development of complex thinking provides a foundation for the development of 'concepts'. To quote Vygotsky, the development of a

concept: *presupposes more than unification. To form such a concept it is also necessary to abstract, to single out elements, and to view the abstracted elements apart from the totality of the concrete experience in which they are embedded.* (1986, p.135)

- g) This conceptual development provides a foundation for the child to intervene in shaping their own actions and in the constitution of their own lives. According to Vygotsky, on account of this development, the child is now able to operate with these concepts at will and as a task demands, and with a consciousness of these operations, understanding them to be processes of a certain kind. In his terms, it is this development that leads to ‘self-mastery’ in intellectual functions: for example, he asserts that this concept development is the foundation of *deliberate attention, logical memory, abstraction, the ability to compare and to differentiate.* In terms that I have employed in this chapter, this development of conceptual thought can be considered the foundation of ‘personal agency’. It is through the development of conceptual thought that children begin to inhabit their own lives.
- h) Language and word-meaning evolution is crucial to this conceptual development – the pathway to concept formation is the development of word-meanings. To quote Vygotsky again: *When a new word has been learned by the child, its development is barely starting; as the child’s intellect develops, it is replaced by generalizations of a higher and higher type – a process that leads in the end to the formation of true concepts ... Real concepts are impossible without words, and thinking in concepts does not exist beyond verbal thinking. That is why the central movement in concept formation, and its generative cause, is a specific use of words as functional tools.* (1986, p.107)

### *The zone of proximal development and therapeutic practice*

The focus of Vygotsky’s research was early childhood development, and it was his intention to identify those early childhood educational practices that were most favourable to child development. However, his conclusions are

relevant to considerations of learning and development at all ‘stages and ages’. And I have also found these conclusions to be relevant to the further understanding of effective therapeutic practices, and to the further development of these therapeutic practices.

People consult therapists when they are having difficulty in proceeding with their lives. In these circumstances, in their efforts to address their predicaments and concerns, it is usually the case that people are reproducing the known and the familiar; they are engaging in actions that are in keeping with familiar conclusions about their lives and relationships, and with customary knowledges about life. The gap between this known and familiar and what it might be possible for people to know and do can be considered a ‘zone of proximal development’.

This zone cannot be traversed without the sort of conversational partnership that would provide the necessary scaffolding to achieve this; that is, the sort of scaffolding that would provide the opportunity for people to proceed across this zone in manageable steps. In the context of therapeutic practice, the therapist contributes significantly to the scaffolding of the proximal zone of development, and also recruits the participation of others in this. This scaffolding makes it possible for people who are consulting therapists to incrementally and progressively distance from the known and familiar towards what it might be possible for them to know and to do.

Influenced by the ideas of Vygotsky, I have developed a ‘scaffolding conversations’ map that is structured by five categories of inquiry. This map can be utilised to provide a guide to the development of therapeutic conversations that facilitate incremental and progressive movements across the proximal zone of learning. The categories of inquiry of this map establish specific learning tasks, which I define as:

- a) Low-level distancing tasks; that is, tasks that encourage people to characterise specific objects and events of their worlds,
- b) Medium-level distancing tasks; that is, tasks that encourage people to bring into relationship specific objects and events of their world in the development of chains of association, or ‘complexes’, that establish bonds and relations between these objects and events.

- c) Medium high-level distancing tasks; that is, tasks that encourage people to reflect on these chains of association and to draw, from these, realisations and learnings about specific phenomena.
- d) High-level distancing tasks; that is, tasks that encourage people to abstract these realisations and learnings from their concrete and specific circumstances in order to form concepts about life and identity.
- e) Very high-level distancing tasks; that is, tasks that encourage the formulation of predictions about the outcome of specific actions founded upon this concept development, and tasks that encourage the planning for and initiation of such actions.

