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The Kids Are (Going to Be) Alright: Authorship of a Post-Divorce Narrative

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Abstract

This integrative literature review explores the suitability of narrative therapy for children ages 7-12 coping with divorce and family transition. Charting the history of research on post-divorce children, the review discusses common negative and positive post-divorce outcomes for children in academic, financial, and socio-emotional domains. It links the fundamental objectives of narrative therapy to the corresponding needs of post-divorce children and families, namely emotional security, internal control, and personal agency. It posits that narrative therapy is a modality uniquely situated to address these concerns and amplify the often-ignored voices of children otherwise lost in marital chaos. The developmental considerations of the cohort are discussed with respect to cognitive flexibility, perspective taking, and storytelling ability. Relevant literature is considered, synthesizing a variety of individual, group, and family-oriented narrative interventions. Study design, techniques, and significant outcomes are discussed. Finally, key clinical recommendations are compiled for counselors wishing to implement narrative therapy with child clients facing family transition. They include information about the role of the counselor as non-expert, the typical stages of narrative therapy, and specific in-session interventions.

Problem Statement and Rationale

Divorce is often considered unilaterally, as an event that has one, wholly negative outcome. Famously, Wallerstein and Kelly (1979) detailed a cascade of academic, social, and psychological ramifications that befell children of divorce, suggesting that they were facing an uphill climb after the dissolution of their parents' marriages. From this perspective, children were nearly fated to deteriorate in their home and school lives. They were "overburdened," forced to parent their own parents and referee acrimonious spats between exes who now despised each other. Wallerstein (1985) argued that such kids were left out in the cold, both literally and metaphorically. Some of Wallerstein's case studies showcased children who were physically abandoned as extraneous liabilities by their parents post-divorce. The "long and unhappy shadow" that divorce casts over these children's lives is evident, Wallerstein, (1985, pg. 117) argued, in nearly every domain of the child's life.

This uniformly bleak outlook is what most critics focus on, but even amid this fatalistic view, Wallerstein (1985) acknowledged that the majority of the troubled sample she studied eventually regained their developmental footing once their family situation had stabilized, which typically took one to two years after the initial rupture. It is this kernel of resilience that forms the basis of the prevailing perspective of today's understanding of divorce. Risk factors, protective factors, and counseling interventions explored in recent research look at how to ameliorate possible points of friction. Holistic outcomes include increasing children's sense of control and solidifying their feelings of emotional security.

Within the field of counseling, Wallerstein's bleak picture of divorce continues to influence the way clinicians approach this life-altering event for children and families. However, research suggests that this reflects a simplistic understanding of an issue that is inherently complex. Using the method of the integrative literature review, I examine child-centric ways to establish security and internal control, regardless of the outside environment or quality of parental relationships. For this project, I explore research featuring children ages 7-12, focusing on interventions that utilize the astonishing cognitive flexibility that is the hallmark of this cohort. More specifically, I weave in the findings of narrative therapy, an intervention that relies, quite literally, on "rewriting" one's life, and integrating one's crises into a stable personal story.

Narrative therapy began largely to privilege the voices of oppressed groups, and redress diagnostic problems such as schizophrenia and anorexia (White & Epston, 1990). However, there is a case to be made that it can also aid children who experience seismic shifts in their family life. The purpose of this research is to determine whether or not narrative therapy might be an effective approach for counselors working with children facing divorce. This inquiry is guided by an overarching question: *In what ways can narrative therapies mitigate the potential negative effects of divorce and empower children in counseling?* The goal of this project is to generate robust clinical recommendations that are grounded in the research.

Literature Review

Post-divorce Outcomes

For helping professionals, children of divorce are a familiar sight, so pedestrian that their experiences might be minimized as the collateral damage of a necessary cultural transition. However, even as divorce rates rise to 52.7% of all marriages (Cohen, 2016) and divorced children go from a special population to ordinary individuals, their often extraordinary pain must be acknowledged. Research illustrates that children of divorce often experience psychological, academic, and financial consequences. A Norwegian study of several thousand adolescents conducted by Storksen, Roysamb, Moum and Tambs (2005) found that children of divorce tended to develop higher levels of psychological distress and decreases in measures of overall wellbeing in comparison to children of continuously married parents. Cherlin, Chase-Landale, and McRae (1998) found that divorces that occurred when children were between 7-22 years old had emotional effects that reverberated a decade later, (as cited in Storksen, Roysamb, Moum, & Tambs, 2005). A longitudinal study of British children that followed participants until the age of 33 posited that divorce disturbs the normal accumulation of social and financial resources, leaving children of divorced families in their sample both less likely to be highly educated and more likely to be poor than their counterparts who spent their childhood living in intact families (Furstenberg & Kiernan, 2001).

