



Playing and narrative therapy:

Synthesising narrative practice and occupational therapy in work with children

by Christine Ullmann

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Abstract

This article explores combining occupational therapy with practices from narrative therapy. The contexts of play allows a site for working with both children's physical challenges, as well as dominant problem stories. Throughout the paper, examples of work with individual children show the links between occupational and narrative practices, specifically in relation to situating problems outside of children, the use of scaffolding both conversations and physical challenges, and developing alternative stories that help children renegotiate relationships with the problems in their lives.

Key words: playing, occupational therapy, psychotherapy, children, narrative therapy, scaffolding conversations, Lev Vygotsky, motoric development, sensory integration therapy

Children develop while playing, especially during the first years of their life. Playing helps children develop their motoric, cognitive, linguistic, and also social skills. Therefore, I think there should be a special emphasis on playing in therapeutic work with children. Immediate physical, active success stories through playing in a room can be achieved by combining aspects of occupational therapy and psychotherapy.

Subsequently, these can be valued as unique outcomes by asking narrative questions, and a connection to everyday life is made in order for the experiences to become rich stories.

In early childhood, as in all of our lives, there are so many diverse experiences that are not necessarily storied, let alone spoken about. In early years, when language does not yet play such a big role, sensory experiences occur intensively and all day long. Only later can these experiences be expressed in words and conveyed in stories about themselves, for instance, "I am good at playing football". During the first years of their life, children are occupied with themselves and the world around them and they are constantly experiencing new things. The first thing children experience is the discovery of their own body and what they can do with it. Each new physical accomplishment often brings happiness and a determination to develop newfound skills even further. As soon as they have taken their first steps, they want to run, climb on a chair, or use a bike. In order to achieve these things, children try the same movements over and over again, or change them if the first movements do not lead to the desired success. They are generally enthusiastic and eager to explore.

According to Hüther (2011), this enthusiasm of discovering themselves and the world around them activates the emotional areas in the brain of a toddler between twenty and fifty times per day. This activation triggers the growth of the neuronal network and the learning and further development of the child. If the child can share their physical successes with somebody, this learning process is strengthened and amplified. Often this sharing and amplification of physical accomplishments occurs in contexts of play. These realms have fascinated me since the beginning of my work as an occupational therapist. As I then became interested in narrative therapy, the idea of combining children's play, occupational therapy and narrative practice became irresistible.

Occupational therapy and narrative therapy

Playing is an environment in which most children feel comfortable. Occupational therapy is a playful therapy and children usually like to attend. It is fun, exciting, and

motivating to try more and more difficult challenges or to discover something new. It is contagious, makes children laugh, is inviting, and quickly brings people together. That is the pleasure I always rediscover in my profession. However, I have also often been confronted with difficulties. Children who not only have difficulties in their motoric development but also great difficulties in their social behaviour often come to my therapy sessions. Some of them did not enjoy playing and tended to destroy things. For these children, what I was offering did not work for them, and I wanted to look for options outside of my occupational therapy knowledge.

Shortly after, I learned about narrative therapy during psychotherapy training. I thought that I had found the right kind of therapy which would be perfect for my work. Just one of the basic principles of narrative therapy, namely, to place the problem outside the person (externalising the problem), seemed to be a great help and relief for the children I work with. Furthermore, I liked the idea of seeing life through stories which are told differently at different times. The view that these stories can be told in new ways brought my attention to new ideas about how my work with children could be carried out.

While narrative ideas fascinated me, I still had the feeling that this kind of therapy was too focused on language. Although I tried to design the therapy to be as child-friendly as possible, the children I met with seemed to get bored quite quickly if they had to just talk about their problems. All the children preferred romping about in the room full of pillows and mattresses, swings, and slides. So I felt torn between my two professions – either to be an occupational therapist or a psychotherapist. If I focused on playing with the children, I was able to connect with them on a relational level; however, I lost sight of the therapy goals. If I focused on the therapy goals, I tended to stay on a linguistic level and lost the child.

In search of synthesis

In looking for a solution, I searched the literature about systemic psychotherapy with children. There was a lot of literature about working with hand puppets, theatre, drawing, and other creative methods. Therese Steiner and Insoo Kim Berg (Kim Berg & Steiner, 2003) have developed great ideas in the field of solution-focused therapy with children. Jennifer Freeman, David Epston and Dean Lobovits' book, *Playful approaches to serious problems* (2000) is full of creative ideas about how to work in a narrative and playful way. It was also fascinating to watch videos showing Michael White's work with children. These are just some few therapists I stumbled over while looking for literature. However, I still felt there was something missing.

