



# Child-centred play therapy and narrative therapy: Consilience and synthesis

by Lani Castan



*Lani Castan is an Accredited Mental Health Social Worker, who works with children and families. She trained as a child-centred play therapist in Perth, Australia, which she completed in 2016 and completed a Master of Narrative Therapy and Community Work through the Dulwich Centre, in 2019. Lani currently works in schools across the Mornington Peninsula in Victoria, Australia, using both narrative and play therapy, seeing primary school aged children and their families. Lani can be contacted by email: [lanicastan7@gmail.com](mailto:lanicastan7@gmail.com)*

## Abstract

This paper explores some of the ways narrative therapy can be combined with child-centred play therapy when working with children, families and other relevant systems. It considers the ways in which these two, seemingly theoretically contradictory philosophies and approaches, has conciliant features. The author draws on her own therapeutic experiences to highlight how these two approaches can work well together, and hopes for a continued discussion and evolution of these ideas with those who work with children and families.

**Key words:** *narrative therapy, child-centred play therapy, consilience*

I have been on an archaeological dig for narrative practice concepts and tools that might prove to be a good fit with the work I have been doing with children and their families. I use play as the basis of my work, and child-centred play therapy (CCPT) has been my model of choice. Finding points of resonance between these two models – narrative practice and CCPT – has been both exhilarating and challenging. Child-centred play therapy has a fairly robust model of delivery and is based on a differing theoretical foundation to that underlying narrative therapy. Despite some stark theoretical differences, there are many areas in which I have observed a beautiful consilience between the two approaches. I have uncovered many opportunities to embed narrative ideas into the CCPT model. My hope is that others who work playfully with adults and children might try out and extend some of these ideas, and that it inspires a continued dialogue between us.

## Play therapy and narrative practice

Of the range of philosophical, theoretical and practical frameworks that inform the practice of play therapy, the approach that I strongly connect with is child-centred play therapy. West (1996) defines child-centred play therapy as ‘a dynamic process between child and play therapist in which the child explores, at their own pace and with their own agenda, those issues past and current, conscious and unconscious, that are affecting the child’s life in the present’ (1996, p. xi). It is gentle and committed to putting children in the lead so the possibility of retraumatising a child is reduced. Because children take the lead in their play, the power between adult/therapist and child is more balanced. This lead-taking can also provide children with conditions that enable autonomy, power over problems and the highlighting of skills and strengths.

CCPT, based on the theoretical framework developed by Carl Rogers (1961), understands behaviour as, in part, an expression of the unconscious. It sees people as having a ‘core’ and therapy’s aim as being to unpeel the layers of defence people have built up, hence unmasking the client’s ‘true self’ (Rogers, 1961). Virginia Axline, considered the mother of CCPT and a student and later colleague of Carl Rogers, took this framework and adapted it for children. Axline used play as the basis of her work with children stating that ‘play is the natural medium of self-expression. [Play therapy] is an opportunity which is given to the child to “play out” [their] feelings and problems’ (Axline, 1974, p. 9). CCPT invites children to communicate and share

their world, thoughts and feelings and the meaning they make from their experiences (Cochran, Nordling, & Cochran, 2010). Rogers and Axline understood child development and human development to be motivated by a drive to self-actualise and achieve mastery, to form relationships, share experiences and find one’s voice. They emphasised the importance of make-believe play to aid in the development of social competencies and the making of meaning from experiences.

