

An Eclectic Intervention Involving Systemic Intervention with Storytelling

Öykü Anlatıcılığı ile Sistemik Müdahaleyi İçeren Eklektik Bir Müdahale

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Abstract

When the children experience trouble and traumatic situations, the existing stories may be disturbing for them. In therapeutic interventions structured with children, after carefully listening to the stories that the children have structured, it is possible to benefit from the stories of children and to support the creation of new stories that can offer various paths. Interventions in this direction highlight the use of the storytelling technique related to narrative therapy and the child's internal resources. It is recommended to use the storytelling technique and systemic interventions together when working with children. The purpose of this study is to present a proposal for an eclectic intervention involving the technique of storytelling and systemic intervention.

Keywords: Narrative therapy, storytelling, systemic intervention

Öz

Çocuklar, çeşitli sıkıntılı deneyimler ve travmatik durumlarla karşılaştıklarında var olan öyküleri, onlar için rahatsız edici olabilmektedir. Çocuklarla yapılandırılan terapötik müdahalelerde onların öykülerinden yararlanmak ve yapılandırdıkları öyküleri dinledikten sonra farklı yolları içerebilen yeni öyküler oluşturulmasına destek sağlamak söz konusu olabilir. Bu yöndeki müdahaleler, öyküsel terapi ve çocuğun iç kaynaklarıyla ilişkili "öykü anlatıcılığı tekniğinden" yararlanmayı öne çıkarmaktadır. Çocukların çeşitli sıkıntılılarıyla çalışırken öykü anlatıcılığı tekniği ve sistemik müdahalelerin birlikte kullanılması önerilmektedir. Bu çalışmanın amacı, öykü anlatıcılığı tekniğini ve sistemik müdahaleyi içeren eklektik bir müdahaleye ilişkin bir öneri sunmaktır.

Anahtar sözcükler: Öyküsel terapi, öykü anlatıcılığı, sistemik müdahale.

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Submission date: 09.08.2018 | Accepted: 04.11.2018 | Online published: 20.01.2019

INDIVIDUALS create their own stories by benefiting from their life adventures and the experiences they have in their lives. Individuals can attribute a meaning to their lives in the context of the stories they have created over time. In this context, therapeutic interventions structured with individuals can benefit from their stories and support the creation of new stories that may contain different paths after listening to the stories they have structured. Interventions in this direction emphasize the use of narrative therapy as a postmodern paradigm.

The narrative therapy can combine the social constructivism with personal constructivism and in this context, it can be ensured that the client gets alternative perspectives on his/her story considering his/her social and cultural structures (Stiefel et al. 2017). Since the psychological counselors participate in a process in which the clients' stories are reflected, their stories of the clients are generally reconstructed, re-narrated and changed. The psychological counselor can ask what an individual feels and understands from his/her story, can transform the story by taking some significant steps in the story into consideration, and finally, by being a curious listener, s/he can reconstruct the story in a different way in new perspectives (Connelly and Clandinin 1990). Interventions related to the restructuring of the individual's story highlight the storytelling technique about the child's internal resources. The process of reconstructing the story of the individual also denotes the "systemic interventions" in the post-modern paradigm. This study as a theoretical research discusses the storytelling technique and systemic intervention in depth. The theoretical researches are classified among the qualitative research methods and include an in-depth review of the topics in the literature, review and interpret the acquired knowledge, make appropriate reporting and propose new methods related to the subject investigated (Gough et al. 2012). In this study, the resources related to storytelling and systemic interventions in the literature were utilized and a particular attention was attached to the steps of theoretical research.

In the literature, it has been stated that there are no studies on systemic interventions and storytelling together and it will be useful to study the case studies including the storytelling techniques combined with systemic interventions (Schoenau and Jackson 2016). The purpose of this study is to present a proposal for an eclectic intervention involving the technique of storytelling and systemic intervention. It is considered important that the "systemic intervention based on storytelling" is an eclectic intervention and combine the social context with the inner power and internal coping resources of the child so that the child can develop a positive outlook about himself/herself and about others. It is predicted in future studies that psychological counselors may support a child using this eclectic intervention for encouraging the child to re-process the psychological distress with the help of the coping resources of the protagonist in the story, for creating new stories and for re-arranging the social relationships between the persons and objects.

Storytelling

Storytelling can be defined as a therapeutic intervention that allows the expression of the child's inner world in a relaxing atmosphere and reflecting the psychological problems experienced by the child through creative stories and metaphors, such as visuals in cinema in a postmodern paradigm (Divinyi 1995, Long 2013). Storytelling is character-

rized as an intervention technique and an evaluation tool for the description of children's problems.

There are many benefits of using storytelling technique when working with children for various psychological problems. For example, as a descriptive tool for understanding, it may reveal conflicts, fears, and coping mechanisms that are compliant or noncompliant in the child's inner world (Brandell 2000). Hence, with the support of the psychological counselor and through the stories, non-compliant coping mechanisms can be replaced by compliant ones. The storytelling intervention can point a moral or raise awareness of the child through metaphors (Russo et al. 2006), and a phenomenon that is difficult to expose to a child can be explained more comfortably and safely over another metaphoric symbol. In the process, stories are also structured by the child or the child is encouraged to intervene to the story when creating it; this ensures that the child is an active participant (Cook et al. 2004). Storytelling allows the disintegration between the children and the distress. If the individual disintegrates from the story and expresses the problems, s/he can design a new capacity space where s/he can interfere with his/her life and relationships and create a story, in which s/he is not the source of the problem, but the problem exists all by itself (White and Epston 1990, Denborough 2014). The separation of the child and distress, in other words, the externalization of distress can be defined as the fact that the individual remains a separate person from the problems and that s/he has power resources in the face of difficulties and can name the problems (Hoffman and Kress 2008). It is possible for the child to be able to externalize his/her distress and to be able to interpret the phenomenon that s/he expertise by getting the social support that s/he needs (Montgomery and Maunders 2015). Various steps can be taken towards externalization so that the client can interpret the distress experienced. For example, in the counseling session, it may help to externalize the problem and separate the person from the problem, if the child is asked to name the problem that s/he experiences. If we ask the child following questions, it will be helpful for the child to name the distress that s/he experiences and externalize it; "What would be the story title if you choose a story title for the distress you are experiencing? Or what would you draw or show which image to describe the distress you are experiencing?" (Hoffman and Kress 2008).