Specifically pertinent to children, there are also documented academic consequences to divorce. Drawing from a sample of over ten thousand children, Anthony, DiPerna, and Amato (2014) observed a significant drop in school-related motivation and constructive learning-oriented behaviors among those who experienced parental divorce. This disengagement logically leads to differences in school performance for children and adolescents who have experienced divorce or are simply trapped between sparring

spouses. Arkes (2015) found that, even two years prior to the divorce, children's math and reading achievement scores were lower compared to children of *continuously* married couples. Two years after the divorce children's reading achievement scores dropped and their behavioral problems worsened (Arkes, 2015).

Arkes' results in particular point to a salient feature of newer divorce research: the conceptualization of divorce as a process, not a single crisis point. This viewpoint, sometimes labeled the "chronic strain model" (Uphold-Carrier & Utz 2012), allows for a more multifaceted understanding of divorce's effects because it leaves room for delayed emergence of outcomes over time. Some of these post-divorce outcomes are difficult to alter. Helping professionals cannot increase a family's income and, unless family and/or couple's therapy are viable options, the child's therapist is unlikely to quell a contentious war between divorcing spouses. Children's ability to escape from these circumstances is similarly constrained. This makes the meaning children assign to their often unpleasant or even traumatic circumstances paramount.

It turns out that the direction and form this meaning-making process takes is malleable, and that it is under the authorial direction of both parents and children. Developmental understandings posit children as constant creators of cognitive representations of their world. If children have a dynamic understanding of their parents' relationship, then the effects of those understandings, both positive and negative, will naturally change over time (Broderick & Blewitt, 2015). Morrison, Fife, and Hertlein (2017) conducted semi-structured interviews with undergraduate participants asking about their experience of their parents' divorce. Although some participants related a bewildering and frightening experience, others pinpointed their parents' divorce as the

catalyst for their own increased compassion and empowerment. The most important mediating factors were the quality of parental communication about the divorce, presence of social support, and impact on self-image. All three elements shaped the story that participants told to the researchers and the way they viewed their parents' divorce in the present. For the luckiest participants, the divorce granted access to their own wellspring of resilience and what White (1995) would call a "thicker story" that incorporated their strengths. In this way, their experience of family transition did not foreclose pathways, but instead opened new and more fruitful ones (Morrison, Fife & Hertlein 2017).

Similarly, Halligan, Chang and Knox (2014) found that a majority of their survey participants, drawn from an undergraduate college population, believed that they became more compassionate, tolerant, and independent as a result of their parents' divorce. The majority of participants also reported, overall, the increased happiness of both parents, as well as improvements in their relationships with each parent. Most importantly, nearly the entire sample reported that they did not believe that they could have prevented their parents' divorce, or alternatively, saved their parents' marriage (Halligan, Chang & Knox, 2014). This understood lack of culpability, most of all, is the common element in the "bright side" research of divorce. It is also a pertinent reason to utilize narrative therapy, as it is predicated on the idea that the adverse traumatic event is able to be externalized as not belonging to or burdening the individual, but instead something to be fought. The maelstrom of feelings often associated with divorce are seen as important independent of parental pressures, and the idea of blame on the part of the child is acknowledged and validated as a painful feeling, but not one to be trusted or believed.

