



What if ... I were a king?

Playing with roles and positions in narrative conversations
with children who have experienced trauma

by Sabine Vermeire



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Abstract

This article explores playful and creative ways of using different roles in work with children who have experienced traumatic life events. Imaginatively engaging with the standpoint of a doctor, a king or queen, or an admired person, can provide a new relational context for therapist and child, and can spark the discovery of more hopeful stories. Opportunities to step into unfamiliar positions, such as that of researcher, can similarly provide fresh vantage points and insights. We can avoid coercing children to speak, and instead allow them to ask questions and learn more about their experiences and those of others. From a new position, children can discover that they have ideas, knowledge and responses in relation to their experiences. They can reconnect with values that are important to them, evaluate their relationship with their difficulties, and take a clear stance towards their problems. The article is illustrated with an account of the author's work with 8-year-old John. A range of narrative ideas and practices are explored and expanded in this context.

Children and adolescents who have experienced stressful or traumatic life events (violence, abuse, parents with addiction or psychiatric disorders) have all kinds of ideas about the world and the people who inhabit it. Like other children, they create stories about the causes of their problems to try to make sense of them. Some have clear ideas about what needs to be done about their problems. Others haven't got a clue about how to deal with them. Some find that their thoughts run around in circles. These children aren't eager to speak; they may interpret our well-intended questions as an interrogation by someone in a position of power. Still, an important goal of our therapies is to create a safe haven for children to speak, without marginalising their voices. How can we invite conversations without forcing children to speak? This article uses my work with 8-year-old John to explore playful and creative ways of using imagination, role play and the adoption of new roles to respectfully engage with children who have experienced traumatic life events (Vermeire, 2016).

Key words: *narrative therapy, children, trauma, imagination, playing with roles, unspoken, multi-voiced*

The story of John

A year before our first meeting, John's dad had taken his own life after a period of using violence in his family. Four days after his father died, John said that he did not want to be sad any longer, and from that moment he hadn't shed a tear. He took responsibility for many tasks around the house and began acting as the 'man' and father of the house. He coached his little brothers and his mother, Amy, explaining how to mow the lawn, when to fill the dishwasher; he rushed his brothers in the morning to make sure they arrived at school on time.

In the months before we met, temper tantrums had taken charge of John's life. They had grown in frequency and intensity. John was sent to therapy to work on traumatic experiences from his past and to stop the temper tantrums. In therapy, he claimed that everything was going well. He avoided or turned down each question about his difficulties or about his father.

Some difficulties in conversations with children

Communication with children doesn't always follow the generally accepted rules of conversation. Western social and cultural ideas about how to communicate in the 'right' way don't fit and often colonise the ways children engage in conversation. There is always a hierarchy between adults and children even if we try to minimise it: the height of our bodies, the number of words we know, and the way we overlook the world, constitute big differences. In addition, we risk being trapped in a 'caring' relationship in which the adult is positioned as the helper giving advice, and the child is positioned as needing help and as having to accept and follow the advice given.

Child therapists are often encouraged to take a critical posture towards anything that deviates from the 'norm', rather than to take a more open, curious and appreciative stance towards this uniqueness (Smith & Nylund, 1997, p. 17). The questions we ask children may sound like an interrogation; a question seeking clarification may seem to imply that there is a correct answer. Our questions can give the impression the child is the problem (Freeman, Epston & Lobovits, 1997). Our theories of child development, moral development, attachment and resilience influence how we as practitioners think about children, how we talk with them, what we ask them, and how we make sense of their issues (Vetere & Dowling, 2005). Children's own experiences, stories, ideas or beliefs remain unsaid. They shrug their

shoulders, say 'I don't know', and give 'standard' or so-called 'socially desirable' answers.

Some hindrances in conversations with children in contexts of trauma

In my conversations with John, each question seemed to invite the temper tantrums into the room. He screamed a song at the top of his voice and turned his back to me.

In contexts of trauma, the therapy room can become filled with 'heaviness' and 'seriousness'. The effects of the trauma and the whole range of emotions can be felt in the room. Children's habitual responses to trauma take over. Our inclination to help the child out or to give good advice becomes even stronger. Ideas about what is good for the child inform our actions. In these contexts, children's stories are particularly vulnerable to colonisation; their voices are particularly vulnerable to silencing (Smith & Nylund, 1997; Weingarten, 1998).