In the direction of the storytelling technique and to have positive interaction with the child's life, the counselor should follow the proper intervention steps. First, it is essential to define the emotional problem of the child or the related situation. Then you need to create a place, a situation, and the characters that involve the metaphorical context on the problem or subject. "The main character in the story" must be experiencing the same emotional problem or emotional theme as the child (Sunderland 2017). In addition, the main character must use exact coping mechanisms or similar coping mechanisms used by the child. It may be possible to show to the child that these coping mechanisms are not functional in overcoming the problem. It is necessary to support the child to discover new ways to reach the solution and gain new perspectives. In the significant part of the adventure through the solution, there may be something or someone who can help the character to change the way s/he is heading to, or to help him/her use better coping mechanisms, creative solutions (Sunderland 2017). In such a case, the main character can successfully adapt to new behaviors and attitudes. In other words, the main character can form a meaningful role model for the child.

The psychological counselor can support the child in dealing with various problems when s/he configures situations such as the place, time suitable for the child to help her/him listen to the story (Sunderland 2017) including the relevant intervention steps. Therapeutic storytelling technique with children can be effective in traumatic cases such as grief/loss (Wong 2013), behavioral problems such as anxiety (Foret 1996) and bad temper (Painter et al. 1999). In their experimental study, Painter et al. (1999) concluded that storytelling was effective in determining behavioral distress of the child such as bad temper and disobedience. Similarly, Foret (1996) discovered in the experimental study that storytelling technique contributed to the positive change in anxiety-related behaviors of adolescent children. Case studies using the storytelling technique related to traumatic cases experienced by the child are also encountered. Wong (2013) examined in a study the effectiveness of the grief therapy for a 6-year-old child, who experienced a loss. The grief therapy included the use of artistic methods, storytelling and game methods. The researcher stated that the child began to use effectively the thought structures in the story and the sources of coping with loss by benefiting from the sources of coping mentioned in the story. Hence, the storytelling technique can encourage the child to use proper coping resources when the child experiences a traumatic situation such as grief.

Storytelling in Childhood Trauma Intervention

Eberhart (1979) shared the findings after working with children using therapeutic storytelling and revealed that group work is effective in the context of both individual and common problems and themes and that this is functional in the cases involving a crisis. In other words, this technique, which helps to externalize the problems of children, can be very practical particularly in overcoming the "traumatic experiences" of children.

The lack of verbal expression of traumatic experiences of children may pose a problem for children to get help and the effects of the traumatic experience may be more severe for children because of this problem (Tanaka et al. 2003). This phenomenon often leads to despair and withdrawal in the victim, and this victimization can result in a vicious circle. The storytelling technique may facilitate the child to reveal his or her feelings and thoughts related to trauma through oral expression.

Before the child reaches storytelling, s/he is able to express the trauma through behaviors or with verbal or non-verbal expressions including bad temper. When the child truly has the chance to tell the story of the trauma to someone, who can listen to him/her and help the child person to work with his/her feelings, s/he will stop telling this story through verbal or non-verbal behaviors including bad temper (Sunderland 2017). Although traumatic feelings are generally unconscious and negatively exposed by the effect of the trauma, it is possible to express the traumatic feelings through the story and to provide catharsis and to gain positive cognitions about the person (Sunderland 2017). In other words, while painful emotions are exposed as bad-tempered behaviors, the child will be able to tell his/her story through storytelling and feel comfortable and positive when listening empathetically a story that included a protagonist experiencing the similar traumatic emotions.

Storytelling with an Eclectic Approach

Various creative techniques can be used in storytelling techniques that can contribute to a child in the externalization process. The literature emphasizes that the use of drawing and pictures visualizes the presentation of the problems and it is possible to integrate the drawings and pictures that are not directly verbal (Leggett 2009, Serneels 2013) and this will facilitate the externalization (Serneels 2013). Desmond et al. (2015) indicated that creative techniques such as painting, letter, and completion of sentences in addition to the storytelling would encourage the externalization of the children's emotions. In addition, Russo et al. (2006) stated the use of non-verbal techniques such as storytelling technique with creative techniques such as sand therapy helps the child to express himself/herself more comfortable.