Occupational therapy spirals, narrative therapy maps

I wanted to play in a room with the children, move around, and experience the kind of playing I had enjoyed so much in my work as an occupational therapist. I wanted to find ways to play with the child – for example, imagining being pirates on the stormy sea, swinging in a hammock – and, at the same time, assist the child to control their anger in a better way. I wanted to see the children beam with joy when they managed to do something while playing and experience this success immediately in their whole body. However, I did not want to neglect the therapy goals. I often had the feeling that the parents were worried that their anxieties and desires were not being taken into account when playing was used during therapy. I also wanted the children to experience fun and joy during therapy, yet not lose sight of the problems. So I set out to combine both of my professions in order to develop my own way of working.

During this voyage of discovery, I have remained faithful to two key ideas. The first is that I see playing as the most important form of acting and expressing oneself in the life of a child (Ullmann, 2011). While playing, children do not just develop their motoric, linguistic, and cognitive skills, but also their social skills and identity. A child learns to understand the world through playing: a child recognises what can be changed and what cannot be changed, which rules exist for which game, and how these rules can be changed. Children also learn to express themselves through playing, learn to put their thoughts in order, and how to phrase these. During the first years, children can hardly use language as a tool to express themselves; however, it is possible to express ideas through playing.

The second basic idea is that I consider externalisation of the problem (White & Epston, 1990) as most helpful when working with children in order to motivate them to play an active part in bringing about change.

Most of the time, it is clear whether I am being referred a child for either occupational therapy or psychotherapy. However, in my opinion, the goals and wishes of the parents and children are often relevant to both realms, and my primary goal is to fulfil the wishes of the family. Furthermore, my experience is that many of the children who come to my practice because of psychosocial difficulties also have difficulties in the areas of perception and awareness which are reflected in their movements. On the other hand, I am also invited to meet with children to work on their motor function and perception who at the same time have problems in their social behaviour, performance difficulties at school, reduced joy and pleasure, and/or problems at home. So in my mind, while I am usually referred a child for either occupational therapy or psychotherapy, quite often these realms are not as distinct as they might appear to others.

In order to create a synthesis of occupational therapy and narrative practice, I have found it helpful to consider both occupational therapy spirals and narrative therapy maps. In occupational therapy, much of my work is based on the concept of sensory integration therapy. Here, the assumption is that playing contributes to self-regulation and that this can be conceptualised as something like a spiral (see Figure 1 on following page).

At the beginning of any activity a child's engages in, there is the will and the impulse to learn. Sensory input then comes from the environment or from one's own body and this information is forwarded to the central nervous system, is integrated and stored there, and is a precondition for an adaptive interaction with one's surroundings. Adaptive interaction means that one can create the requirements that are needed for the activity, know what has to be done, and learn to organise oneself in order to act in the right order. Adaptive interaction also creates the feeling or experience of having some influence or control in relation to one's environment. This, in turn, increases self-confidence and arouses curiosity to try out something new.

While they derive from different traditions of thought, I recognise great similarities between this spiral and the maps of narrative practice as described by Michael White. The re-authoring conversations map (White, 2007), for example, is used to look for events which are congruent with the preferred life/identity of the client. These events are described as unique outcomes. By exploring the importance of these unique outcomes, clients can create new conclusions about themselves and their world. This search first of all takes place in the landscape of action. One searches for events in the near and distant past, the present, and future. These events, when linked together, tell a story of different, new, and preferred aspects of life. For me, there is a parallel to the spiral process, whereby standalone, unique experiences of children interacting with their environment, are gradually linked together to provide the foundations for further action. We can use the spiral, to identify skills and knowledges one wants to build upon. Sensory integration therapy creates contexts in which children can experience and perform these skills during therapy, in the here and now. This again increases self-confidence and motivates the child to take further steps in a preferred direction.