Narrative therapy contends that ‘our ideas, problems, and qualities are all products of culture and history’ and that identity is created in relationship with others, rather than expressing something ‘core’ and internal’ (Russell & Carey, 2004, p. 98). Unlike CCPT, narrative therapy does not use play as its main mode of communication with children. Although play is a popular vehicle for narrative work with children, the concept of its ‘naturalness’ is questioned in narrative practice. White (2016) stated that ‘human nature has not always been what it now is considered to be, and whatever it is considered to be is always a product of history and culture’ (2016, p. 163). This premise does not discount the important role of play in therapeutic contexts. In fact, Michael White developed his practice through his experiences of working with children and families (White & Epston, 1990). Narrative therapy has become well known for its practices of externalising problems encountered in practice with children: confronting ‘Sneaky Poo’ (White, 1984), exploring ‘fear busting and monster taming’ (White, 1985) and the creative and playful text *Playful approaches to serious problems* (Freeman, Epston, & Lobovits, 1997). However, although play may be a part of a narrative therapy session, it is not assumed that it is the only or best direction to take.

This consideration of the contrasting frameworks of CCPT and narrative practice left me with many questions. Perhaps play was not always the ‘best’ way to work with children? How was the idea that play is children’s natural mode of self-expression influencing my therapeutic work? Are there times when other modes of expression are more appropriate or indeed preferred by children? Could I use more than one mode of expression at the same time? What of verbal expression and its seemingly dependent role in narrative? As I grappled with the possibilities of combining elements of these disparate practices, I was buoyed by White’s openness to humanistic ideals, even while seeking to deconstruct their underlying assumptions. He emphasised that many humanistic understandings *are* helpful; however, we don’t have to be tied to the unquestioned duplication of them

in our work with others (White, 2016). The essence of narrative play therapy is its ability to use light-heartedness, humour and creativity to make meaning and shape new realities (Freeman et al., 1997).

This process of deconstructing the assumptions underlying my practice created a broadening of possibilities and a lot of fun! An area of contemplation for me has been modernist and postmodernist ideas around 'truth' and 'fact'. Rogers and Axline's 'humanistic' understanding of behaviour, although different from many other traditional family approaches, embodies a modernist perspective that 'the therapist can gain access to a child's "true feelings" by listening carefully and empathically and then responding with acceptance and understanding' (Smith & Nylund, 1997, p. 12). I began to question the idea of an independent 'truth' that is somehow separate from one's own values and cultural understandings. Rogers' own writings provide openings for the incorporation of a more postmodern view. For example, he writes about a child's personality as incorporating not only a 'self' but a 'phenomenal field' (Rogers, 1951). This aspect of Rogers' thinking seems to provide a bridge between CCPT and narrative perspectives as it acknowledges that there are not only internal but also external experiences that shape a child's understandings. This is somewhat in accord with narrative understandings of children's experiences as embedded in a relational and temporal world (White & Epston, 1990). Despite clear differences in the underlying philosophical positions of narrative therapy and child-centred play therapy, I found many points of resonance between the two approaches. This led to the opening up of a number of possibilities for expression and ways to deal with problems.

Below are three stories of practice using key tools from narrative practice – externalisation, re-authoring and addressing power and expertise – in playful work with children and their families.

### *Externalising conversations with Felix and his family*

When I learnt about externalising conversations, I felt curious. I could see the potential benefits of this practice, but was concerned about using it in my work with children. CCPT is guided by the principle of letting the child lead the way through play. I had always been comforted by this principle, especially when it

came to work with children who have experienced trauma. By allowing children to lead, the theory was that there would be limited opportunity for me to retraumatise them. I was concerned that externalising conversations would call on the child to enter a world of 'expectation'. Children's lives are often quite full of the expectations placed on them, so this seemed opposed to the principle of returning power and control to the child. I saw CCPT as offering children a unique experience free from 'adult suggestions, mandates, rebukes, restraints, criticisms, disapprovals, support and intrusions' (Axline, 1974, p. 16). I was concerned that therapist-led externalising conversations would compromise this. Even though the discussion could be fun and playful, a sitting and talking format seemed to challenge the principle of allowing the child to lead the way.