Storytelling technique which can be used by a psychological counselor in this process and creative techniques, as well as circular questions, can be useful. From the concrete operation period, a child may have a new meaning for the problem by thinking and answering these questions, and it may be easier to externalize himself/herself from the problem. The process of a child in the pre-operational period (a child between the ages of two and seven) does not take place with logical operations and it is not possible to edit them (Piaget 2004). On the other hand, a child in the concrete operational stage (a child between seven and eleven years old) can establish a cause-effect relationship with concepts and facts and has the ability to think about the contexts and relationships related to the question asked (Piaget 2004). When children of this stage have intellectual skills related to differences and similarities between items/objects (Piaget 2004), it can be assumed that circular questions can be directed to them based on their developmental age characteristics. Serneels (2013) declared that circular questions can be asked about the paintings that the child drew about the distress. The psychological counselor can help the client to explore the differences between different stories through circular questions as s/he takes advantage of the storytelling technique. New perspectives can be produced to problems with the presence of different situations in story patterns. Thus, it may be possible to discover differences between new ways of thinking and situations, beliefs and attitudes about problems through circular questions (Brown 1997, Serneels 2013). When the circular questions are combined with storytelling techniques, it may be possible to create combined techniques that integrate the storytelling and systemic interventions. The child may create the sequence of objects symbolizing the important persons, resources, and the distressing event together with storytelling. Desmond et al. (2015), while particularly working with children, emphasize that they can benefit from drama, art therapy techniques and puppetry. Objects such as dolls, sand, and puppets may be effective in externalizing children's problems. With the help of such objects, it is possible for children to create new stories about the problems of their lives as well as the externalization of the problems. For example, a child that fears from a monster during the sleep, can create a story like this, "the monster comes before sleeping and that is disturbing for me" and this story may be more disturbing for the child when s/he needs to sleep alone. The psychological counselor can investigate the objects the child would consider as protective and say, "this object is with you, it will give you strength before you sleep". The child can reform his/her story and sleep more comfortably by means of an object, which is important (Gammer 2009).

In addition, according to the literature, it is possible to underline the research pro-

posals related to the techniques in which systemic interventions and storytelling are combined. Pearce and Pearce (1998), for example, highlighted that the technique of storytelling should involve systemic interventions such as animation and use of figures. In this context, the purpose of this study is to present a proposal for "systematic intervention based on storytelling" as an eclectic intervention that involves the technique of storytelling and systemic intervention. This research constitutes a review study. It is recommended that storytelling techniques and systemic interventions should be used together when working with children.

Systemic Interventions in Childhood Trauma Intervention

Systemic intervention is based on the theory of social constructivism, and the reality in the mind that is being reconstructed by the client himself/herself and others, according to the interaction with the psychological counselor (Kelley, 1994).

The psychological counselor strives to comprehend the subjective reality of the individual in the systemic interventions for individuals by "incognizant" and "curiosity" attitude. The psychological counselor should first try to understand the reality of the individual's relationship with himself/herself, others and important objects, listen to the client and maintain the incognizant attitudes. Many interventions can be used if the psychological counselor considers appropriate for the client while raising the awareness and curiosity of the client. The use of power resources in the subjective world of the client (Gurman and Kniskern 1981) and social context (Asen and Jones 2001) play a significant role in consultation. For example, metaphorical activities such as drawings for power resources, and how family members survive these challenging moments can be exploited. Roosa (1981), through a systemic intervention called "family drawing", aims to raise awareness of the child towards the end of the sessions, and how to overcome the challenges that he/she and his/her family members have mastered up to this point and how the inter-family relations work in coping resources by using some metaphors. The researcher states that in the directive, the child needs to close his/her eyes and dream of his/her family and family members. The child is then asked to draw a picture of each of the family members on a white paper. In the next stage, the child is asked to think about a significant crisis experienced by his/her family members and to draw out what the family members are doing during this crisis. At this stage, Roosa (1981) stated in the direction of the researchers that the psychological counselor may ask the following questions to the child: "who is the strongest person in the family?", "what a family member does for overcoming this problem", "who is with whom?", etc. At this stage, a particular attention was attached to how the members of the family survived the crisis. At the next stage, the child is asked to represent what would be the story of the family members after the crisis by using the pieces and objects that represent the family members. At this stage, the child can position his/her family members on a paper with a group of two or three persons and make them talk. Through these stages, it is predicted that the positive relationship patterns between children and family members will be strengthened and their power sources can be recognized by the child (Roosa 1981).

According to Lask (2010), systemic researchers declared that two types of stressors may be present in the family system; "vertical stress factors" associated with the demands of normal developmental processes and unexpected event/traumatic cases and

"horizontal stress factors" related to the familial functionality. When working with the child, there may be difficult, traumatic experiences in which the mother and father are not carriers and where there is no triangle. In such cases, there may be a need to conduct special work with the children. Among the systemic interventions for children experiencing a traumatic event or a challenging event, it is recommended to "creating a cognitive reframe about life", "speak about the distress through the metaphors", "use power resources" and "intervene for resilience" (Gammer 2009, Lask 2010). For example, in the context of "creating a cognitive reframe about life", it is possible to carefully listen to a child, bullied at school and to discover positive thoughts about himself/herself and instead of thinking, "I am weak, I cannot defend myself", the child may start to think, "I can have the same power and I can defend myself". When the psychological counselor notes the child's sentences if the child says "s/he is not taller than me, we have the same weight and height", the psychological counselor may raise the awareness of the child about the positive and negative cognitions and allow transition between cognitions (Gammer 2009). For the use of power resources and the interventions for resilience, the psychological counselor can benefit from the objects that the child possesses and the persons together with the awareness-raising questions about the relations and activities. The psychological counselor can let the children notice the positive, peaceful situations, locations and the relationships between the persons. In addition, the psychological counselor can emphasize the images that would raise awareness by asking the children, "how would you draw this positive situation?". (Lask 2010). In terms of "speaking about the distress through the metaphors", the psychological counselor may ask the child to select an animal figure or an object that would represent the distress that the child is experiencing. Then the child can transfer the words s/he would like to share about the distress to that object. (Gammer 2009). The psychological counselor can benefit from this technique when working with children, who have difficulty conveying their feelings and thoughts about the traumatic experience (Gammer 2009).