The notion that it is beneficial to speak about troubles and traumatic experiences is a dominant idea. It means that therapy often seems the best way to deal with traumatic experiences: it promises to resolve the difficulties. In most cases, it isn't the child's idea to come to therapy. The proposal comes from family members or persons who are concerned about the child. They hope for liberation for the child, for fewer problems or a better relationship. The children themselves, however, are often unconvinced that speaking can be helpful and that therapy is the right thing to do for them. On the contrary, they often experience that speaking leads to more trouble and that adults aren't always reliable. This means that the therapy room gets filled with feelings of suspicion. Even if we focus on young people's responses to the trauma and not on the details of the trauma itself (Yuen, 2007a, 2007b), our questions and the obligation to come to therapy may be felt as intrusive and disrespectful.

Many children who experience trauma lose touch with a particular and valued sense of who they are. They reach negative conclusions about their identities and their lives. Their 'sense of self' can become so diminished that it becomes very difficult for them to give any account of what they value in life (White, 2006a). This makes it very difficult for them to answer our questions, which in turn gives them an extra sense of failure. We have to be careful not to strengthen young people's experiences of trauma and their negative conclusions about themselves.

One of the things we are eager to do is to reassure the child or adolescent who has experienced trauma that it wasn't

their fault. When we do so, we are in danger of positioning them as 'victims' rather than active participants who have their own ideas. At the same time, our questions can give the child the feeling that they are being investigated and analysed: the problem is no longer the problem, the child is the problem (Freeman, Epston & Lobovits, 1997; White, 2007).

Instead of understanding young people's reluctance to speak as some psychological mechanism of denial or suppression, it is far more interesting to be curious about their hesitation, the good reasons they may have not to speak, and their concerns about retribution and reliving trauma in the context of giving voice to their experiences (Rober, 1999; White, 2006b).

For John, coming to therapy with his mother came to mean 'I am the problem', 'I'm not doing things right', 'I have to change and stop getting so angry'. Amy was afraid that John would take the same course in life as his father. She hoped he would recover from his experiences of violence and the impact of his father's death. She felt alienated from John and couldn't see how she might contribute to helping to resolve her son's difficulties. Shame and a sense of worthlessness had a grip on her (Sather & Newman, 2015).

Sather (2015) discussed the complexity of the experiences of children and partners of men who have ended their lives through suicide after engaging in domestic violence. The stigma and cultural stories attached to both domestic violence and suicide can lead to experiences of shame and confusion, in addition to grief. While I was working with John, Amy had conversations with a colleague of mine about her experiences of the domestic violence that had taken place and the suicide.

As a narrative therapist, my toolbox is filled with questions. But these tools can be experienced as weapons rather than as instruments for opening up space for telling stories. Alan Jenkins (2005, 2009) emphasised the importance of intervening without reproducing practices of abuse or violence. Michael White asked how we can ensure that children are not vulnerable to being re-traumatised when speaking about what they have been through (White, 2006b). Ncazelo Ncube (2006) looked to respond to the lives of children in ways that were not re-traumatising, that reduced the effects of trauma, and that brought to light children's own skills and knowledge. These sources provide guidance about ways to invite conversations with children without 'forcing' them to speak, allowing children to talk about what worries them, and what is important or valuable to them, in ways that can be noticed by themselves, the therapist and whoever else is involved.

The ground beneath our feet: Reconnecting children with what is valuable and important in their lives

In the context of trauma, the 'victim identity' can enclose children entirely. Michael White (2006a, 2006b) strongly emphasised the importance of creating a safe territory of identity from which people can give expression to their experiences of trauma. In some cases, it seems impossible to create such a territory for someone positioned as a child in the context of 'therapy' (Boekhorst, 2003; Madsen, 2007; Vermeire, 2014).

However, if we suspend the therapist-child relationship for a while, new conversations become possible. We can search for a relational context in which the child can become a fully-fledged participant. The therapist and child can take new positions or roles in the conversation so we become engaged in different territories of identity. The 'unspoken' can be said from another role or position, and new alternative stories can be brought in from that different vantage point. Even more: instead of the therapist or the child being the ones who speak, we can open up the therapy room and bring in the voices of other people and hear their stories, ideas and responses.

John expressed that it was unfair that he had to come to therapy and answer all these stupid questions. 'This is not just!' I noticed that 'justice' mattered to him, and that there were a lot of things that were not fair in the world around him. So I invited him into the position of 'King' and I became his subject. This position switch brought us into a different relationship and allowed a different conversation that generated new stories: If you were King, what would your kingdom look like? And how would you install justice?

On a piece of paper, we designed a whole country with rules and laws. It was a country where people were not allowed to decide to take their own lives. This brought us to the next questions: And what if people still do this? Is it your responsibility as a king to avoid this? What is for you as a king so important and valuable in this law?