As I grappled with the ways to integrate CCPT and narrative practice, I began to see a place for having externalising conversations with children. Many children do not have an understanding of therapy or, in some cases, the problems they are coming to see me about. Taylor de Foite, in her (2011) book on narrative play therapy, stated that it is often useful to use 'an adult directed activity' to introduce 'the process of co-constructed story making and to begin building the relationship' (2011, p. 43). This prompted me to explore the use of externalising as an orientating practice in my CCPT work. To maintain some separation between the play-based practice and the externalising conversations, I allocated two rooms to therapy: one the 'talking room' and the other the 'playroom'. I began therapy with a family meeting in the talking room. Here, I was made aware of the problem/s the family and child were facing. I used externalising questions to shift the spotlight on to those stories that are not given attention in people's lives. Enlisting the 'spirit of play', while remaining empathic and congruent with the experience of the child, we playfully externalised the problem. This way of working brought focus to the work the child and family had been already been engaging in to address their problems.

Felix and his mother, Erin, attended therapy because Felix was having a hard time at school and was very upset at his father. Felix presented me with an elaborate drawing of graffiti-inspired artworks, all with the same message: 'I hate my dad'. After an externalising conversation, Felix drew me a picture of The Hate. The Hate had begun to take shape 'after Dad left and found a new family'.



Figure 1: Felix and his drawing of 'The Hate', later renamed 'The Cyclops'

I wondered whether Felix felt a sense of hopelessness, incompetence or overwhelm as a response to his parents' separation. Erin concurred, describing the separation as having been 'traumatic for Felix'. Falling behind with schoolwork was further contributing to this sense of overwhelm and hopelessness. I wondered whether a few sessions of CCPT, led by Felix, might help him relax and express what he needed to. I suggested this to Felix who enthusiastically agreed. For the next three sessions, Felix attended the playroom and had the opportunity to show me his expertise in Lego, Minecraft and various other games. Felix shared with me the development of these skills, which had begun when he was five years old. Felix's dad bought him Lego regularly and gave him a big room to keep his inventions in. Felix told me that his dad was very proud of Felix's expertise, but Felix had recently smashed up all the Lego at Dad's house.

In our fifth session, I invited Erin and Felix into the talking room as I was curious to catch up on any news about The Hate monster Felix had drawn in our initial session. I also wondered about Felix's father's pride in Felix's expertise – was this an opening to an alternative storyline to the hopelessness and incompetency he felt? Felix and Erin said The Hate now had a new name: The Cyclops. Erin and Felix had looked up cyclops mythology and it fit well with Felix's problem. It seemed that the externalisation had brought out some rich family discussion and some relief and distance from the problem. Felix, Erin and I also talked about Lego, and what it meant for Dad to be proud of Felix. I enquired tentatively about whether The Cyclops had been behind the Lego destruction at Dad's. Felix

said yes. I asked, 'Are you okay with The Cyclops doing that? Or it's not okay with you? Or maybe half-half?' I was inviting Felix to take a position on this destructive form of expression. Felix replied 'No! I'm not okay with it'. This led to a discussion of what Felix would have preferred and what values these preferences suggested.

I alerted Felix's teacher to his pride in his Lego expertise and suggested that this might be an alternative pathway for Felix to travel down. She began to highlight Felix's Lego expertise in regular talks to the class. I suggested an enhancement of this process, which was to enlist some children to respond to Felix's presentations with some outsider witness-inspired questions to deepen Felix's experience of competency. I suggested questions such as:

- What did you find particularly memorable about Felix's Lego ideas?
- What might you use these ideas for?
- How might Felix's ideas be helpful for you?

The teacher took this on board and children were encouraged to post their responses on a class blog for everyone to see. The following week, Felix's teacher reported that Felix was beginning to engage with his schoolwork again and was contemplating reregistering for soccer. Felix was still mad at his father, but it seemed like increasing his feeling of competency gave him the push he needed. Three sessions later, Felix informed me proudly that he had spoken to Dad. I found out that Felix had reminded him of things he had liked as a child such as being tickled. This led to a new dialogue and intimacy between the two.