The next step on the re-authoring conversations map is to link preferred experiences from the landscape of action to the landscape of identity (White, 2007). Experiences/successes that are achieved during therapy sessions are located in the

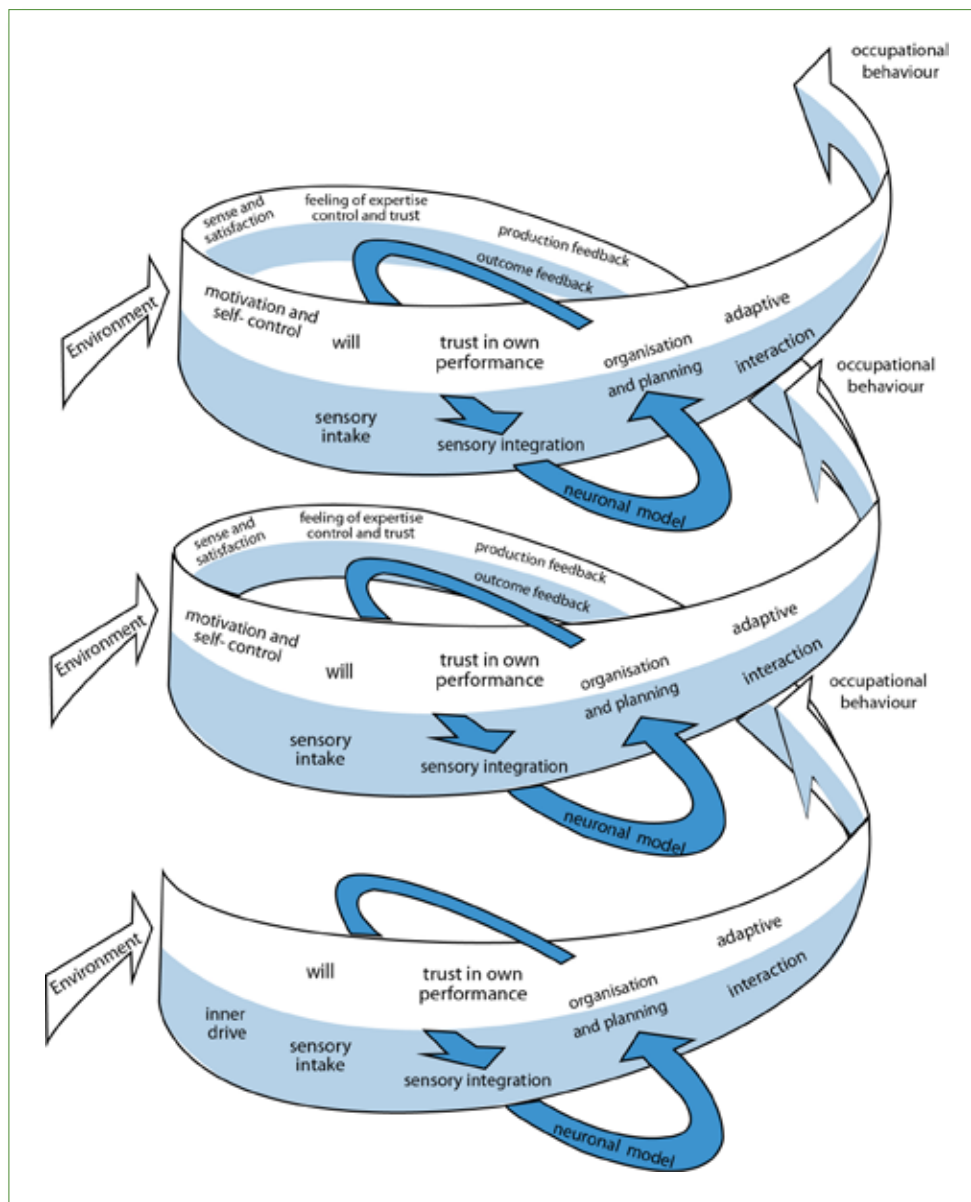


Figure 1: The spiral process in sensory integration therapy (Bundy, Lane & Murray, 2007, p.16)

landscape of action. We can use these examples to identify with the client which skills and resources they used within this experience. In my work with children, this step takes place *together* with the parents after the child has finished playing. It can be difficult for children to find the right words to name their skills and therefore they need the support of their parents. Furthermore, sometimes I think that this step is equally or even more important for the parents than for the children. I can imagine that the children benefit more from the immediate experience of their success and their performance of ability during therapy. However, the parents can acknowledge and recognise the successful experiences of their child more clearly if the strengths and skills of their child are expressed in words.

Let me now offer an example of practice.

Matthew and Fidgety Philip

Matthew, a 10-year-old boy, used to have a 'Fidgety Philip' at home. Fidgety Philip came whenever he wanted and made Matthew terribly angry – enough to destroy valuable things in his room. Quite often, he even made him fight with his brother or his parents. Together with the parents, we tried to spot Fidgety Philip's tricks for some time and we started to search for unique outcomes. However, everything seemed to be relatively unsuccessful. As soon as I started playing in the play room with Matthew, though, I was able to connect to him and we got on quite well. He did not mention Fidgety Philip during the whole therapy. The next time however, he was very bored again during my conversation with his parents, and did not want to contribute to the conversation about Fidgety Philip. I had the feeling that we had lost the good connection to each other.