By making John a king, I put him in an expert or alternative position that permitted him to say certain things, to have certain thoughts, or to ask certain questions. He could stand in a different territory of identity that was not circumscribed by the trauma and was separated from his sense of being 'a child', 'a problem' or 'a patient' and the discourses that limited us in our relationship and conversations. This different relational context with different roles and positions

From a different position, the child can discover that they have ideas, knowledge and responses to certain experiences. They can get reconnected with values that are important to them. They can even evaluate their relationship to their difficulties from their new position and take a clear stance towards their problems.

At the end of each of our sessions, John and I informed John's mother about our search and discoveries. We created some distance and positioned Amy away from her usual role and ways of reacting towards John's worries. We asked her to listen carefully to what resonated or moved her. We asked her to respond from an outsider-witness position after we related our discoveries. This offered her a safe place from which she could respond and share the things she wanted to share. She didn't have to 'help' her son or 'take care of him'; instead, she could hear and see things that her son said and did from a different perspective. For Amy, this opened up new understandings of the difficulties John experienced. She began to see what mattered to him and what he valued. Bit by bit she was reassured that John had some ideas and knowledge about his difficulties. Together, they gained some shared words to describe the complexities of their experiences, words that opened up possibilities for new conversations between mother and son.

This structure of re-telling acknowledges the experiences of the child and what they find valuable. It brings in rich stories and creates connection around shared themes (White, 2007; Vermeire, 2011).

Ways of reconnecting and re-membering

As a therapist you can raise the question: 'Do you sometimes have the idea, the conviction or the feeling that you are the only one on this planet who thinks, feels or acts in this way?'

The fact that John didn't want to talk about himself, his life or the things that had happened did not mean he didn't have questions about them. Over time, he had become convinced that he was the only one in this world who had such temper tantrums. He no longer noticed that others sometimes also got angry, felt sad, or acted strangely. I asked John what he would like to know about temper tantrums and Mr Anger. Then I suggested that we, as real researchers, do some serious scientific research about temper tantrums and make the results of our investigations available to other people.

A lot of children who have experienced trauma have questions about what has happened in their lives. Often, they stop asking those questions openly because they are afraid of negative answers. The multiplicity, and especially the richness, of their differentiated and nuanced experiences seem to disappear. They stop looking around and no longer notice that other people might struggle with the same themes or try to find ways to deal with similar difficulties in their life. They get disconnected from the many voices that surround them. The conviction that nobody can understand what they feel, do or think nestles in their mind.

People always take steps to prevent the trauma they are subject to, and when preventing this trauma is impossible, they take steps to modify it in some way or to modify its effects on their lives (White, 2006a, p. 28). Denborough (2008) made clear that responding to trauma is always responding to social issues. Winslade and Williams (2012) emphasised the importance of joining people together in mutual support, rather than assuming that people need to deal with their problems in isolation. Rather than questioning a child about how they have responded to trauma, or what kind of social issues they have protested or tried to resist, we can instead assume that a lot of people have to deal with those social issues and have to find responses. This brings us to consider how we can give children the chance to find resonances with others' experiences and responses without asking the child to tell their story. If we can grasp the questions that occupy a child's mind, we can collect those questions and present them to other people while the child listens to the responses.

John and I make a list of the things he would like to know about Mr Anger and other people's experiences with Mr Anger: Is there a Mr Anger that sometimes visits you? If yes, when? In which situations does he like to come the most? Does he come suddenly or slowly? What does he make you do? Do you sometimes do things that you don't want to do? Does Mr Anger say to hurt yourself sometimes?

Identity is an 'association of life' (Myerhoff, 2007; White, 2007) with members from the past, present and future. Therapist and child can visit, literally or imaginatively, those members of the 'club of life', and have a conversation with them about their experiences, thoughts and wishes. When we let others tell their stories about the steps they have taken, the ways they have dealt with social issues, or the answers they have found in difficult situations or trauma, we avoid forcing children to speak. Their world and identity gets populated with a multiplicity of voices that can join the single negative voice that dominates their identity. We offer the child opportunities to listen to this multiplicity of voices.

Opening space for polyphony

Through traumatic experiences, certainties tumble.

The things a child knew for sure and took for granted are no longer all that certain. Their responses to difficulties often go unnoticed and unacknowledged. When a child can ask others about their experiences, difficult emotions, unpleasant thoughts and their answers in hard times, the child can recognise and feel acknowledged for their own ways of responding.