Francia and Milliar's (2015) research in particular supports the argument that divorce does not have to predetermine the outcomes of children any more than living with a continuously married couple does. In fact, the most erroneous assumption *absolute views* of divorce depend on is that children living with married parents are not suffering (Kelly & Emery, 2003; Amato, 2001). Another problematic belief is that all children universally resent and fear the possibility of their parent's divorce. In fact, some children anticipate a parental separation or divorce as a positive outcome. Cui, Fincham & Durtschi (2011) found that many of their college-aged participants viewed divorce as a reasonable safeguard for bad or unhealthy relationships, and reported feeling trapped in their parent's high-conflict marriage. In these cases, participants viewed the end of such problematic relationships as a kind of liberation, both for their parents and for themselves.

This is unsurprising, considering that post-divorce, this cohort of children's well-being typically improves (Booth & Amato as cited in Cui, Fincham & Durtschi, 2011). Recent convergent evidence supports traumatic understandings of divorce as a minority view and profoundly damaging outcomes as rare among children. On average, 75-80% of children who are products of divorce "do not suffer psychological problems, have achieved education and career goals, and retain close ties with their families" (Kelly & Emery, 2003, pp. 357-358). Amato (2001) goes a step further, estimating that 90 percent of children of divorce reach adulthood with psychological health that is commensurate to children of continuously married parents.

Origins and Uses of Narrative of Therapy

The driving question, then, is how do we make sure children processing through their parents' divorce end up in the healthy majority and not the risk-ridden minority? Researchers, clinicians, and family law professionals alike have attempted to answer this question a variety of ways, and there is no gold-standard treatment or evidence-based practice aimed to mitigate the effects of divorce on children. Narrative therapy provides a possible answer, gifting autonomy and authority to a population that is generally regarded as vulnerable and powerless. Psychotherapists Michael White and David Epston, who jointly authored *Narrative Means to Therapeutic Ends* in 1990, the foundational text of what came to be called narrative therapy, developed narrative therapy. The key concept they identified was "separating the problem from the person," in other words discerning between the macro-level expectations of a family, or the abstract ideas of happiness or success, and the micro-level experience of clients trying, often unsuccessfully, to access these tidy narratives (Gehart, 2014). The danger is that calcified narratives can create expectations that subsume into self-fulfilling prophecies without the intermediate step of examination or adaptation (Bernstein, 2006). By believing divorce fundamentally changes children for the worse, children and families "foreclose" other possibilities.

Narrative therapists identify the client's "relationship" to the problem and treat it as sincerely and carefully as they would a relationship with another person, leaving room for its continued evolution. They strive not to replace "a problem story with a problem free one," (Gehart, 2014, pp. 401), but instead to provide nuance and depth that elicit new possibilities in their client's "old" story. This helps combat the selective remembering that often afflicts those trapped in problem-saturated perspectives. While clients recall only the moments that reconfirm their discontent, narrative therapists find the

overshadowed moments of hope and bring them to light. Exploring these dual perspectives in therapy ideally increases a client's ability to "thicken" his/her own story by weaving in new ideas and untapped resources (Gehart, 2014, pp. 401). The capacity for this kind of multidimensional thinking emerges around age 7 in Piaget's "concrete operational stage" and solidifies at ages 10-12 as children enter the "formal operational" stage (Piaget, 1962 as cited in Hanney & Kozlowska, 2002). Thus, it stands to reason that this would be a fruitful period in which to foster the use of narrative therapy.

Externalization relies on distance between clients and the stories that seek to define them. In one seminal case study, an adolescent client externalized an extensive history of sexual trauma and fear of future victimization as a monster she named "the asshole" (Merscham, 2000). By splitting the problem from herself, the client was able to imagine a life free from the specter of danger. In analogous ways, one of the most important coping strategies for children processing a divorce is to separate marital strife from their own actions. By envisioning their family turmoil as distinct from their identity, children recognize what they can and cannot control (Halligan, Chang & Knox, 2014). Throughout its long history of easing trauma in both children and adults, narrative therapy has provided a new way into seemingly immovable stories. I contend that divorce represents a similarly disruptive sea change in children's lives, and narrative therapy is a new way to calm the storm.