Felix's movement from incompetency and hopelessness to competency and value resonates with White's statement that a 'sense of self is associated with the perception that one is able to have some effect on one's own life' and that this provides 'an antidote to the sort of highly disabling conclusions about one's own identity that feature perceptions that one is a passive recipient of life's forces' (White, 2016, p. 136). The combined use of CCPT and narrative therapy made it possible for Felix to express himself through a variety of different mediums including through the use of creative arts and child-led conversations. This was important as it helped guide me towards the strengths and skills Felix coveted in his own life. This in turn helped to uncover a lesser acknowledged story of competency. There were also times when our externalised conversation seemed taxing for Felix, and



he began to defer to his mother for answers. It was at these times that I suggested play therapy until Felix and his mother opted for another 'talking session' to let me know something important. There was fluidity to this process that began to give me hope that a consilience was possible, and maybe even preferable.

## *Re-authoring conversations with Trudi*

I have now used a variety of narrative ideas to co-construct alternative storylines and thicken people's accounts of their lives and the values and dreams they hold in their hearts and minds. I have woven this through CCPT by working with children to co-construct new stories or thicken lesser known stories, and sometimes through parallel work with parents. There have been times when I have used CCPT with children and narrative approaches with parents. I would like to share a story of my work with a family with which I used a synthesis of CCPT and a migration of identity document to support double-story development and eventually a new pathway forward.

I met eight-year-old Jay, his mum, Trudi, and dad, Max, after Jay had a variety of incidents of violence and outbursts at home and school. I began to work with Jay using CCPT. In parallel, Trudi requested some sessions with herself and Max. These meetings identified a problem that seemed to be looming large over the family: Trudi's use of marijuana. This problem was understood by both Trudi and Max to be contributing to Jay's problem. Trudi felt that when she smoked marijuana, she became numb and emotionally unavailable to Jay, and that this was in part why he became angry. After a discussion about the severity of the problem, using Michael White's 'statement of position map 1' (2007), we traced and externalised pot's influence and the many ways Trudi had tried to take control back from pot. Through this conversation, what was invaluable was the focus on the evaluation of the effects of the problem and the exploration of the values, hopes and dreams pot was threatening and derailing. Trudi saw her many attempts to subvert pot's influence as having been a 'failure'. Trudi's ideas about being a good mother were also being subverted and, as a result, feelings of failure and shame pervaded her parenting. She stated that she did not feel 'connected' to Jay, and that she was a 'bad mother'. I wondered by which standards Trudi was measuring this failure and in relation to what. White's (2004) failure map is my all-time favourite map of practice. It has been invaluable as it seems that so many parents experience the

pervasive effects of personal failure. I am reminded of White and Epston's (1990, p. 29) analysis of Foucault's premise that the techniques of power that 'incite' persons to constitute their lives through 'truth' are developed and perfected at the local level, and that challenging the practices and techniques that subjugate my clients is imperative.

I noted the absence of Jay's father from many of the meetings and wondered how a decision had been reached that Trudi would be responsible for attending therapeutic appointments. Was this decision coloured by discourses around motherhood and parental responsibilities, influenced perhaps by patriarchal gender roles? Did this connect in some way with Trudi's account of failure as a parent? I became interested in questioning Trudi's ideas around failure, encouraging a revising of a failure storyline and, as David Denborough has expressed it, 'finding escape routes from the experiences of failure' (2014, p. 147).