Furthermore, It is suggested that the psychological counselor uses this timeline to determine the position of the person experiencing a challenging event within the framework of systemic intervention and to relieve the pain in the psychological counseling process (Mcbride and Simms 2001). The situations such as anger, frustration, and self-recrimination, sorrowful dreams can continue as long as no meaning was attached to the traumatic or challenging event. The frustration continues unless the distress is discussed and normalised (Young et al. 2004). Young et al. (2004) state that creative, symbolic questions can be asked for attaching a meaning to the difficult experience.

In addition to the circular questions, it may be helpful if something is shared about the traumatic event. For example, it is possible to ask the child to draw a picture about how s/he would like to have a family and discuss the drawing during the sessions (Lask 2010). While restructuring may be realized about the challenging experience within the framework of family counseling, it is also important to create "hope" for today and for tomorrow. For example, workers who seek to gain hope and emphasize the hope can be excited when they see progress on small steps (Young et al. 2004). Such minor improvements to family members (Young et al. 2004) and encouraging the client for new experiences in the relational context during counseling (Shapiro 2015) may create steps towards positive change. In this context, it can be assumed that children can be structu-

red in order to create hopes while it is possible to find the meaning for the traumatic experiences. It is also helpful to develop consistent stories that do not contain self-recrimination so that the children can be hopeful for tomorrow. In this context, it may be desirable for the child to narrate his/her story about the case within the scope of systemic intervention and to allow him/her to realize different points of view by using externalization in his/her story (Lask 2010). In this way, the meaning of this event for the child can be changed, the restructuring process can be realized.

Systemic interventions with children can have a serious impact on traumatic cases such as grief. In the literature, case studies including systemic interventions for children and their families who have had difficult experiences are observed. Sills et al. (1988) examined the effects of short-term therapy including systemic interventions in a teenage girl exposing traumatic symptoms due to her mother's terrible suicide. Therapists have decided to combine both the individual consultation with the client and the systemic interventions by bringing the child and family together. In order to reduce the girl's phobic conditions and to prevent the possible development of incest, the therapists used interventions to start the family's grieving process. The therapists have used a number of various approaches within the framework of systemic interventions, including transactional analysis, Gestalt therapy, behavioral techniques, and grief counseling. Vankatwyk and Ontario (1993) stated that a family having 5 children had consulted when one of the daughters died. The researchers demonstrated the effect of systemic interventions for this grieving family with a case study. According to the system approach, the researchers stated that the family is a complex structure consisting of the individuals in interaction with the family and family members should be addressed as a system. The researchers noted that there is a risk to replace the child, who has died, by one of the surviving children in the family. Furthermore, the researchers stated that within the framework of the recovery theory, steps were taken to "re-determine the position of family members" instead of "replacement" in the family. For this purpose, each family member was asked to share the traumatic phenomenon they experienced according to their perspective and it was ensured that they heard each other. In the context of "re-determining the position of family members", arrangement practices have been concluded for determining the position of each family member including the dead child. In the end, it was affirmed by the researchers that the interventions ensured family members grieve properly and re-structure of the event.

Similarities Between Storytelling and Systemic Interventions

The narrative therapy emphasizes the interpretation of the individual's history and questioning the subjective point of view (Phipps and Vorster 2011). In narrative therapy, the internalized perspective reflects the internal processes of the individual's stories, changing towards the interpersonal perspective under system theory/cybernetics (Phipps and Vorster 2011). In addition, Phipps and Vorster (2011) declared that narrative therapy is based on an up-to-date theory in postmodernism and that storytelling, which allows telling the story in psychotherapy, can reveal the individual's subjective experiences, which means that internal processes can be altered on interpsychic (interpersonal) processes. Indeed, in storytelling, the protagonists interact with other significant people, objects, and metaphors (Carr 1994), and through the story, the child becomes aware of interpersonal resources in their social context. Interpersonal processes

emphasize interpersonal interaction to the circular processes associated with the others themselves, the important ones mentioned in the systemic intervention. Similarly, Kararınmak and Bugay (2010) declared in narrative therapy that the person's interaction with others, which is crucial for him/her, is important in the process of rewriting/structuring the story. The counselor can invite these significant peoples to the sessions and these persons may hear the story restructured by the client. In addition to these questions, which focus on circular interaction and interpersonal relations (Özburun 2018) within the scope of systemic intervention, there are similarities about the questions defining the distress used in narrative therapy with the questions about action, questions about experience, questions about power/social structures (Çelik 2017). For example, in the context of narrative therapy, the following questions may be asked about the awareness, "What do these discoveries tell you about your wish on life?", "After this, what do you think it will fit you the best?". Also, the questions may be used for defining the distress such as, "at the end of this anxiety, what are you doing?" (Çelik 2017). On the other hand, the situations about the "differentiation-individualization" in the systemic intervention and how the person defines and positions himself/herself as an individual (Özburun 2018) can be examined with these questions: "What does this decision that you take to tell about yourself?", "about this event, what would be your reaction if you react as an individual?" It is possible to generate many questions (Gamer 2009).

In addition, in the literature, there are systemic intervention, narrative approach, and narrative systemic researchers, who combine the theory of attachment. "Attachment narrative therapy" (Dallos and Vetere 2014) integrates systemic intervention, narrative approaches, and attachment theory. Attachment narrative theory can have important implications for the systemic intervention process when working with children and their families: all family members, including the child, express and interpret their feelings, reform reassuring relationships between family members and facilitate interaction with the important people outside the family (Dallos and Vetere 2014). The interaction of family members with each other, their forms of communication, their regulation of emotions can find meaning through the many stories told by each of them, and some of these stories may form common expressions, common loops (Dallos 1996).