This is partially because narrative therapy is an outgrowth of the ancient human question of meaning-making, which underlies origin stories and forms the underpinnings of all major world religions (Parry & Doan, 1994). It is an extension of a process that is undertaken naturally by both children and adults. Traditionally, children are seen as the

population most invested in both consuming and creating their own stories. This is also true in a therapeutic context. In their case study of a young male client, Vscovelli, Albieri, and Ruini (2017) used narrative interventions to address their client's powerlessness and disordered eating. First, they asked him to read fairy tales with themes of empowerment and self-efficacy, before asking him to author his own story of strength and resilience, casting himself as the protagonist. In this case, the exercise of assuming power and strength in a fictional sphere was paralleled by an increased ability to regulate his emotions and tolerate distress. The creation of characters who resembled but did not explicitly embody the client and his family allowed him crucial emotional distance to process painful feelings. Researchers believed that, as a result of these narrative interventions, the client reported and acted with greater mastery over his emotions and reduced instances of previously volatile behavior. He also experienced more satisfying, harmonious interpersonal relationships (Vscovelli, Albieri & Ruini, 2017).

This imaginative capacity to script and rescript one's circumstances belongs to every child but is sometimes limited by the realistic circumscription of their power. One of the difficulties that arises in children distressed by divorce is that the story they are trying to gain control over does not just belong to them, but is in many ways inherited from their parents. Blow and Daniel (2002) found that, by divorcing, the children's parents are taking a concrete step towards revising their own story. Parents are constantly telling and retelling stories about their own family, but often without their children's input. Children are told that this is an "adult" story and an "adult" problem that nonetheless affects them profoundly.

Parents' stories incorporate their desires and dreams for their children, but are often colored by their feelings about their former spouse. The conflict arises and often escalates when each parent's narrative, hardened through the decision-making process, begins to color their children's perceptions about one or both parents (Blow & Daniel, 2002). They found that while the vast majority of parents agree that their children's voice should be the loudest and most influential when it comes to post-divorce realities, each parent often strongly believes that they are to be the one true arbiter of the children's opinions and knows best, especially when compared to the partner. Children are simultaneously the central, most important part of the process, yet deeply powerless to control their environment, their parents' relationship, and their exposure to the cacophony surrounding their parents' decision to divorce (Blow & Daniel, 2002).

Each parent, in his/her own way, often demands a stable, unambiguous narrative from the children. Children, desperate to achieve peace, will even repeat elements of their own primary caregiver's narrative about the divorce in order to "escape into [the] certainty" of not seeing the nonresident parent. In this way, they do not have to confront their conflicted feelings about one or both parents and can take refuge in a black and white family narrative that paints one parent as the enemy and the other as their savior (Blow & Daniel, 2002). The desire to do this is eminently understandable, but heartbreaking for children. Narrative therapy welcomes children's conflicted feelings into the therapy room and creates a space where ambiguity is not only welcome but encouraged. It allows, in many ways, for children to add color and nuance to their own story about their parent's divorce. In one instance, a clinician used puppets to explore a child's mixed feelings about continued contact with the father. Each puppet got to, in

essence, "speak" for the parts of the child that felt at war with each other, and, in that way, give voice to all of her feelings, not just those that were welcome at home. This intervention points to the powerful interplay possible between play therapy and narrative-based interventions for this age group (Blow & Daniel, 2002).

The client's ability to bring one's whole, authentic self to counseling is often transformative. It helps clients recognize their own power. Narrative therapy is fueled by questions about clients' motivations behind their own choices even within constrained circumstances. It relies on clients envisioning themselves as agentic decision makers, rather than passive recipients of their problems (Epston & White, 1990). It encourages clients to recast themselves as the protagonists of their own story, not subjects cowed under the strength of calcified and defeating narratives. Lundsby (2014) positioned narrative therapy as the modality through which ordinary moments that run contrary to the prevailing narrative are prized and elevated as extraordinary. In his therapeutic practice, he writes clients letters after session which highlight his clients' strengths and positive changes as observed in therapy and gives his clients a chance to respond to his observations, thereby co-creating an epistolary story.