So, I decided to try something new, and gave Matthew the following task: he had to imagine that foreign invaders were trying to conquer his territory. His task was to stop the invaders from entering his territory by all available means. Matthew immediately started to build something similar to a house in the middle of the room; he called this his 'defensive cover'. I slipped into the role of Fidgety Philip and tried to break through his defensive wall. As soon as I managed to get through part of the thick wall he had built, Matthew repaired it straight away and built it even stronger until I did not stand any chance to invade. I took a picture of the defensive wall and gave him this picture at the end of the therapy. I asked his parents and him if he might have already built such a defensive wall at home, and whether it would be worth checking when they returned home. At the following therapy session, Matthew came in with a big smile on his face and told me about his six defensive walls he had discovered at home which helped him to defend himself: his strengths, skills, creativity, intelligence, ambition, and assertiveness, helped him make his defensive wall stronger and stronger. For the first time, I had the impression that both Matthew and his parents started to see his skills again.

In the next therapy session, I asked Matthew to re-create his room in a sandpit. I asked him to build his defensive wall the way it looked at home. While building his wall, he had the idea that an alarm system would be a good idea because it could warn him against the invasion of Fidgety Philip. So, together with his parents, we started to find out what such an alarm system could look like at home. His parents said that he already had part of such an alarm system within himself – they had already noticed that shortly before Fidgety Philip started his attack, Matthew would get a red head. Furthermore, they had the idea that they could act as an alarm system, because they noticed earlier than Matthew when Fidgety Philip was going to attack. Suddenly, there were many ideas and possibilities on how to pull together against Fidgety Philip. Playing set the ball rolling.

It was clear to me that if I had not approached Matthew through playing, I would have lost many of Matthew's ideas which he used in the fight against Fidgety Philip, because he could not express these in words. The experiences he had during therapy and playing helped Matthew develop pictures and ideas of how to defend himself. While playing, he had the feeling of having his problem under control. He was suddenly able to discover skills and strengths which didn't seem to be there before. He discovered skills which he had used well in other situations and which could be helpful again in the future – to me, this was a bringing together of the spiral process of sensory integration therapy, and the landscape of action in narrative therapy. His parents also saw more and more and possibilities and ways to work with this problem in the future.

Drawing on both practices of play and narrative therapy enabled me to stick to the problem while playing, without losing sight of the big picture – the process actually felt like it developed almost by itself through learning while playing.

Connections between bodies, senses, brains and narrative

In recent years, brain research has opened up new ways of thinking and talking about the connection between the body and brain and therefore also how identities are shaped (Hüther, 2011). As an occupational therapist, I am very interested in these realms and especially how children's sensory experiences during play can contribute to preferred identities.¹

Early on in occupational therapy, the therapist observes the child playing, in order to see which senses or sensory channels are being favoured by the child, and through which senses or sensory channels the child can learn best. The therapist might also be able to identify which channels are being less used or are 'blocked' and how these can be enhanced in therapy.

I am interested in how all the senses or sensory channels can be used to assist children to richly experience unique outcomes in the therapy room and in daily life. Perhaps, if a unique outcome is experienced, enacted, performed using multiple senses, the more possibilities are opened for this unique outcome to become richly storied. In turn, this will further contribute to the child having a stronger sense of self. Occupational therapy offers activities in which the child can deal with its environment more successfully than before. New, positive experiences are achieved directly and immediately through play. This success story, which is experienced immediately in the room, can then be used as a unique outcome in narrative therapy conversations. Experiences are offered to the children in the room through which they learn to successfully deal with themselves and their wider surroundings. Through these experiences, children can discover new skills – skills which they did not know they had. When one unique outcome or skill has been found, children often find it easier to find others in the past, or develop ideas about how unique outcomes can be made reality in the near future at home.

Susan and Mrs Fidgety

Susan, a four-year old girl, lived together with her father and his girlfriend. Susan's father was worried that Susan could 'just not concentrate enough'. Furthermore, Susan found it

difficult to control her movements. She could not sit still for a long time, and could not concentrate on one thing for a long time, and she jumped from one game to the next. One day, I told Susan about other children who came to me because they had annoying 'Fidgety Philips' at home. So, I told her that these Fidgety Philips made life difficult for children because they did not let them play in peace, or made them jump up over and over again while eating. These two specific examples were things her father had told me beforehand and, unsurprisingly, Susan was immediately interested.