### *Statement of position map, version 1 revisited*

At the beginning of my conversations with Richard and Jane, I supported the characterisation of Richard's fears (which were painted and named, which became known in their operations and activities, and which were identified in terms of their agenda for his life). In the 'statement of position map, version 1', this initiative was defined as 'developing an experience-near and particular definition of the problem'. In the scaffolding conversations map this characterisation of the problem would be typified as a 'low-level distancing task'. For Gerry and his parents, the initial low-level distancing tasks encouraged them to characterise the problem, which became 'the naughty little phobia'.

In the second phase of my conversation with Richard and Jane, I encouraged them to bring the problem into relationship with its consequences (which included sleeplessness, fearfulness, isolation from peers, and exclusion from education). In the 'statement of position map 1' this was defined as 'mapping the effects/influence of the problem'. In the scaffolding conversations map this would be typified as a 'medium-level distancing task'. For Gerry and his parents, this medium-level distancing task encouraged them to link the activities of the 'naughty little phobia' to specific consequences in their lives (which included exclusion of Gerry from



activities like climbing trees, playing with his peers, riding a bike, and going fishing with his grandfather, and which constantly demanded his parents' attention and interfered in their parenting of him).

In the third phase of my conversations with Richard and Jane, I supported them in reflecting on the operations and activities of the fears, and the consequences of these operations and activities. As an outcome of this, both spoke of their experience of these operations and activities, and of their consequences and, as well, gave voice to certain realisations (which included various expressions of indignation and displeasure, and the realisation that the fears needed a good education). In the statement of position map, version 1, this was defined as 'evaluating the effects of the problem's activities and operations'. In the 'scaffolding conversations map' this would be typified as a 'medium-high level distancing task'. For Gerry and his parents, it was in the context of this medium-high level distancing task that they gave voice to their frustrations and to their disapproval of the havoc that the naughty little phobia was creating.

In the fourth phase of my conversations with Richard and Jane, I supported them in reflecting on these experiences and realisations, and in giving voice to conclusions about what this said about what they intended for their lives and about what they give value to (which included a range of hopes and fear-free plans for Richard's future). In terms of the statement of position map, version 1., this was referred to as 'justifying the evaluation'. In the scaffolding conversations map, this would be typified as a 'high-level distancing task', with these conclusions representing concepts about life and identity. For Gerry and his family it was in the context of this high-level distancing task that he renewed his goal of going fishing with his grandfather.

In the fifth phase of my conversations with Richard and Jane, I supported them in speculating about what steps might be taken to address the predicament at hand, steps that would be in harmony with their conclusions about what they intended for their lives, and with what they accorded value. In the scaffolding conversations map this would be typified as a very high-level distancing task. For Gerry, one high-level distancing task had him making plans to stand aside to allow the tiger to feed.

Figure four provides an illustration of the charting of my consultation with Richard and Jane according to the scaffolding conversations map:

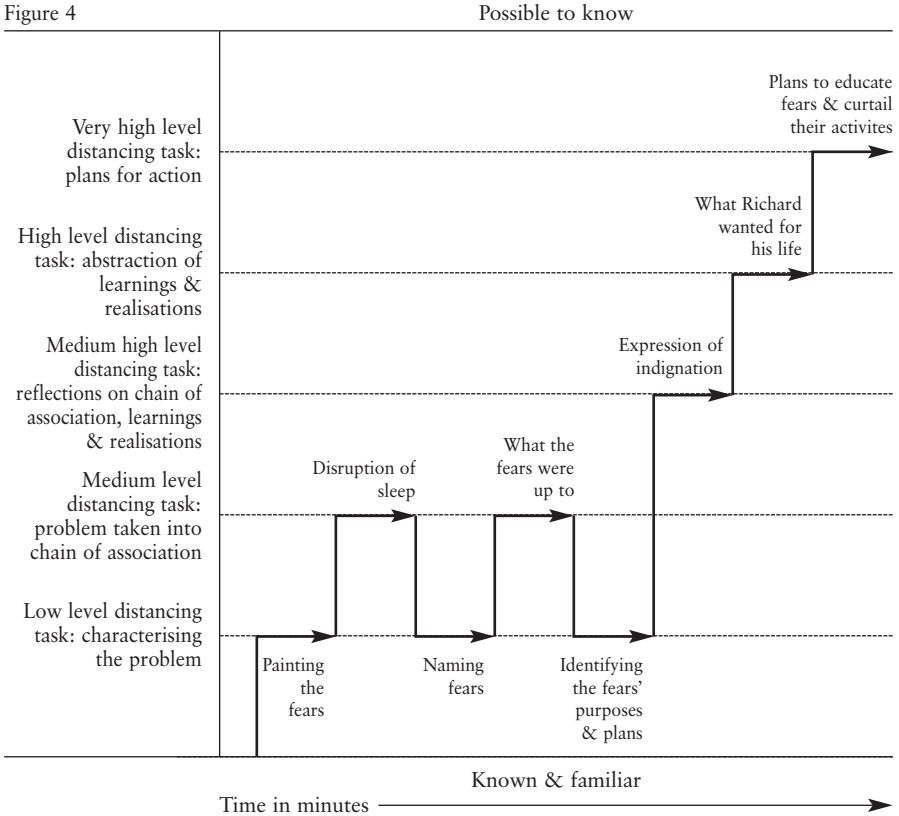
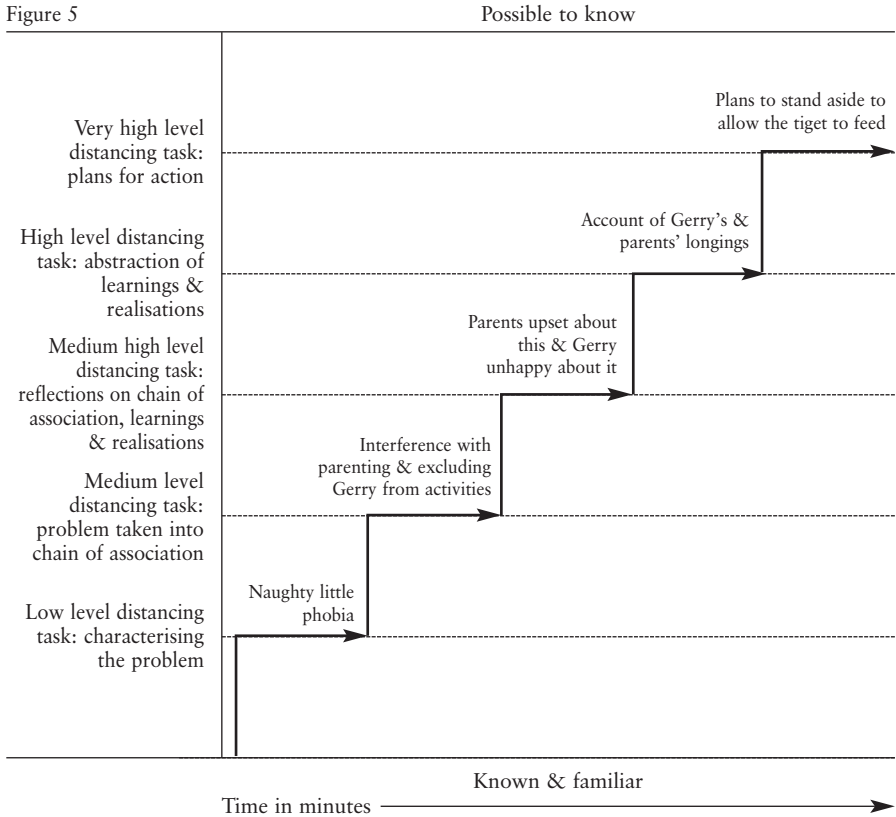


Figure five provides an illustration of the charting of my consultation with Gerry and his parents according to the scaffolding conversations map:



### *Statement of position map, version 2 revisited*

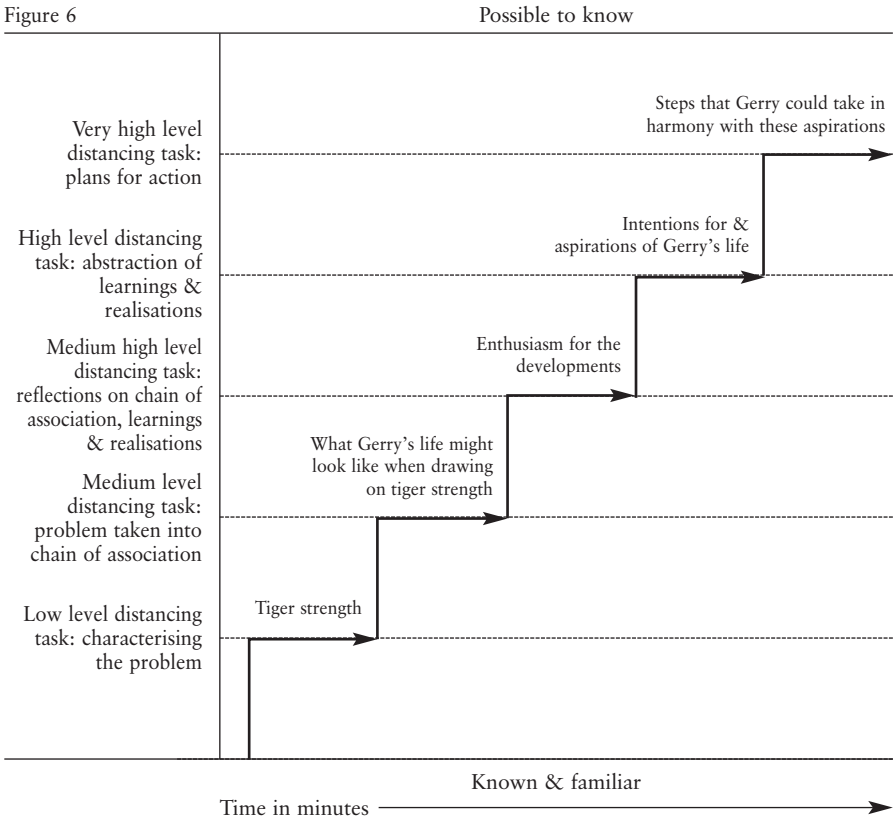
When Gerry gave voice to the significant part that strength could play in reclaiming his life from the ‘naughty little phobia’, I encouraged and supported the characterisation of this strength (it became ‘tiger strength’). In the statement of position map, version 2, this was defined as ‘negotiating an experience-near and particular definition of the unique outcome/initiative’. In the scaffolding conversations map, this would be typified as a ‘low-level distancing task’.

I then encouraged Gerry and his parents to draw out the consequences/potential consequences of the tiger’s activities in his life (which included playing with friends, riding a bike, and climbing trees). In the statement of position map, version 2, this was defined as ‘mapping the effects or potential effects of the unique outcome/initiative’. In the scaffolding conversations map it would be typified as a ‘medium-level distancing task’.

Next, Gerry and his parents were encouraged to give voice to their experiences of these developments/potential developments (which included unreserved enthusiasm), and to describe some of the realisations associated with this. In terms of the statement of position map, version 2, this was defined as ‘evaluating the effects of the unique outcome/initiative’. In the scaffolding conversations map it would be typified as a ‘medium-high level distancing task’.

I then supported Gerry and his parents in reflecting on these experiences and realisations to determine what this said about what he intended for his life, and about what he gave value to (which included a much richer description of all of those plans for the future that the ‘naughty little phobia’ had frustrated). In terms of the statement of position map, version 2, this was defined as ‘justifying the evaluation’. In the scaffolding conversations map it would be typified as a ‘high-level distancing task’.

Lastly, I encouraged Gerry and his parents to speculate about steps that might be possible for him that would be in harmony with what we’d all been learning about in terms of what he intended for his own life. In the scaffolding conversations map this would be typified as a ‘very high-level distancing task’.