This capacity for co-creation is often stunted or entirely absent in the face of the chaos facing children during and after their parents' divorce. There is often only one side: the side of the adults, which overshadows the often quieter voice of the children. It is the counselor's job to empower children and privilege their voice above all others (Gilling, 2016). When problems, such as divorce or parental conflict, drive children's narratives, they leach the story and thus a child's life of positive elements such as their values, resources, competencies, and interests. Narrative therapy restores these features to the

narrative in a way that includes but decentralizes the problem that originally brings the child to therapy. In many ways, narrative therapy is analogous to reality testing a hypothesis. Just as a counter-example disproves a hypothesis, a moment of family harmony or a special encounter with a nonresident parent can help to undermine the problematic story children tell themselves and are told about their parent's divorce (Gilling, 2016).

Narrative therapy works to position those "unique outcomes" as compelling evidence that an alternate, more inclusive path exists. These are not isolated events, but instead are historically grounded in client's recognizable existent strengths and resources. White eventually began calling this pathway the client's "preferred" story, indicating that the complex, more flexible narrative was more representative of client's deeper intentions and aspirations (Gilling, 2016). They are also not singular moments, but a series of interconnected events that together form a strong enough counter-narrative to challenge the problem-laden story in which the client feels stuck. Moreover, they are evidence that the "problem is the problem," that conflict-laden family baggage is what children are carrying, not who they are. In one case study, a therapist took the idea of carrying elements of one's story literally, when she asked one child client to construct a necklace she called her "hope" necklace. This was a tangible touchstone that represented her resilience and could be made contact with whenever the client was feeling overwhelmed (Nel, 2010). Other narrative-based interventions involve creating a collective song or theatrical performance to represent the new story (Muller, 2013; Lee, 2017).

Developmental Considerations

I chose this cohort of children ages 7-12 years because the age range signifies the dawning of children's capacity to think flexibly and take others' perspectives. The capacity for this kind of multidimensional thinking emerges around age 7 in Piaget's "concrete operational stage" and solidifies at ages 10-12 as children enter the "formal operational" stage, but the whole of early childhood lays the building blocks for it (Piaget, 1962 as cited in Hanney & Kozlowska, 2002). These capacities naturally enrich children's abilities to tell and retell their own stories. In a large-scale study of 813 children aged 8-10 years, Beaudoin, Moresch, and Evare (2016) found that a narrative therapy intervention led to significant improvements in children's ability to solve interpersonal conflicts and make decisions responsibly. It also increased their awareness of both self and others when compared to a control group. Since divorce is often a result of conflict and even the best-managed family transition involves friction between family members, this increased ability to manage and holistically evaluate conflict is vitally important.

This enhancement in the ability to manage relationships through perspective-taking and expanded empathy is most commonly seen by researchers as the result of engagement in peer groups. As children's social lives extend beyond their homes and their immediate families, they often are forced to adjust their egocentric viewpoint, which dominates infancy and early childhood. This is largely because friends and classmates are less accommodating of this perspective and begin to demand reciprocity (Brockerick & Blewitt, 2015). As a result, elementary school-aged children are increasingly able to put together coherent and sophisticated personal stories, as well as inhabit the "psychological position" of others: elements, which are the lifeblood of narrative therapy. They begin to

be able not only to explain their own motivations and behaviors, but also to make educated guesses about the events and emotions that drive other's behavior. They also gain a better understanding of discrepancies between feelings and behavior, in that an individual can feel one way, but act in an entirely different or contradictory way. This skill is critical to processing the emotionally fraught areas of parental conflict and divorce, where even the best intentions for peace and cooperation can go awry (Broderick & Blewitt, 2015).

Metacognitive skills, the ability to evaluate one's own thoughts, also improve as children mature, culminating in the ability to evaluate their own theories, a capstone skill recognized by pioneering developmental psychologist Piaget as the aforementioned "formal operational thought" (Piaget, 1962, as cited in Broderick & Blewitt, 2015). Erikson's main developmental conflict for this cohort is "industry vs. inferiority." The underlining theme is "I am what I learn," and, to a lesser extent, "I am who I learn to be." (Broderick & Blewitt, 2015). This question is immensely relevant to issues of divorce and family transition, related as they often are to deterministic outcomes about children's ability to form trusting relationships (Bernstein, 2006). Narrative therapy is also interested in evaluating and celebrating what makes clients uniquely positioned to triumph over adversity. Interventions include assessments of client's skills and abilities, as well as an exploration of how those skills can help them meet challenges in their lives within and beyond their family (Cattacnach & Webster 2015).