Failure was further explored through two ideas I put to Trudi. The first idea was sparked by my curiosity about whether it would be possible to recast Trudi's past attempts to quit pot as containing knowledge and skills that could be mobilised in future attempts. This was inspired by the narrative idea that 'when persons are established as consultants to themselves, to others, and to therapists, they experience themselves as more of an authority on their own lives, their problems, and the solution to these problems' (Epston & White, 1990, p. 17). I was also guided by White's positioning of therapists as 'decentred and influential' (White & Morgan, 2006). This narrative concept is paralleled in CCPT's family therapy model, filial therapy, and its idea that 'parents, rather than being viewed as a source of a problem and extraneous to therapeutic healing, are seen as capable of becoming primary therapeutic agents to their children' (Cochran et al., 2010, p. 320). I suggested filial therapy to Trudi. I would offer guidance and impart my knowledge of CCPT to Trudi and she could conduct 'special playtimes' with Jay as a way of connecting and creating space for Jay and herself to communicate through language and play. I explained to Trudi that I had no wish to centre myself in the therapeutic work that I felt would be useful for Jay. Instead, I suggested that the connection we aimed to foster between herself and Jay was more logically achieved through a process that involved them and not me. I was clear in my wish to be of assistance and guidance in passing on the knowledge I possessed. Trudi was enthusiastic about this idea, so I spent three sessions showing Trudi how I conduct 'special playtimes'. Then Trudi took over, first conducting