Interactions between family members can also create family stories that can be externalized differently by each member. The storytelling behaviors of each family member can be realized through family interaction cycles (Thompson 2013). The cognitive structures in the story patterns associated with family interaction can be realized in two ways; a) "individual stories" created by the interaction of each family member with the family, b) "collective stories" created by the interaction in the family (Dallos 1996, Thompson 2013).

Finally, it can be assumed that systemic intervention and narrative therapy are both a post-modern approach and they are combined in terms of reconstructing the subjective reality of the individual. In both approaches, the individual has to rewrite his story in the process of restructuring. In fact, in systemic interventions, the stories of family members created collectively or individually can be interactive. While working with children, it can be assumed that in this context, as emphasized in the storytelling technique and systemic interventions, they can benefit from their subjective experiences,

subjective stories and interactions with the significant persons, objects.

Storytelling Technique Proposal with Systemic Intervention

In the literature, there are studies emphasizing the steps of "storytelling technique". Cook et al. (2004) detailed five steps for story-telling; a) introducing the protagonist; b) creating a story about the child's problem; c) creating a wise person; d) creating a new perspective, and e) summarizing the difference. These steps can be used eclectically with systemic interventions.

Although the steps of "systemic intervention based on storytelling" as it is proposed in this study contain the steps that Cook et al. (2004) described before, it is possible to present the steps as follows: a) The psychological counselor as a storyteller conveys the story by visualizing it with the client, b) The client as a storyteller conveys the story by visualizing it, c) The client reconstructs the story by using the objects/puppets. The proposed model including the steps of systemic interventions based on storytelling is presented in Figure 1.

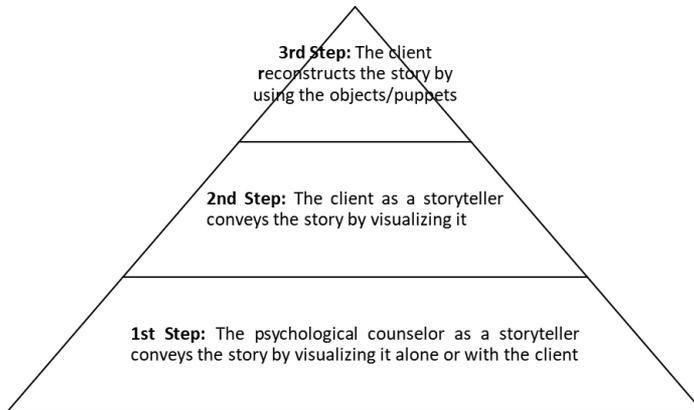


Figure 1. Model including the steps of systemic interventions based on storytelling

1st Step: The Psychological Counsellor As a Storyteller Conveys the Story by Visualizing It Alone or With the Client

In the first stage, the storytelling (Cook et al. 2004) consisting of 5 steps can be used. The psychological counselor can design a story with five stages in relation to the client's problems for this stage. The psychological counselor may create characters similar to the age of the client (Cook et al. 2004). Interesting characters and events in stories can help the client reach a more consistent perspective (Kress et al. 2010). In this context, while the counselor allows the character to be interesting, it can take into account the subjective interests of the client in the formation of the wise person. In addition, the facilities in the story pattern and the power resources of the client can be utilized in the restructuring of the event. The story pattern containing these steps can be transferred by the psychological counselor through drawings. In this context, externalization of the client's distress can be granted. In fact, it is emphasized that the storytelling technique can be combined with pictures in the literature (Tanaka et al. 2003, Leggett 2009). Finally, the revision of the steps described by Cook et al. (2004) towards storytelling is

recommended. At this stage, before starting the story, the psychological counselor should tell the child that it is allowed to participate in the story at any time. The psychological counselor can start by explaining that they can tell a story together (Ashby et al. 2002). The storyteller can tell the other person (the child) to resume the story in a flexible way by saying "what then?" (Ashby et al. 2002). When the psychological counselor tells the story, s/he will draw a picture to externalize the story. The psychological counselor will also tell the child that s/he can participate in the story or drawings any time.

2nd Step: The Client As a Storyteller Conveys the Story by Visualizing It

In the second stage, the child may be asked to create a story in connection with the problem. The child can use the drawings to tell the story and so the child will be permitted to externalize the story. A curious listener attitude (Cook et al. 2004) of the psychological counsellor, will be important at this stage. When the child looks at the psychological counsellor, the counselor may ask curiously, "what then"? (Ashby et al. 2002). Then, the similarities and differences between the two stories can be asked to the child. In this context, circular questions can be directed towards the relationality of the two stories. Sample circular questions are shown in Figure-2 below.

If the protagonist in the first story sees the protagonist in the second story, what would s/he say?

If the protagonist in your story saw you, what would s/he say to you? What would you say to him/her?

What does this story tell you about your life?

How do you feel now?

Figure 2. Example circular questions for the stories

3rd Step: The Client Reconstructs the Story by Using the Objects/Puppets

In the third stage, the child may be asked to choose the puppets that symbolize the persons/objects that are important to him/her and the objects associated with his/her distress. After that, the child is asked to set these puppets according to their emotional closeness and distance. Then these puppets can start to talk from their location. Then, the child may be asked to make a new constellation that s/he can feel comfortable with. The constellation practice begins when the client selects person representations that symbolize metaphorically the persons who are important to him/her in the social-emotional world, and the client is then demanded to position these representative persons according to the emotional proximity (Cohen 2006). The representative persons, who are positioned do not talk for a while, do not move, and each representative can stand a stance according to the client's emotion (Cohen 2006, McQuillin and Welford 2013). After a while, each person in the representative constellation can be asked about their feelings and about how they feel in that position. The client's awareness about the positions of the persons will be increased, the representative picture of interpersonal relations may emerge, and the client may then act for change (Cohen 2006, McQuillin and Welford 2013). Desmond et al. (2015) declared that while working with the child in creative techniques, the use of objects such as dolls, sand, and puppets contributed to the externalization of significant people, distress and resources are offered. In the end, the child will be able to present a concrete picture of the social

context and power sources, his/her choice of the person(s) and the people/objects that are important to him/her, visualization of the present situation and the ideal situation.