Weaving it All Together

In their case study, Van Lawick and Visser (2015) detailed a complex multi-part intervention they carried out in the Netherlands called *No Kids in the Middle*. The intervention, in its later manifestation, involved coordinated treatment for both the parents and the children. Initially, the treatment only addressed the children. The integrated program began once the treatment team recognized that evincing the children's pain only exacerbated their distress because there was not a transparent, open context for children to bring their feelings to their parents outside of session. This accords with evidence that children's conflicts are often internalized, because they are unable to live two truths at one time, that is share in both parents' realities of the divorce simultaneously. Parents are both the primary source of support and the chief cause of their distress (Van Lawick & Visser, 2015).

This profoundly disquieting experience often resulted in children having difficulties with sleep, eating, concentration, and even conversion symptoms that mimic physical illness (Van Lawick & Visser, 2015). Responding to this untenable reality, clinicians aimed to create a new context in which children could explore their feelings in the presence of their parents through creative narrative-based interventions, culminating in a short performance centered on their experience of their parents' relationship. The parents were asked to create a parallel presentation that focused on what lessons they had taken from their participation in the program and their dreams for their children. Through their witnessing of and participation in these vulnerable, honest ceremonies, parents and children often felt their perspective shift. The clinicians actively created parent-child experiences that could be seen as "unique outcomes" in the language of narrative therapy,

such as warm and affectionate moments shared between a child and a nonresident, often estranged parent.

Even break times offered moments to interact that were untainted by vitriol. These often-emotional experiences would, in themselves, complicate and rise above the dominant narrative communicated to the child that one parent was off-limits and that it endangered the relationship with the resident parent to engage with the other. Post intervention, Van Lawick and Visser (2015) reported an increased ability for participating parents to assume and inhabit the perspective of their children. Researchers reported it was as if parents could finally "hear" their children's voices above the battle they were waging with their ex-spouse (Lawick & Visser, 2015).

Similarly, Sullivan, Ward, and Deutsch (2010) explored a US-based intervention called Overcoming Barriers Family Camp (OFBC). OFBC used coordinated group-based parent and child treatment to achieve a degree of peace between divided families. Like "No Kids in the Middle" OFBC strove to create unique outcomes and make inroads into damaging, dominant family narratives of pain and mistrust. The camp was the last resort of high conflict couples involved in complex, often caustic litigation surrounding their divorce and custody issues. In this camp, resident and non-resident, or in the authors' parlance "rejected" parents, were given co-parenting psychoeducation (Sullivan, Ward & Deutsch, 2010).

The resident parents, nonresident parents, and children all met separately to discuss common issues they faced and reflect with others in similar circumstances. The nonresident parent was eventually given a chance to interact with their child, but only

after they had exchanged notes of love and support with their child from a distance. The child, separated from both their parents, was given a chance to amplify their own voice, create art, and participate in a camp-wide talent show. This separation was also seen as way to recalibrate children's viewpoints and revise the story children told themselves about their parents, both custodial and noncustodial, on their own terms (Sullivan, Ward, and Deutsch, 2010).

These interventions can also take place solely within groups of children and include parents only as outside witnesses to their children's journey. Lee (2017) created a narrative-based process group named "My Happy Ending" open to children who had experienced domestic violence. The goals of the group were to decenter the children's experience of domestic violence while spotlighting the children's resilient reactions to their trauma. Lee (2017) notes that the experience of the "bad thing" often crowds out the moments of empowerment, hope, wit, and wisdom that coexist alongside the dominant narrative of fear and sadness. These "double-storied" (Lee, 2017, pg. 62) descriptions contain both the problem and the children's attempts to cope. While "adult" problems such as divorce or domestic violence are not solvable by children, Lee (2017) contends that children's retelling of their responses both elicit and amplify their sense of personal power. Children then created individual works of art that elaborated on the strengths they discovered and composed a collective performance witnessed by their parents (Lee, 2017).