We can discuss whose voices to invite into the room for an interview or survey. We can ask the child whose ideas they're interested in the most, or whose voices they wish to hear. Each voice has a different weight, a different value and a different meaning for the child. We can listen to real or imaginary voices. We can invite them 'live' in the therapy room, we can go onto the street, or we can make questionnaires and send them around through the internet. We can question any of the persons closely involved (family, friends) or complete strangers; peers or buddies, cuddly toys or idols, or people in specific positions such as police, judges or psychiatrists.

John and I decided to do a 'test case' to check that we had the right questions for our research about Mr Anger. We invited a colleague of mine into the room. John was the camera operator and I was the interviewer. John took the camera on his shoulder. The camera offered him a safe place from which to listen. Almost immediately, he was surprised by my colleague's answers: 'even adults can be beside themselves with rage, do things they do not want to and get angry with themselves afterwards'.

The position of scientific investigator, interviewer or videographer offers a child a safe place in which to stand and ask the questions that occupy their mind, and at the same time opens up the possibility of hearing different, new stories. Other children may prefer to construct a questionnaire for a glossy magazine and do the interviews from the position of a reporter.

It is important to let more than one voice speak and be heard to prevent it from becoming a new truth; likewise, there should be more than two as two perspectives might create a dilemma. Instead, multiple voices should be offered. Inviting different people brings in multiple realities and perspectives. This creates freedom of choice and activates reflection (Fredman, 1997, 2014). Knowledge is always from a certain angle. We can bring in different kinds of knowledge to produce a many-voiced, polyphonic conversation (Gergen, 1999; Vermeire, 2014). Expert knowledge and local knowledge can be voiced. Different kinds of knowledge can

be explored. Implicit knowledge and skills can be brought to the fore and made visible. Some thoughts and ideas can be spoken or heard more easily from a certain position.

John had an ambition to become a police officer so he could contribute to a more just society. After we interviewed quite a few people in the building and on the street about Mr Anger and collected their answers in 'The big Mr Anger investigation book', I asked John whether police are allowed to be angry or if there might be situations where Mr Anger came to visit them. He immediately shook his head no, but wasn't quite sure.

I proposed to enlarge our investigation group with the voice of a police officer¹. For John, the police represented the side of justice. He respected them, but, even more, he was fascinated by their intentions and responses to different situations. A policeman and policewoman agreed to come for an interview. In the meantime, John's questionnaire grew to include a lot of other themes that kept him busy:

- Why did you become a police officer?
- What was your big dream as a child?
- What kind of skills do you need to become a police officer?
- How do you make people follow the rules and laws?
- What if people don't follow them? How do you feel about punishments?
- Are you allowed to be scared, angry or sad as a police officer?
- Have you ever been scared, angry or sad? If yes, what did you do then?
- Did you ever have to shoot someone?

Once again, John was the camera operator and I was the interviewer. The interview took almost an hour. I asked the police not to answer as 'representatives of The Police' (and Justice) but from their unique experiences.

Sabine: Are you sometimes scared as a police officer?

Police officer 1: Absolutely! We are human beings.

We have all the emotions other people have.

I have even had to cry while I was doing my job.

Police officer 2: In fact, we must be able to become angry and cry sometimes. We must be able to feel sadness. That way we can understand how someone else is feeling.

Sabine: So, you are saying it isn't forbidden for a police officer to be sad?

Police officer 1: Not at all! We want real people with the police. Sometimes we have difficult cases to solve ... we need to be able to talk with each other.

Police officer 2: You can't take the difficulties home with you. Otherwise you have a head full of problems and worries.

Police officer 1: We need each other to talk about it. This helps.

Sabine: There is one feeling that has our special attention. We already did a lot of research on it.

John: Yes, Mr Anger.

At that moment John started to explain to the police all about Mr Anger and his attempts to send him to Antarctica. John became so engrossed that he forgot about his 'research position', leaving the camera behind and asking his questions as himself. He even started to tell parts of his story to the police officers.

Katharsis

Myerhoff (2007) stated that stories told aloud in the presence of an audience are more than a text. They become an event in which the listener is more than a passive receiver or validator: the listener changes through the listening. White (2004) explained how positioning the listener as an outsider witness brings the listener to new or forgotten places and can offer new pathways.

The child or young person changes as the interview or questionnaire is conducted. Katharsis takes place: they move from one place to another (White, 2004, p. 49). Becoming a witness to the powerful expressions of life's dramas and people's responses not only moves a listener emotionally, but also transports them to another place from where they might:

- gain a new perspective on their life, history and identity
- re-engage with neglected aspects of their own history
- make new meanings of experiences that were not previously understood
- initiate steps in their life that they would otherwise have not considered
- think beyond what they routinely think.