Through these stages, it is believed that the "storytelling technique" and "systemic interventions" can be combined. In addition, these three stages are considered to be therapeutic for the trauma of the child. Children may experience intense emotions (such as fear, anxiety, helplessness) when they experience a traumatic event, but also create negative cognitions, such as "I am weak, I am helpless, and I am bad". (James and Mackinnon 2012). Unresolved traumatic memories and negative thoughts in the center can be healed through storytelling and systemic interventions, enabling the processing of cognitive and emotional trauma. Through the first stage, it is considered that the child will find alternative ways of coping with his/her trauma and his/her negative cognitions will change in a positive way. Kress et al. (2010) reported that children, who were traumatized in a case study of storytelling, were more hopeful about the future through stories that contain similar feelings and experiences to their own experiences. The researchers also affirmed that children could, for example, gain new perspectives and alternative ways of coping with the problem by thinking, "I can overcome this problem" and restructure their thoughts. The drawings are very functional in order to expose, reveal and reconstruct the images that shape the traumatic experiences of children. At the same time, drawings are used to create new images based on empowerment and flexibility based on self and life (Steele and Kuban 2013). In the researches, it was ascertained that in the traumatic cases such as grief, it was more effective to express the story with the drawings, thus it reveals better the children's feelings and senses (Steele and Kuban 2013).

In the second stage, it would be meaningful to ask the child to write his/her own story and to create metaphors based on his/her own story. Thus, the child will be able to accept the message of the story more easily and use it more comfortably (Burns 2016). In this way, the child may tend to transform the thoughts s/he has restructured into behavior more easily. It is considered that circular questions will contribute to the restructuring of the child's thoughts and encourage the child to try new ways in his/ her life. For example, the child can explain the meaning when realizing s/he can try similar ways and at the same time try different ways that the previous protagonist and the next protagonist can have similarities and s/he can have differences at the same time. In addition to these stages, which allow the child to repeat the thoughts and emotions of the past to the present day, it is envisaged that an arrangement study will be carried out through the third stage and a "hope" for the future will be created in the child. Particularly fun and special activities should be used when working with young children. While working with children, animals and objects can be used in the arrangement practices (Kagan 2014). In this context, the object that the child chooses as the representative, the persons whom s/he determines as close to himself/herself will give the clues about who might be closer in the future and with which power resources s/he can pursue. There will be no future without the past, no hope without the future. In this context, it is significant to explain the traumatic past that causes distress for the child, to look at the present and finally, to look forward to the future (Kagan 2014). Through these stages, it is desirable to intervene in the trauma from a holistic perspective. A hypothetical case demonstrating the implementation of these stages (a fictional example showing the processing of the model) is exhibited below.

Hypothetical Case

Client A was a 10-year-old boy and experienced a traumatic event, in which a few dogs barked and run towards him when he left home to go to school, a few months ago. Psychological counselor at the first session discovered that the child felt afraid and anxious and had negative cognitions such as "I am a coward". Regarding coping resources, he realized that he did not give up in face of challenging situations and was open to new problem-solving methods. The psychological counselor also discovered that the client also was relieved when listening to the experiences of older and wise people.

In the first stage, the psychological counselor presented to the child the reconstructed story of him, taking into account the distress of him and his coping strategies. The story protagonist is a child of the same age, and felt fear and worried when the chickens run toward him, getting out from the coop. The protagonist, however, felt well since he was about to pick up the eggs for his grandmother and helping her. The story was conveyed to the child in a way that attracts the curiosity with such expressions, "what happened so they were flying like this?", etc. His grandmother said, "oh my great-grandson, if you know something like this happened to me as well. You can consider this as playing a game when one of your friends throws you the ball in a way you don't want to, you may get angry, I guess. Animals have protected areas, as well. The chickens probably just gave you the message - I don't want you to come here now. Otherwise, they know you, they love you and they won't hurt you. The protagonist has also changed his perspective. He tried different ways, and when the chickens flew away, he said, "Okay, I'm going back right now, and I'll come back when you feel comfortable," instead of running away scared. Listening to the story, Client A accompanied the picture and said, "it is funny, the chicken that doesn't want to give the eggs, the chicken has with funny wings" and that provided a relief for the client. In the second stage, Client A formed his own story and narrated the story of a child, who was scared of the dog when the dog ran and barked while he was coming back from the school. He stated that the protagonist cried and feared as he was conveying his story. Later, the protagonist spoke with his grandfather about what his grandfather told him. "This dog sees you going to school and coming back from school every day. Yeah, the dog runs towards you. But if the dog wanted to bite you, it would bite you. So that day it was bothered by something else and ran to you. Maybe it wouldn't be running that much if you weren't scared. Maybe it wanted to play a game with you.", his grandfather said. When the protagonist came home and thought about his grandfather's statements, he saw the dog and realized that the dog was cute. While drawing a picture of the dog, he said he realized that the dog wasn't that frightening and actually it was cute.