She asked me what these Fidgety Philips looked like. I answered that I did not know, because they were usually invisible. 'I think I have also got someone like Mrs Fidgety at home', Susan said, immediately not only renaming her problem, but also choosing her own exact name for the externalised characterisation of it. She told me that Mrs Fidgety was the reason why she always had to get up during dinner to do something else. Susan wanted to know what the other children had done to make Mrs Fidgety go away. I told her that many children had locked her away in a box while they were having dinner; this way she could not jump out and annoy her. Susan immediately came up with some new ideas about what to do with her Mrs Fidgety, including that she could lock her in her room, or hide her under the coat of her doll and hold her captive. I suggested to try both things and to see which option worked best. I also gave her a piece of advice I'd learnt from many children, namely to let Mrs Fidgety out of the box now and then, to fidget sometimes. Otherwise, one day she might have to fidget so much that it would annoy her even more, and that was something we did not want to happen. For example, I said, many children let her out during the night and, while the children were sleeping, Mrs Fidgety could not disturb them. We told Susan's father everything and asked him to help Susan. If he noticed that Mrs Fidgety was there before Susan did, then he should remind Susan to 'lock her in'. In the following session, both Susan and her father reported how well the 'locking in' had worked. Susan told me that she had managed to hide Mrs Fidgety multiple times under the coat of her doll and that she was then able to sit still for a longer time at the dinner table. She was so enthusiastic that she wanted to learn even more tricks how she could control Mrs Fidgety.

Knowing that Susan liked princesses very much, I introduced her to my princess, who also had a Mrs Fidgety at home and was already in despair. Mrs Fidgety distracted the princess in everything she did, all the time. The princess could not finish any games or tasks. I told the princess that Susan had already learned how to handle such situations and suggested to Susan that she show the princess what she knew. Of course, Susan was keen to do this and we co-created a game to enable this: Susan had to walk over a path which

went over a fast river. She had to walk over the path very carefully and was not allowed to fall in the river. She had to concentrate very hard, because as soon as she fell in the water, Mrs Fidgety would be there waiting to distract her, and would steal one of the golden coins Susan had to transport over the river. It was fascinating to see how concentrated and patient Susan was while balancing and running over the path. She kept looking back to the princess and telling her, 'Look how well I can do this!' and she was very proud when she managed to get from one end to the other. The princess was delighted, praised Susan, thanked her, and told her that she would try the same at home. Susan and I told her father about this great success, who said this was the first time that Susan managed to concentrate on one task for such a long time and to regulate her movements so well.

The following session, Susan wanted to know if the princess had managed this task, and the princess said that she had practiced very hard and that she was already able to concentrate a lot better. However, she wanted to learn even more from Susan. This time, I asked Susan if she thought she would be able to play a whole board game from the beginning to the end without getting up even once. Of course, she thought she could manage this task and wanted to try it straight away. We were all fascinated by how she managed to do it. Susan and I asked her parents to continue practicing this, and play a game with her every day. In just a short space of time afterwards, Susan managed to sit still during dinner, calmly play a game, and listen attentively. I was astonished and impressed about the fast progress she had made.

Because of her age, Susan would not have been able to clearly articulate her problems and develop ideas about how to solve these. However, due to the immediate successful experiences she had in 'locking in' Mrs Fidgety, crossing the river, and playing the board game, she received new impressions about herself. She recognised new possibilities about how to approach situations and tasks. We had developed an alternative story during our therapy sessions, which became richer in each session and at home. Due to these good experiences and the feedback she received from her father and his girlfriend, the story of control of Mrs Fidgety, concentration, and patience became the preferable one, and the story of Mrs Fidgety moved further and further to the background.

Scaffolding conversations

In my opinion, the scaffolding conversations map (White, 2007) is a further point that connects both occupational and narrative therapies. In developing this map, Michael White drew on the concept of Lev Vygotsky that learning cannot be

successful if it is too far away from the 'known and familiar', or too close to it. Steps which are too far away from the things we are used to might not be accepted, or not even be seen in the first place. However, steps which are too close to things we know might not be great enough challenges. So, in accordance with the scaffolding conversations map, the therapist has to make sure that the steps in therapy are designed in a way in which the child will accept them. Similarly, it is extremely important in occupational therapy to take steps which are adapted to each child – from something the child is used to, towards something new. These steps have to be developed in a way that the child does not get bored, but at the same time, the game should not be too difficult, or the child might give up before even starting. This way the child can experience success stories during therapy. In my work, I seek to identify and give value to unique outcomes that emerge out of immediate, physical, active success experiences while playing in therapy. By using targeted narrative questions, we then relate the skills involved in these unique outcomes to everyday life. I seek to generate during therapy rich stories of children's skills which they can then draw upon in everyday life.