Children can include the different voices they hear, the different people they interview, in their life. These voices start to populate the territories of the child's identity as fellow

travellers of a kind. The interviews create 'rich descriptions' that are versatile, layered, nuanced, differentiated, polyphonic, and valuable. Various themes can resonate with the experiences of the child, but the child chooses where to direct their attention. The child listens to what they are most curious about or what they relate to. They must feel free to decide for themselves what sounds interesting, helpful, inspiring or supportive. Those interviewed become members of an 'association of life' and provide acknowledgement, recognition or appreciation. At the same time, they offer support or give advice or inspiration. The child connects with the interviewee around shared themes (White, 2004). These voices can also offer a counterweight to radical beliefs and social discourses or criticisms. They can deconstruct congealed ideas and offer new ways to go on. Each new interview can be seen as a step in the process of becoming (Deleuze & Guattari, 2004, 2013) and each new movement of identity after the interview as a temporary result in the process of becoming (Evans, 2008, p. 41).

After a whole range of interviews, John concluded that Mr Anger had a little sister, Miss Sadness, and that the parents of Mr Anger were Mr Disappointment and Ms Disillusion. For John, it had been quite a relief to discover that a lot of people had met Mr Anger. Even more, he discovered that this whole family lived in Paris. Mr Anger was in fact Monsieur Anger. The interview with the police officers gave him permission to feel what he felt.

John and I continued to share our discoveries and the gathered knowledge and perspectives with his mother. We continued to ask her to respond from an outsider-witness position. Just like John, Amy felt that the stories of others provided acknowledgement of her own experiences. Even some 'taken-for-granted truths' were deconstructed when Amy listened to the results of the interviews. One of the things that resonated was the idea that 'if I had done this or that ... this horrible thing [John's father's death] would not have happened'. Through this telling and re-telling of the interviews, John and Amy became more and more reconnected. These 'sharing moments' helped Amy to no longer see John as just a traumatised child or a child in grief. Through John's hard work, Amy started to notice that he was much more than this and discovered his skills and knowledge.

Polyphony as acknowledgement: Voices from nearby or far away

We may need to avoid directly questioning children about difficult emotions, unpleasant thoughts and convictions, difficult behaviour or complicated conditions that have resulted from previous events. But the child can question

other people about their experiences and their responses in hard times. As a listener, they can experience acknowledgement of their own responses (Walthers & Fox, 2012).

Once John felt like he was on solid ground – he no longer felt that he was the problem and had discovered that his experiences could be understood by others – he became curious about how other people keep or save things from someone who has passed away. He wasn't yet prepared to talk about his dad and the things that had happened, but he engaged very quickly in making a questionnaire about 'keeping or saving things'. Again, we put the questions to some of the people in the building. Below is a fragment of an interview with a colleague. John was camera operator.

Sabine: Is there someone in your family who died and whom you deeply loved?

Susan: Yes, my dad.

Sabine: How long ago did this happen?

Susan: About 5 years.

Sabine: Do you miss him sometimes?

Susan: Yes, a lot. Some moments more and other moments less. Last week, it was his birthday, this was a difficult moment.

Sabine: Are there things of his that you kept?

Susan: I have a large picture of him on the wall of my office. Sometimes I look at the picture and then he smiles at me.

At that moment John interrupted and started to explain that his dad had also died and that he also had a picture on the table in which his father smiles.

When we re-entered the therapy room after five interviews, John said, 'Sabine, I discovered something! You never forget! I was afraid I would forget my dad'. Later he proposed that I interview him about his father and document it on film. I took the position of interviewer. John went to the mirror to straighten his clothes and make sure he would look good in front of the camera.

Sabine: John, how long has it been since your dad passed away?

John: Almost a year?

Sabine: What do you miss the most about him?

John: The lovely spaghetti he prepared ...

Afterwards, with John's permission, I showed this tape to his mother. John didn't want to be present in the room while Amy watched the video. He was a bit afraid about her responses, but also very curious. Amy was really moved by the tape and surprised by the many thoughts and feelings John was able to express about his experiences. She acknowledged the things he said and recognised the 'good' things his father/her partner brought into their lives. Watching the interview gave Amy a feeling of pride in her son, and afterwards she started to engage with his search about what he wanted to keep about his father and what he wanted to put aside. Both started to see the suicide as more than his final act. This connects with Marnie Sather's (2015) writing about the possibility of 'saying hello, goodbye, or both' in response to the loss of an abusive male partner to suicide.