Through circular questions, the child was also able to recognize the similarities and differences between the protagonists. One of the circular questions asked to Client A was "What do you think about what your parents are thinking about what you are going through?". Client A also stated that his parents had observed that the dog was not harmful and that this gave him courage and that he had realized he could overcome the problem. These circular questions were also asked Client A, "If that dog sees you know, what would the dog tell you? What would you tell it?", "What would your grandfather tell you since you considered the dog cute?". Client A said, "the dog would smile to me if it could talk, even it would burst into laughter" and he smiled. He said that his grandfather would give him encouragement and that he might have thought that the dog was cute. At the third stage, Client A stated that he was more comfortable coming and going to school. It was observed that he worried just because the future would be the same. The psychological counselor asked the client to choose figures in his current life that would symbolize his courage and hobbies. Client A choose his mother, father, grandmother, friends, the courage to go to the school, and the dog. He stated that he felt comfortable in this arrangement and even felt good when he was with the dog. He also picked a figure that symbolizes a new event for the future and also a figure symbolizing his grandfather's advice. In the next drawing, it was observed that the figure of courage and the figure of advice were good for him and he looked forward to the future with hope.

The psychological counselor, together with the client A, talked about what happened in the process from the beginning to the end, what had been achieved, and how the changes had occurred, and the client A appeared happy when he said, "I can now comfortably go to school" and he seems happy when talking about positive changes. The psychological counselor, the client A, and the parents discussed the positive changes and the client stated that they might meet again if they want to and they concluded the sessions since they agreed on positive changes. In conclusion, it is assumed that the behaviors and cognitions of the child, who experiences a traumatic event in a hypothetical case were considered with a holistic view through three stages and the child has overcome the traumatic situation and the child, his parents and the counselor have reached the conclusion that the sessions may be terminated.

Conclusion

In this study, it is declared that the model related to the storytelling-based systemic intervention can be used by benefiting from circular questions, drawings, objects like puppets. The literature emphasizes that storytelling technique can be combined with drawing and art techniques so that the client can express his/her emotions in a non-frightening comfortable environment (Tanaka et al. 2003, Sakaki et al. 2007, Hayes and Povey 2010). By constructing the storytelling technique through combined techniques, it will be possible for the child to explore the resources s/he owns in a more comfortable environment as well as his/her emotional behavioral development. Denborough (2014) emphasized the activities that facilitated the client's awareness of power resources in the process of rewriting their stories. For example, the metaphor of life river, which shows the life course of the client, can help the client to discover his/her own life experiences, power sources and important people for him/her (Denborough 2014). The river of life technique can take place in systemic interventions (Schlippe and Schweitzer 2016) and in the event of loss of children's loved ones, it can be observed as an intervention in the form of "life book" through storytelling (Davis 1997). Gunnarsson et al. (2010) conducted an in-depth study of this technique with case studies by developing the technique of "storytelling through drawing three trees, creating a story". Researchers have asked their clients to create stories for the past, with the tree, tree leaves, and roots. Also, they asked circular questions about the persons in the drawings and the interactions with the objects. In conclusion, it can be assumed that the storytelling intervention presented by researchers is combined with systemic interventions including tree, leaf metaphor, and circular relational questions.

In the light of some researches, it can be declared that storytelling technique and systemic interventions are combined. In this study, a three-stage model of "storytelling based systemic intervention" is presented considering the literature on storytelling and systemic interventions. It is recommended that this model should be applied to children, who have different psychological problems and the results should be presented with scientific research.

References

- Asen E, Jones E (2001) *Systemic Couple Therapy and Depression*. London, Karmac Books.
- Ashby JS, Blasko LS, Bruner LP, Martin J (2002) The stretching story. In 101 Favorite Play Therapy Techniques: Volume III. (Eds H Kaduson, CE Schaefer):181-183. NY, Jason Aronson.
- Brandell JR (2000) *Of Mice and Metaphor: Therapeutic Storytelling with Children*. New York, Basic Books.
- Brown J (1997) Circular questioning: An introductory guide. *Aust N Z J Fam Ther*, 18:109-114.