### *Repositioning and scaffolding the zone of proximal development*

At this juncture, I will reiterate some of my reflections on my meetings with Millie and her family, with further emphasis on the part that repositioning played in the scaffolding of her zone of proximal development.

The categories of inquiry of the externalising conversations maps were also very present in my work with Millie and her foster parents. However, on account of the potential for Millie to be re-traumatised in any direct consultation about the problems of soiling and wetting, in the first place I

went to special lengths to establish an opportunity for her to speak from a position that wasn't defined by this problem and by the trauma of her history. In this development, she re-positioned herself as Pilot, and as a consultant to Millie. As a consultant to Millie, some of her knowledges about life and skills in self-regulation were further developed, and became available to her in her efforts to address the problem that was now characterised as 'poos', which came to occupy a third position. As Pilot, this little girl was distanced from the experience of trauma associated with toilet training, from negative conclusions about Millie's identity (that she was bad, incompetent, and a failure), and from 'poos'.

As our work progressed, these three positions were maintained, but there was a shift in that this little girl stepped out of the Pilot position and re-occupied the Millie position, becoming Pilot's teacher, and Poos' educator. This shift occurred as she became more knowledgeable about the problem and the solution, and as this contributed to possibilities for the redevelopment of Millie's identity.

Later, in response to the foster parents' concerns that revisiting memories of trauma could be profoundly destabilising of Millie, I again established an opportunity for her to speak from a position that wasn't defined by the trauma of her history. This was also an opportunity for Millie to distance from the immediacy of her experience. However, on this occasion she was able to take her identity with her. As Millie, she was able to give representation to Toby's experience of trauma without being defined by this, and was free to further develop healing knowledges and to respond with these. In representing these experiences of trauma and her healing knowledges in this way, she provided her foster parents with options for responding that were acknowledging of these experiences of trauma, but that did not run the risk of re-traumatising her.

These repositionings facilitated, for Millie, a distancing from the immediacy of aspects of her experience and from aspects of what was known and familiar to her about her life and her identity. These were aspects of her experience and of what was known and familiar to her that were significantly determined by and defined by the trauma of her history. In these repositionings, with support and encouragement, Millie was able to:

- a) draw out relations between particular events and actions pertaining to the regulation of her bowels and to addressing traumatic experience,
- b) reflect on these relations in the development of realisations and learnings about these phenomena,
- c) abstract these realisations and learnings from concrete circumstances in the development of conclusions about life and identity, and
- d) develop plans of action founded upon these realisations, and learnings, and conclusions.

### *Comment*

I have proposed that Vygotsky's ideas about learning and development have the potential to contribute to understandings of therapeutic change generally, to lend clarity to what is significant in the conversations of narrative therapy, and to assist in the further development of narrative practices. And I have put forward his assertion about the social and relational origins of conceptual development and about this as a foundation of 'self-mastery' and 'self-regulation'. These considerations encourage us, as therapists, to acknowledge and honour the special responsibilities that we have to provide the conditions for the development of personal agency in the people who consult us.

Recognising that it is our task to scaffold the proximal zone of development in ways that support an incremental and progressive distancing from the known and familiar to what it is possible to know is an important aspect of acknowledging and honouring this responsibility. From this perspective, if a person's response to therapeutic inquiry is a not-knowing response: 'I don't know the answer to that'; 'I don't know how to respond to that', then our attention is drawn to the responsibilities that we have for the further scaffolding of these conversations. In observing these responsibilities we might drop down a level in the vertical dimension of our inquiry to give people the opportunity to further develop a reflecting surface that will enable them to respond to the next level of inquiry. Or we might provide opportunities for explorations of the horizontal dimension, perhaps by inviting others to speculate about appropriate responses to the questions of

this inquiry, or by providing accounts of how others in similar predicaments have responded to such questions, and inviting reflection on this.