Beyond family and group-based narrative interventions, there are also individual narrative intervention options available to counselors. In one case study Banting and Lloyd (2017) detail their work with a young male client struggling with OCD. Banting

and Lloyd (2017) externalized the client's obsessions and compulsions as the "Silly Gremlin." Throughout the course of therapy, they collaboratively strategized about how to weaken the influence of the "Silly Gremlin" by utilizing the client's strengths. In this case, Banting and Lloyd (2017) reported a significant decrease in their client's OCD symptomology. Likewise, Nel (2010) recounts her therapeutic process with an 11-year-old client who wishes to "put a lid on the divorce monster" that's causing her distress. By externalizing the seemingly intractable problem of her parent's divorce, the young client began to see the "monster" as an entity outside of herself and able to be fought. Through a combination of expressive arts techniques Nel (2010) and her client revised the client's life narrative, amending and reshaping assumptions and experiences. Their holistic therapeutic goal was to symbolically "kill" the monster, replacing it with recitations of strength and hope (Nel, 2010).

Connecting with stories and vanquishing villains does not have to be contained only within the scope of the client's narrative. It can encompass a whole library. Cattanach and Webster (2015) relate a series of case studies in which they incorporate the use of fables, creation myths, and fairytales to help children identify themes in their own lives. By imagining other possibilities for the characters in the stories, the clinicians report that the children then accessed dreams related to their own futures. One young female client symbolically killed the fictional bad witch, representing her abusive mother, and then imagined an alternative ending where the bad witch lived, repented, and became a good witch. The tenets of narrative therapy do not require the client to make a definitive choice as to what happened, only to explore other previously overshadowed options. Cattanach and Webster (2015) titled this process a "kind of being before

becoming;” a way to live into the possibility of hope and safety before it materializes in client’s lives. Seeing the potential generated in fiction, clients begin to take steps to remake their own inner worlds.

Clinical Recommendations

As Cattanach and Webster (2015) related, the goal of narrative intervention is to “find the story that best supports children in what they want to say,” (pp. 23). Narrative therapy decenters the position of the therapist, privileging the client’s words above all else. It does not seek to pathologize or define the client. Instead it works to empower them and remind them of their inherent strengths (Epston & White, 1990). The following are clinical guidelines for implementing narrative therapy with children. It is drawn from numerous sources and represents a synthesis from those cited above.

Holistic Points

Below are some guidelines framing the client-counselor relationship. They can be viewed as the ingredients necessary to make narrative intervention successful.

- Incorporate humor and playfulness whenever possible. Elicit imaginative language and play to collaboratively explore problems and possible solutions.
- Use language that positions the client-counselor relationship as an alliance united against the presenting problem.
- Assume that children have the capacity to engage in co-created storytelling and offer them ample space to do so.

Discovering and Naming Problems

Counselors should begin by asking questions to establish the presenting concern of the child (ex. My parents get mad at each other, Daddy moved out and I don't see him any more). Then counselors should chart the influence of the problem on the child's life.

The following questions may help frame the process:

- What has changed since the problem entered their life?
- What do they no longer do?
- Who do they no longer see?
- What do they miss?

Establishing the ways in which the child's life has been altered by the problem can arouse feelings of sadness and anger, but also determination to face the problem. It can also aid in establishing goals for therapy of reengagement, communication, and connection (Gallant, 2013).

Externalizing Problem

Known in narrative therapy as the "dominant narrative," this initial version of the client's life is typically focused around the presenting problem (White, 1995). Only once the "dominant narrative" is known and spoken about by both client and counselor, can the problem be named. Encourage the child to come up with a name for the feeling it elicits or the image it creates. If the client is having trouble, suggest potential images (ex. a thundercloud) or ask them, for example, which animal the problem brings to mind. Continue generating suggestions until the client is happy with the name and feels it is representative of how the problem appears in his/her life. Externalizing or separating the

problem from the child allows one's identity to not be defined by it (White, 1995; Lee, 2017). From then on, refer to the problem by the name bestowed on it by the client.

Eliciting Personal Agency

Operating from a place of engagement and curiosity, counselors should inquire about times in which the problem did not overwhelm their client. The following questions may help:

- When has the client been able to successfully fight the problem?
- What was the client doing or feeling during these special moments?
- How did the client feel after those moments?
- How has the client survived the problem thus far?