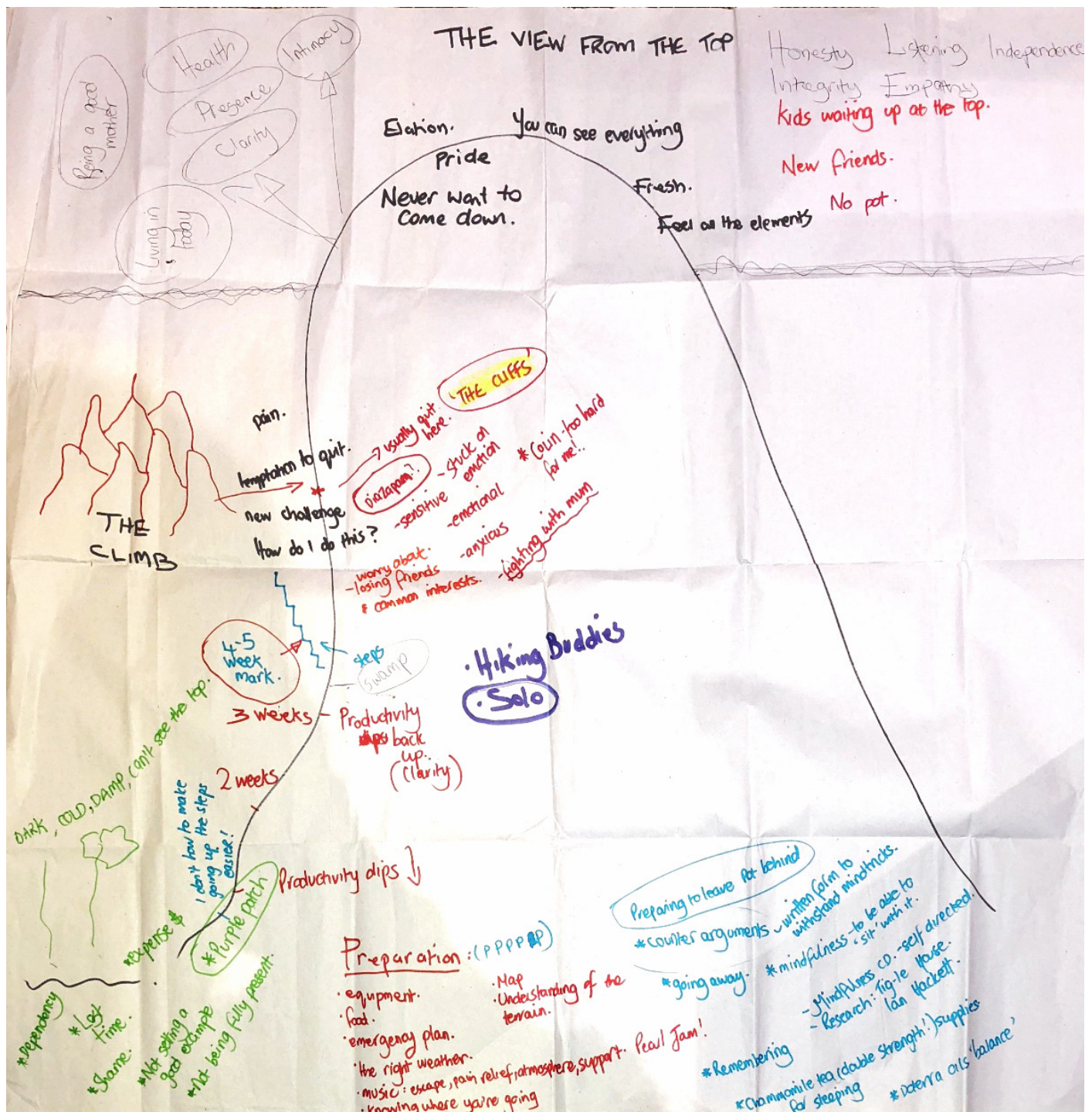


Figure 2: Trudi's migration of identity mountain

playtimes at my playroom and then, when she felt confident, at home. Trudi filmed her playtimes and brought them in to discuss and reflect on with me. The filming of play sessions had many benefits for Trudi, and reminded me of Michael White's recollections of his experiences with recording sessions, which he said enabled him 'to hear and see what I would not have been able to hear and see' (White, 2011, p. 28).

The second idea I put to Trudi was to consider whether a migration of identity exercise might be helpful. After an explanation of how this might work, and

providing her with another client's previous migration of identity document as reference, Trudi and I engaged in the formation of a one-on-one identity journey document. Using the metaphor of a mountain (one in New Zealand), Trudi explained that 'the mountain is a hard climb, but when you get to the top you can see everything'. The ability to see everything had significance for Trudi who felt that there were aspects of her ability to quit pot that were obscured in some way and not available to her. 'At the top, when I reach it, things will be clearer.' We drew a mountain and began to explore the metaphor as it related to quitting pot.



To establish an 'experience-near' language, it's important that clients are encouraged to identify metaphors that resonate with their own experience. This was poignantly put by another client, Hannah, who chose a map to treasure island to represent her journey. Hannah said, 'I chose the treasure island map from my childhood as I used to love adventure. It felt comforting to me. I thought I didn't have any more adventures, but from what we have done, I see I have been on a huge adventure!'

I asked Trudi, 'What do you need if you are going to climb a mountain?' She identified the need for preparation, which included a map and compass, sustenance, music, an understanding of the terrain, the right weather, good equipment and knowing where she was going. 'How might we translate that into things we need in preparation to leave pot behind?' The map included remembering past attempts and picking out things that might help on this journey, preparing a counter-argument document to withstand mind tricks, a mindfulness CD, camomile tea for sleeplessness, and research on different perspectives on addiction. An interesting part of the document was the mapping out of vulnerable times when 'the attempt to quit pot was under threat, when life felt hard and when the question arose – is life really better without pot?' The ensuing discussion was informed by van Gennepe's (1960) 'rite of passage' metaphor. Van Gennepe's three-stage model of separation, liminality and reincorporation was especially useful in exploring the liminal stage that Trudi called The Cliffs.

In analysing the dark threat of The Cliffs, a number of other problems were articulated, such as 'self-judgment'. Trudi shared that she had always judged herself very harshly, and that this disempowered her and took away her determination, leading to the feelings of failure identified in earlier sessions. This usually came up in The Cliffs stage of her attempts to quit pot. A conversation about self-judgment ensued, with me posing questions such as:

- Judgment in relation to what?
- Where did these judgments arise from?
- How long have they been there?
- Is self-judgment fair on you?
- Do you agree with self-judgment's standards of measurement?