In our search for voices of recognition and acknowledgement, we can play with distance and nearness. Each voice has a different 'weight' and can bring a different meaning to the child. Often, children are very curious about what their parents, siblings or friends think, but at the same time they are anxious about the possible answers to their questions. They develop a negative story about what these people think, feel and experience. In order to create safe ground for the child, it is reassuring to first interview a few unknown, randomly picked persons just to discover that what they experience 'exists' and that they aren't the only person in the world to deal with difficulties. In a second phase we can invite people more closely involved. The latter are very willing to help the child, so we must invite them to take a position of interviewee and make it clear that we are interested in their experiences, knowledge and skills – not in their advice, encouragement or moral speeches. We don't want them on the 'mother', 'father' or 'friend' chair, from which they may speak to the child in habitual ways and evoke the same relational patterns. We hope for new, alternative, not-yet-told stories so the child gets curious and can hear things beside dominant ideas.

After John and I had interviewed a whole range of people about the themes he was interested in, he decided it was time to interview his mother. He preferred not to be in the room while I conducted the interview. On one hand, he was still a bit afraid of his mother's answers. On the other hand, he thought she would speak more freely and openly if he wasn't present: 'She always hides her tears for us'. We decided to record the interview and to listen together afterwards.

Amy was pretty nervous about the interview. She wanted to do it 'really well' and 'honestly'. She didn't want to burden him. Because she had accompanied us as an outsider witness through the whole process of interviewing and discovering, she was confident that John could handle her answers to his questions and the stories she would tell. She started to see the interview as a meaningful gift to him, through which she could contribute to his life. In the interview, Amy talked about the complexity and contradictory accounts of her experiences, as well as about her hopes and dreams for her son. The interview and John's re-telling afterwards made shared stories visible and offered a sense of reconnection between them. They decided together to take more care of Monsieur Anger and Miss Sadness.

Documenting research results

Interviews or responses to questionnaires can be recorded and documented so the child or young person can re-read, re-listen or look again at the words, ideas and responses of the interviewees. After an interview, it is sometimes hard for the child to recollect the words, ideas or expressions of the interviewees. By recording they can repeatedly consider their experiences, thoughts and feelings alongside the recording, take a stance towards them and construct new meanings (Fox, 2003; White, 1995).

At the same time, recording presents the work the child has done and the discoveries they have made. It helps to better retain the acquired knowledge, share it with other people, and have new conversations about it (Vermeire, 2009). It allows children to offer their collected wisdom, skills and knowledge to others. This is a much more active and preferred position for the child, quite distinct from their initial position as a child who needed therapy and had to be the recipient of help.

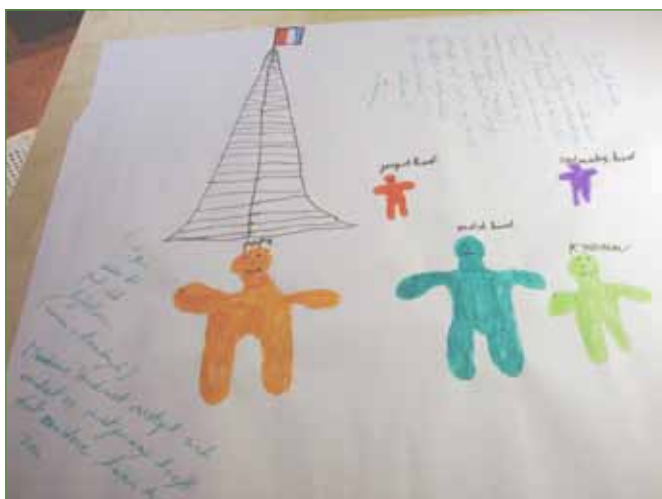


Figure 5. John's illustration of Monsieur Anger and his family

Through all the interviews, John kept a research book in which he wrote down our data: important stories people told, sentences they used, and experiences they shared. It was called 'The big book on injustice'. After the interviews about Mr Anger and emotions, John also wrote a small chronicle on the history and family of Monsieur Anger, who lives next to the Eiffel Tower in Paris.

Definitional ceremonies to share our discoveries, research data and knowledge

White (2006a) and others (Denborough, 2008; Morgan, 2000) have shown the importance of rituals and celebrations as significant steps in a journey away from a problem story to a new and preferred version of life. Providing an audience to discoveries and new-found ideas can turn a ritual into a collective event that brings together people who have had to deal with some of the social issues concerned, and those who care about the child. This can become a place to start 'spreading the news': sharing the insider-knowledge that has been gathered and linking children's lives with those of others in helpful ways. The child not only becomes reconnected to what is valuable in his or her life and with the persons that matter to him or her, but also with the community in which the child belongs.