The counselor and client can then speculate on what those moments of strength and bravery mean about the client's capacity to defeat the problem (Cattanach & Webster, 2015). In narrative therapy, these moments are described as "unique outcomes" (White, 1995). Unique outcomes offer the client a window into a new way of viewing his/her world that is still realistically grounded in his/her life. They are exceptions to the "rule" of the dominant narrative (Glonclaves, Matos & Santos, 2009). In order to recognize them, a counselor should be listening for moments that feel "out of place" in the context of the client's presenting concern. For example, if the child's story is founded on the idea that the parents don't love him/her now that they are divorcing, a counselor should listen for moments when a child was able to connect with the parent(s) despite these fears (Lawick & Visser, 2015). Highlighting these discrepancies "thickens" the

narrative and provides a counterpoint to an often distressing "dominant" story (White, 1995).

Telling and Retelling Alternative Stories

Once the counselor feels that the client comprehends the concept of "unique outcomes" and can apply it to his/her historical life events, the counselor and the client can begin to compose what White (1995) calls a "preferred narrative." Linking these "unique outcomes" into a productive "preferred narrative" is a vital therapeutic task. The "preferred narrative" does not ignore the objective facts of client's lives, but instead casts them in a new light. Preferred narratives highlight the client's personal power and emphasize its ability to help in scary or sad situations, (Epston & White, 1990). Overall, preferred narratives invite clients to assign new, productive, and optimistic meaning to their actions (Parry & Doan, 1994).

Potential questions to guide this process include:

- What do these times that you won over the dominant story tell you about yourself?
- In this new story, what can you say/do with your parent that wasn't possible before?
- If you were to believe this new story, what would you do next?

Outsider Witnessing

Counselors act as the key “outside witness” to the re-authoring process. They encourage, support, and champion their clients throughout their journey. Other potential “outside witnesses” involve professional colleagues, groups of children in collective interventions, and parents or guardians if therapeutically indicated. Any “outside witness” should be able to willingly and actively participate in the co-construction of the new narrative. Outside witnesses, whether they are counselors, peers, or other supportive adults, are a vital component of narrative therapies.

Witnesses not only affirm and bolster the new story but can also add original details, images, metaphors, and strengths to the client's narrative, (Lee, 2017). Outside witnesses' documentation and validation of the new story enables it to survive outside of the counseling room (Parry & Doan, 1994). A client's parents should be involved only if counselors believe they can be committed to the new narrative and can prioritize their child's perspective. If a parent is, for example, mired in complex, negative feelings towards the ex-partner and cannot "hear" the child's voice over one's own distress, it's best to exclude that parent from the re-authoring process (Bernstein, 2007).

Collective Documentation and Ceremony During Termination

Near the end of therapy, the counselor and client can engage in art making or other creative tasks. The end product should concretize or verbalize the new aspects of their alternate “preferred story” in a way that is personally meaningful to the client. Examples of collective documentation include songs, artwork, jewelry, skits, and written work (Lee, 2017; Muller, 2013; Nel, 2010). Some clinicians also create physical certificates or letters to give their clients when termination arrives (Lundby, 2015). In all

cases, client and counselor should spend the closing sessions discussing the client's strengths and power that were uncovered and voiced during the therapeutic process (Lee, 2017).

Contraindications and Limitations

According to Freeman and Couchonnal (2006), specific contraindications to using narrative therapy include clients with severe intellectual disabilities, clients with severe brain damage that affects memory and comprehension, and clients who exhibit symptoms of psychosis. The chief limitation of narrative therapy is the difficulty in measuring its effectiveness. There is no, as of yet, quantitative way to assess the success of the new narrative or its positive impact on clients' lives (Prochaska & Norcross, 2014).

Summary

Narrative therapy is a powerful route to change for many clients. Its focus on rewriting clients' stories relies on them wielding the pen. Its important stages are naming the problem, externalizing the problem, eliciting personal agency, identifying unique outcomes, composing an alternative narrative, outsider witnessing, and collective documentation. Together, these stages create opportunities for clients to transform their understandings of themselves and remake their own worlds. Narrative therapy's focus on agency and empowerment gives more families more opportunities for poignant rather than poisonous post-divorce outcomes.

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