Trudi told me that she felt the judgments were harsh and probably arose from her mother's judgments of her

when she was growing up. Trudi was able to articulate that they were in relation to being ethical and reliable. This articulation surprised Trudi as she had never given specific form to judgment's messages. Trudi remembered a recent email she had written to her mother. It seemed to describe a sparkling exception to the debilitating effects of self-judgment. The email invoked a sense of pride for Trudi, who felt she wrote 'with genuineness' about her unhappiness with her mother's 'fussiness' at a lunch and the criticism Trudi had received about food she had brought. An email, this small thing, can be viewed as White saw similar moments: a 'little sacrament of daily existence' (from David Malouf's 1991 poem 'The Great World', quoted by White, 2016, p. 212). 'These little sacraments can be read for what they might tell us about existence, about the particularities of how we exist' (White, 2016, p. 212). Trudi began to see that she had, in this email, made a protest against her mother's ideas about her. Trudi had been able to articulate her own values and what was important to her, what she stood for and what she hoped for herself and her own relationships with her children.

Further discussions about Trudi's ideas about pot's influence, once exposed and articulated, could be understood as 'constituting the problem's life support system' (White & Epston, 1990, p. 3). For example, in teasing out some of the things pot told Trudi, she was able to categorise its arguments:

- the 'reverse layby' argument: 'I'll be naughty now but good later'
- the 'this is my thing' argument
- the 'life is boring' argument
- the 'happiness' argument – before anything is even wrong
- the 'negative emotion avoidance' argument.

Trudi's identity claim, before we began this work, had been that she was 'a failure and a loser' because 'I just can't quit pot and I'm screwing up everything'. My aim in this deconstruction process was to create distance between Trudi and this identity position; to subvert 'those so-called "truths" that are split off from the conditions and context of their production' (White, 1995, p. 121). Presenting pot's arguments in this way created distance from them. I was curious about the context, conception and gestation of these arguments. I asked questions like:

- Did pot ever make you feel happier in a way that was helpful?
- Was there a time when pot reduced negative emotions?

Trudi was able to trace the role pot had played early in her teens when she was struggling with her mother's mental illness. It was the 1980s and mental health services were limited; Trudi's mother had been unable to access support. There was also a lot of stigma around mental health issues. As a result, Trudi lived in a very stressful environment, and was often responsible for her siblings. Placing Trudi's pot experience within a wider social and biographical context and in a temporal domain was illuminating for Trudi, and she slowly realised how these factors had personal implications. Due to these familial, social and political factors, Trudi had lacked support during her adolescence. Trudi recalled moving through a number of confusing sexual experiences and having no-one to turn to. In addition, Trudi's mother was religious, and the doctrine of her faith was a difficult task master. These doctrines presented arguments to Trudi that produced shame and guilt. All of these factors had been obscured before we traced pot back through time. During her adolescence, pot smoking had been a way for Trudi to be close to her brother at a time when she often felt isolated and overwhelmed.

These discussions gave context to Trudi's understandings. Pot's arguments became 'outdated'. Trudi was able to see her mother's actions through a broader lens too, exposing and challenging mother-blaming discourses that had taken root and affected their relationship. Over time, Trudi began to distance herself from pot's influence as she realised that she had carried pot's arguments around with her for a long time.

Through van Gennep's ideas about rites of passage, Trudi's perspective on her past attempts to deal with pot changed. Rather than seeing them as representing failure, she began to see them as holding wisdom. Trudi realised she could use the information she acquired from her past. In addition, she decided that The Cliffs might not only be a time of 'betwixt and between' (van Gennep, 1960), confusion and disorganisation, but also one of possibility. This greatly buoyed Trudi. Seeing the journey as a mountain also validated her feelings that this endeavour was indeed as hard as climbing a mountain: it was logical that more than one attempt might be needed.

As Trudi's values, hopes and dreams came into clearer view, so did her ascent up the mountain. The Cliffs threatened to catch her along the way, especially when her father received a terminal cancer diagnosis. Trudi was surprised to find that she did not get caught, and when I asked her what had kept her from getting ensnared by The Cliffs, Trudi identified her understanding that rather than being a threat, The Cliffs kept her on alert. Trudi continues to learn about the particularities of the mountain she is climbing.