Another example of the special responsibilities that accompany this understanding of the therapeutic task: should we find ourselves falling prey to conclusions that a person who is consulting us is ‘simply lacking motivation’, is ‘hopelessly irresponsible’, is ‘resistant’, is ‘incapable of foreseeing the consequences of his/her actions’, is ‘unable to reflect on his/her behaviour’, is ‘a concrete thinker’, and/or is ‘incapable of abstract thought’, this will serve as a wake-up call. In observing these special responsibilities, we will interpret conclusions like these to be a reflection of the extent to which this person is mired in the known and familiar, and is not experiencing the sort of social collaboration that would be effective in scaffolding his/her zone of proximal development. In this circumstance, we are alerted to the fact that we have not been fully present with our scaffolding skills, or that we have reached the limits of these skills in our consultations with particular people in relation to specific issues. This second conclusion will encourage us to take pause to explore ways of extending on the limits of our therapeutic skills.

## *Conclusion*

In this paper I have given three illustrations of therapeutic conversations with the families of young children in which externalising practices played a significant part. These externalising practices were also conceived as distancing practices that provided an opportunity for: Richard to distance from the ways that he had been defined by the problem; Gerry to distance from a principal known and familiar sense of his identity and for the rich development of a conception of personal strength; and for Millie to distance from traumatic experience and the ways in which this had defined her.

I provided a brief account of some of Lev Vygotsky ideas about early childhood learning, and drew out a ‘scaffolding conversations’ map for therapeutic conversations that was drawn from these ideas. Although Vygotsky’s focus was on early childhood learning and development, I believe that the notion of the ‘proximal zone of learning’, and the importance given



to the careful scaffolding of this zone, is relevant to all therapeutic conversations, regardless of the ages and stages of development of the people who are consulting therapists.

The accounts of my meetings with Richard and Jane, and with Gerry and his parents, were alternatively charted onto a 'statement of position map' and a 'scaffolding conversations' map. Space considerations only allowed for a partial illustration of the extent of the actual scaffolding of the therapeutic conversations according to these maps. This 'statement of position' map and this 'scaffolding conversations' map are constructions that were developed in the course of my consultations with people, and are not offered as imperatives in regard to the shaping of therapeutic conversations, or as claims about what is essential to adequate and appropriate therapeutic processes.

In the foregoing discussion, amongst other things, I have characterised therapeutic conversations that make it possible for people to traverse the space between the already known and familiar and what it is possible for them to know. I have invoked the notion of distancing to describe this process, and referred to the therapist's role in the scaffolding of this space. I have also emphasised that achieving what it is possible for one to know, and the sense of personal agency that is associated with this, is the outcome of social collaboration.

At the beginning of this paper I stated that it was my intention to review developments in my work with families with young children over more than twenty years, with the expectation that writing this chapter would provide an opportunity for me to re-visit and reflect on some of my therapeutic conversations with children over this time. I hope the stories about the therapeutic conversations included here give some sense of the playfulness, exuberance, laughter and tenderness that has characterised so many of my meetings with children and their families. Many of the practices that are now routinely associated with narrative therapy, including externalising conversations, were initially developed in the context of conversations with small children and their parents, siblings and/or care-givers. While this chapter has focused on the ways in which narrative practices can assist children to move beyond the known and familiar and towards what it is possible for them to know and do, it would be equally possible to write a chapter describing the

contributions of children and their families to the development of this work, contributions that have assisted me to step beyond what was known and familiar to me in regard to my therapeutic practice. Perhaps there will be an opportunity to do so at a later date.

### ***Note***

This chapter began its life as a part of a presentation given at the Psychotherapy Networker Symposium in Washington in March 2003. This was a workshop that I co-presented with Salvador Minuchin, and it was planned with the intention that we would together review developments through different eras of the history of our work. We had agreed that videotape clips of meetings with families would provide the foundation for this review. I chose to focus on my work with families of young children, and in this chapter I refer to three of the stories that I shared in this presentation.

### ***Reference***

Vygotsky, L. 1986: *Thought and Language*. Cambridge: MIT Press.