After all the interviews and questionnaires had been conducted, all the information had been gathered in a book and the drawings in a portfolio, John and I decided that the time had come to organise a 'graduation evening' including a small lecture. John had become a top interviewer and camera operator and an even better researcher specialising in emotions and injustice. The time had come to present our results to the people we interviewed, to John's family and friends, and to anyone interested in the subject. At the end of this ceremony John received a 'diploma'.

The map of polyphony

Through my experiences working with children and young people who have experienced trauma, and my attempts to find ways to intervene without reproducing violence or abuse, and without coercing them to speak or open up, I have developed a kind of map to invite other voices into our conversations.

- Externalising conversation about a problem, dilemma, feeling or thought (something that keeps the child busy)

- Introducing the idea of a questionnaire or interview
- Gathering different questions about
 - whether the person knows or recognises the problem or dilemma
 - the problem's character, appearance and tricks in the life of the other
 - the history of the problem in the person's life and its effects on feelings, thinking, actions, relations and identity
 - the person's responses, knowledge and skills
 - how the person is positioned towards the problem
 - the role of constraints and social discourses
- Reflecting on the questions
 - How do you think people will answer?
- Trying out the questionnaire with a 'test subject'
- Planning the questionnaire or interview
 - What roles or positions will we take?
 - Will the interviews be conducted in-person, by mail?
 - Who will we interview? (adults, children, known or unknown persons)
 - Listening for instruction from the child: What attracts your attention? What makes you curious? What sounds interesting? Is this recognisable or completely new?
- The interviews
 - Not one, not two – at least three
- Reflections on the interviews
 - What resonates, surprises, astonishes
 - New/alternatives storylines, different experiences, new ideas, new perspectives
 - Constraints, obligations, strong beliefs, social/ cultural discourses you recognise
 - Where does this take you and your experiences?
 - What do you want to take with you?

The possibilities of playing with roles, positions and interviews

What can or may be said or done by a child, their parents and the therapist is socially informed. The therapy room is surrounded by mirrors of social and cultural discourses that colour the meanings given to therapeutic conversations. Whether we are pretending to be kings and loyal subjects, or stepping into new roles as co-researchers, playing with roles and positions opens a space to depart from convention: the do's and don'ts of social discourse can be put on hold, and we can play with the framework of therapy to create a new relational context that offers new possibilities. This approach allows a more collaborative stance, in which the therapist is decentred but influential. Our inclination to 'help the child out', to change them, or to teach and show them things, is kept at a distance. When inhabiting a different role, it can become easier for a child to acknowledge a problem, honour a particular idea or be very sceptical and ask questions that would otherwise remain unspoken. This opens up ways to go on and ways to reconnection.

Note

1. Police are not in all contexts positioned and experienced as being on the side of justice. Relationships with police can be complex, and may be experienced differently in different places and by different communities. Bringing in the voices of police may in some contexts be problematic, particularly where police have intervened in the child's family. Police had not previously been involved with John and his family, but were a source of fascination for him. With John's permission, I wrote to the Police Communication Centre with our questions and they were immediately prepared to come for the interview.