The combined use of narrative practices, CCPT and filial therapy expanded the possible ways to address this family's problems. For Trudi, narrative practices aided in placing her challenges within an historical, political and gendered context, which gave her great comfort. The identity work was a piece of the puzzle. CCPT and filial therapy sat alongside these practices, and with the insights gained from her individual work, Trudi was able to establish a new dialogue with Jay that flourished in their filial work.

## *Power, knowledge and expertise*

Although CCPT's approach to power and ethics is grounded in modernist tenets and narrative practice is rooted in postmodern understandings, in practice, there are many instances in which they tessellate and can be fused together. Despite its humanistic foundations, CCPT is compatible with many postmodern ideas. For example, many of Axline's eight principles of play (1974) centre the idea that therapeutic healing is found in the meaning children make of their world, rather than through therapeutic practices. When White states, 'in few contexts are children accorded a voice on the sort of alternative understandings of their expressions that invoke notions like conscious purpose and intention, considered choice, cherished beliefs, children's culture, and values, nourished wishes, and preferred hopes' (2000 p. 14), I don't think Axline would disagree.

Daniel and his family came to see me to help with Daniel's frustration and what Daniel's parents described as his 'emotional issues', which were expressed through school refusal and 'tantrums' at home. Daniel had been given a diagnosis of autism and was described by his parents as 'enthusiastic and bright'. If I had taken a purely CCPT approach to working with this family, I would have seen Daniel for play therapy, conducted some family therapy with his parents, and perhaps liaised with the school to enhance practices there to help Daniel. All valid and all things I did do.



In play therapy, Daniel was able to let me know of his frustrations and his anger at the school's response to him. This insight was invaluable, but would have been limited if I had focused on Daniel alone.

Narrative practice encouraged further exploration of some of the power structures and discourses that were present. For example, Daniel's mum, Katrina, was struggling with depression and felt powerless to help Daniel. The depression isolated her, and she didn't know how to reach out to others. The school found her 'hard to deal with'. Katrina approached me with her frustration about the school, which had given Daniel some harsh 'consequences' for 'aggressive' behaviour. In Katrina's estimation, this was because the school did not have proper and clear protocols in place to accommodate the needs of Daniel and other autistic children. 'Other children too?' I asked, picking up on a possible way to work through this. Katrina had been speaking to other parents who felt the same way. I suggested setting up a meeting with Katrina, other parents and relevant school staff. My work colleague, who was also a parent at the school and had an older autistic daughter, suggested including some older neurodiverse students who could give their perspectives on gaps in the primary school's practice. It was suggested that Daniel be given a written documentation of this meeting and the option to respond.

This meeting not only brought to the forefront ideas for Daniel and others, it gave older students and parents an opportunity to share their knowledge. Katrina, who

had seen herself as disempowered, was surprised to have been acknowledged. This dissolution of hierarchy and 'performance of knowledge' as Erickson might say, had people 'do something' (Zeig, 1980, p. 143). It also challenged the totalising assumption that Katrina held about her own power to create change. This example is echoed in Foucault's notion that through understanding the relations of power, and in turn the mechanism of discourse to 'transmit and produce power, it is possible to undermine and expose power, rendering it fragile and making it possible to thwart it' (Foucault, 2005, p. 90; Swerdfager, 2016). I hold in mind the way certain forms of discourse – such as the medical or scientific – are given more credibility than other types such as experiential or anecdotal. This awareness has made it possible for me to pay attention to the meanings my clients make, how they organise their lives and the problems around them, and their local knowledge and expertise. In Daniel's case, there was a wealth of local knowledge to excavate.

In the quest to find consilience between child-centred play therapy and narrative therapy, I have been on a challenging journey. It has been tempting to be discouraged by the philosophical differences between the two approaches; however, using that wonderful weaver of peace and innovation – creativity – I have discovered that a hybrid is indeed possible, and in fact desirable, as an enhancement to both approaches. It is my hope that children and families continue to benefit from further developments and discoveries from this compatible alliance.

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