Marc and Mrs Angry

Marc, a nine-year-old boy, had a very annoying Mrs Angry at home, who often made him explode. If he did not manage something straight away – such as at football, or when doing his homework – he exploded with anger. He threw his things on the floor, screamed around, and shouted at his mother. Mrs Angry was especially present while he was doing his homework and often drove him and his mother to desperation. Unfortunately, Mrs Angry was very skilled in telling him that he was silly and clumsy, and therefore could not do his homework properly. We decided we wanted to prove Mrs Angry wrong about Marc. I asked Marc if he thought he could manage a difficult 'obstacle course of skill'. He was not sure. I asked him if he managed the obstacle course, whether this would be proof that he was not clumsy. He nodded. So I suggested we build an obstacle course and give it a try.

Due to my occupational therapy knowledge, I was able to estimate which motoric skills Marc had and what he would be able to do, as well as what he would not manage. So I built the course in the sense of a scaffolding conversations map: the course should not be too easy to finish, but not too difficult either. I told him that, with a little practice and skill, he should be able to manage it. Marc was excited about the idea. At first, he had difficulties and did not manage to do the whole course; however, after repeating the course a couple of times, it became easier and easier. In the end, he managed to do the course multiple times without trouble. Marc was so proud

of himself that he immediately decided to write a letter to Mrs Angry. He told her in the letter that he no longer believed her and that he now knew that he was not silly and clumsy. When I later asked him how he had managed the obstacle course, Marc said that he 'just had to practise it a couple of times' – and that this patience he had while practising the course was also the patience he needed for his homework. It was fascinating to witness his experience that he could be patient was a good enough reason for him to then think that he could also show this kind of patience when doing his homework – that he was able to make the leap of applying a newly-named skill to an altogether separate task.

In the following therapy hour, in order to strengthen this experience of managing things, we continued the search for tasks which Marc was good at and which showed his strengths. I found out from his parents that he was extremely persistent when playing Lego and other games. We therefore tried some other games during therapy – for example, jumping over a high wall with the help of a trampoline, bowling tenpins over, and balancing tennis balls on spoons. We wrote down and drew all of these skills we had found on a picture of a body. I often do this with children so they do not forget these experiences straight away, and so we can always have a look at what they have already managed. During the session, Marc's parents commented repeatedly that he had become more self-confident. They told me that he did not scream and shout as often anymore when he was not able to solve a task. And Marc also said that Mrs Angry did not visit him as much anymore. At the end of our work, we drew a comic together documenting his successes. In this comic, Marc showed how he had transformed his Mrs Angry to a Mrs Impatience and a Mrs Annoying, who visited him time and again, but did not make him explode. The comic ended with the sentence: '... sometimes Mrs Impatience and Mrs Annoying still visit me, but that does not matter, because everybody is in a bad mood now and then!'

If the tasks had been too difficult for Marc, he would have definitely been disappointed. If they had been too easy, he would not have seen his skills as anything special. By succeeding to get through the obstacle course, Marc was able to make an experience that had a meaning for him and strengthen his identity. We were able to build upon this experience and develop a rich, alternative story. These examples show how I try to combine both of my trainings in occupational and narrative therapy, and why I think that this combination is both possible and helpful when it comes to working with children. My first path is playing. I try to enable the child to have direct and immediate positive experiences, and also develop ideas and possibilities about how they could solve problems while playing. In this sense, I let the children make new and positive experiences and,

at the same time, develop alternative stories to the present one. After these experiences have been made, we try to find possibilities together with their parents of how to transfer these pictures and stories into everyday life. The experiences made not only during therapy but also in everyday life then become the beginning of an alternative, more and more richer story, which we can then build upon. Furthermore, it is possible to stay in good connection with the child while playing: we do not 'lose the thread' of the therapy, and instead develop fun ideas about how the children can renegotiate problems with the help of their family.

Note

1. For research about how a positive approach to one's own body has a great influence on confidence and sense of self (and involves changes on all levels of experience and action) see Hüther (2011).

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