References

- Boekhorst, F. (2003). *Duivelse spiralen [Devilish spirals]*. Deventer, Holland: GGNet Warnsveld.
- Deleuze, G., & Guattari, F. (2004). *Rizoom: een inleiding [Rizome: an introduction]*. Utrecht, Holland: Spreeuw libertaire uitgeverij.
- Deleuze, G., & Guattari, F. (2013). *A thousand plateaus*. London, England: Bloomsbury.
- Denborough, D. (2008). *Collective narrative practice*. Adelaide, Australia: Dulwich Centre Publications.
- Evans, F. (2008). *The multivoiced body: Society and communication in the age of diversity*. New York, NY: Columbia University Press.
- Fox, H. (2003). Using therapeutic documents: A review. *International Journal of Narrative Therapy and Community Work*, (4) 26–36.
- Fredman, G. (1997). *Death talk: Conversations with children and families*. London, England: Karnac.
- Fredman, G. (2014). Weaving networks of hope with families, practitioners and communities: Inspirations from systemic and narrative approaches. *International Journal of Narrative Therapy and Community Work*, (1), 33–44.
- Freeman, J., Epston, D., & Lobovits, D. (1997). *Playful approaches to serious problems: Narrative therapy with children and their families*. New York, NY: W. W. Norton.
- Gergen, K. (1999). *An invitation to social construction*. London, England: Sage.
- Jenkins, A. (2005). Making it fair: Respectful and just intervention with disadvantaged young people who have abused. In M. C. Calder (Ed.), *Children and young people who sexually abuse: New theory, research and practice developments* (pp. 98–113). Lyme Regis, England: Russell House.
- Jenkins, A. (2009). *Becoming ethical: A parallel, political journey with men who have abused*. Lyme Regis, England: Russell House.
- Madsen, W. C. (2007). *Collaborative therapy with multi-stressed families* (2nd edition). New York, NY: Guilford.
- Morgan, A. (2000). *What is narrative therapy? An easy-to-read introduction*. Adelaide, Australia: Dulwich Centre Publications.
- Myerhoff, B. (2007). Stories as equipment for living. In M. Kaminsky & M. Weiss (Eds.), *Stories as equipment for living: Last talks and tales of Barbara Myerhoff* (pp. 17–27). Ann Arbor, MI: University of Michigan Press.
- Ncube, N. (2006). The tree of life: Using narrative ideas in work with vulnerable children in South Africa. *International Journal of Narrative Therapy and Community Work*, (1), 3–16.
- Rober, P. (1999). Reflections on ways to create a safe therapeutic culture for children in family therapy. *Family Process*, 37(2), 201–213.
- Sather, M. (2015). Saying hullo, goodbye, or both? Multi-storied re-membering practices to assist women in the transition after the loss of a male partner to suicide. *International Journal of Narrative Therapy and Community Work*, (2), 42–50.
- Sather, M., & Newman, D. (2015). Holding our heads up. Sharing stories not stigma after losing a loved one to suicide. *International Journal of Narrative Therapy and Community Work*, (2), 14–40.
- Smith, C., & Nylund, D. (1997). *Narrative therapies with children and adolescents*. New York, NY: The Guilford Press.
- Vermeire, S. (2009). You've got mail. Werken met therapeutische brieven en documenten [Working with therapeutic letters and documents]. *Systeemtheoretisch Bulletin*, 27, 317–335.
- Vermeire, S. (2011). Narratieve wegen tot herstel, het interview als therapeutische methode [Narrative ways to recovery, the interview as therapeutic method]. *Systeemtheoretisch Bulletin*, 29(2), 123–142.
- Vermeire, S. (2014). *Ethiek [Ethics]*. In A. Savenije, J. Van Lawick, & E. Reijmers (Eds.), *Handboek Systeemtherapie*. Utrecht, Holland: De tijdstroom.
- Vermeire, S. (2016). Wat als ik koning zou zijn? Spelen met rollen, posities en interviews bij kinderen en jongeren na ingrijpende of traumatische ervaringen [What if I were king? Playing with roles, positions and interviews with children and youngsters who experienced stressful and traumatic life events]. *Systeemtherapie*, 28(2), 132–148.
- Vetere, A., & Dowling, E. (Eds.). (2005). *Narrative therapies with children and their families: A practitioner's guide to concepts and approaches*. London, England: Routledge.
- Walters, S., & Fox, H. (2012). Narrative therapy and outsider witness practice. Teachers as a community of acknowledgement. *Educational and Child Psychology*, 29(2), 10–19.
- Weingarten, K. (1998). The small and the ordinary: The daily practice of a postmodern narrative therapy. *Family Process*, 37, 3–16.
- White, M. (1995). *Re-authoring lives: Interviews and essays*. Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2004). *Narrative practice and exotic lives: Resurrecting diversity in everyday life*. Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2006a). Working with people who are suffering the consequences of multiple trauma: A narrative perspective. In D. Denborough, (Ed.), *Trauma: Narrative responses to traumatic experience* (pp. 25–85). Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2006b). Children, trauma and subordinate storyline development. In D. Denborough (Ed.), *Trauma: Narrative responses to traumatic experience* (pp. 143–165). Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2007). *Maps of narrative practice*. New York, NY: W. W. Norton.
- Winslade, J., & Williams, M. (2012). *Safe and peaceful schools: Addressing conflict and eliminating violence*. Thousand Oaks, CA: Corwin.
- Yuen, A. (2007a). Young men and violence: For the love of mothers. In A. Yuen & C. White (Eds.), *Conversations about gender, culture, violence and narrative practice: Stories of hope and complexity from women of many cultures* (pp. 181–193). Adelaide, Australia: Dulwich Centre Publications.
- Yuen, A. (2007b). Discovering children's responses to trauma: A response-based narrative practice. *International Journal of Narrative Therapy and Community Work*, (4), 3–18.



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