- Burns GW (2016) 101 Tedavi Edici Öykü (Çeviri Ed. N Cihanşümül Maral). Ankara, Nobel Yaşam.
- Carr A (1994) Involving children in family therapy and systemic consultation. *J Fam Psychother*, 5:41-59.
- Cohen DB (2006) "Family constellations": An innovative systemic phenomenological group process from Germany. *Fam J Alex Va*, 14:226-233.
- Connelly FM, Clandinin DJ (1990) Stories of experience and narrative inquiry. *Educ Res*, 19(5):2-14.
- Cook JW, Taylor LA, Silverman P (2004) The application of therapeutic storytelling techniques with preadolescent children: A clinical description with illustrative case study. *Cogn Behav Pract*, 11:243-248.
- Çelik H (2017) Psikoterapide yeni soluk: Öyküsel terapi. *E-Kafkas Eğitim Araştırmaları Dergisi*, 4:34-50.
- Dallos R (1996) *Interacting Stories, Narratives, Family Beliefs and Therapy*. London, Karnac.
- Dallos R, Vetere A (2014) Systemic therapy and attachment narratives: Attachment narrative therapy. *Clin Child Psychol Psychiatry*, 19:494-502.
- Davis, TE (1997) *Telling life stories and creating life books: A counseling technique for fostering resilience in children*. (Doctoral dissertation). Virginia, USA, Virginia Polytechnic Institute and State University.
- Denborough D (2014) *Retelling the Stories of Our Lives. Everyday Narrative Therapy to Draw Inspiration and Transform Experience*. London, WW Norton.
- Desmond KJ, Kindsvatner A, Stahl S, Smith H (2015) Using creative techniques with children who have experienced trauma. *J Creat Ment Health*, 10:439-455.
- Divinyi J (1995) Storytelling: An enjoyable and effective therapeutic tool. *Contemp Fam Ther*, 17:27-37.
- Eberhart A (1979) Therapeutic storytelling with preschoolers. *Am Acad Child Psychiatry*, 18:119-127.
- Foret MT (1996) *The integration of projective expressive arts in therapeutic sessions: The initial study of "story cards" as a treatment modality for anxiety among adolescents* (Doctoral dissertation). USA, The Union Institute Graduate School.
- Gammer C (2009) *The Child's Voice in Family Therapy. A Systemic Perspective*. New York, WW Norton.
- Gough D, Thomas J, Oliver S (2012) Clarifying differences between review designs and methods. *Syst Rev*, 1:28.
- Gunnarsson AB, Peterson K, Leufstadius C, Jansson JA, Eklund M (2010) Client perceptions of the tree theme method™: a structured intervention based on storytelling and creative activities. *Scand J Occup Ther*, 17:200-208.
- Gurman AS, Kniskern DP (1981) *Handbook of Family Therapy*. New York, Brunner Mazel Publishers.
- Hayes J, Povey S (2010) *The Creative Arts in Dementia Care: Practical Person-Centred Approaches and Ideas Manual*. London, Jessica Kingsley Publishers.
- Hoffman RM, Kress VE (2008) Narrative therapy and non-suicidal-self-injurious behavior: Externalizing the problem and internalizing personal agency. *J Humanist Educ Dev*, 47:157-171.
- James K, Mackinnon L (2012) Integrating a trauma lens into a family therapy framework: Ten principles for family therapist. *Aust N Z J Fam Ther*, 33:189-209.
- Kagan R (2014) *Rebuilding Attachments with Traumatized Children: Healing from Losses, Violence, Abuse, and Neglect*. New York, Routledge.
- Kararımak Ö, Bugay A (2010) Postmodern diyalog: Öyküsel psikolojik danışma. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 4(33):24-36.
- Kelley P (1994) Integrating systemic and postsystemic approaches to social work practice with refugee families. *Fam Soc*, 75:541-549.
- Kress VE, Adamson NA, Yensel J (2010) The use of therapeutic stories in counseling child and adolescent sexual abuse survivors. *J Creat Ment Health*, 5:243-259.
- Lask J (2010) Reflective practice using systemic family therapy. In *Mental Health Advanced Psychosocial Practice with Children, Adolescents and Adults* (Eds M Webber, J Nathan):160-178. Philadelphia, Jessica Kingsley Publishers.
- Leggett ES (2009) A creative application of solution-focused counseling: An integration with children's literature and visual arts. *J Creat Ment Health*, 4:191-200.
- Long N (2013) *Therapeutic storytelling in a pupil referral Unit: The story of intersubjectivity*. (Doctoral dissertation). Manchester, England, The University of Manchester.
- McBride J, Simms S (2001) Death in the family: Adapting a family systems framework to the grief process. *Am J Fam Ther*, 29:59-73.
- McQuillin J, Welford, E (2013) How many people are gathered here? Group work and family constellation theory. *Transactional Analysis Journal*, 43:352-365.
- Montgomery P, Maunders K (2015) The effectiveness of creative bibliotherapy for internalizing, externalizing, and prosocial behaviors in children: A systematic review. *Child Youth Serv Rev*, 55:37-47.
- Özburun N (2018) Derleme: Genel sistem teorisinden etkilenen aile terapisi modellerinin karşılaştırılması. *Türkiye Bütüncül*

- Psikoterapi Dergisi, 1(2):172-188.
- Painter LT, Cook JW, Silverman PS (1999) The effects of therapeutic storytelling and behavioral parent training on noncompliant behavior in young boys. *Child Fam Behav Ther*, 21:47-66.
- Pearce WB, Pearce KA (1998) Transcendent storytelling: Abilities for systemic practitioners and their clients. *Human Systems*, 9:167-185.
- Phipps WD, Vorster C (2011) Narrative therapy: A return to the intrapsychic perspective? *J Fam Psychother*, 22:128-147.
- Piaget J (2004) Çocukta Zihinsel Gelişim (Çev. H Portakal). İstanbul, Cem Yayınevi.
- Roosa LW (1981) The family drawing/storytelling technique: an approach to assessment of family dynamics. *Elementary School Guidance & Counseling*, 15:269-272.
- Russo MF, Vernam J, Wolbert A (2006) Sandplay and storytelling: social constructivism and cognitive development in child counseling. *Arts Psychother*, 33:229-237.
- Sakaki T, Ji Y, Ramirez SZ (2007) Clinical application of color inkblots in therapeutic storytelling. *Arts Psychother*, 34:208-215.
- Schlippe AV, Schweitzer J (2016) Sistemik Müdahaleler (Çeviri Ed. T Akbaş, B Bozoğlan, E Yıldızeli). Ankara, Pegem Akademi.
- Schoenau MN, Jackson, IM (2016) Effectiveness of storytelling interventions on psychosocial outcomes in adult patients with a life-threatening illness: A systematic review protocol. *JB I Database System Rev Implement Rep*, 14(6):52-60.
- Steele W, Kuban C (2013) Working with grieving and traumatized children and adolescents, discovering what matters most through evidence-based, sensory interventions. Hoboken, NJ, Wiley.
- Serneels A (2013) Picturing stories: Drawings in narrative family therapy with children. *The International Journal of Narrative Therapy and Community Work*, 4:1-8.
- Shapiro JP (2015) *Child and Adolescent Therapy Science and Art*. Hoboken, NJ, Wiley.
- Sills C, Clarkson P, Evans R (1988) Systemic integrative psychotherapy with a young bereaved girl. *Transactional Analysis Journal*, 18:102-109.
- Stiefel I, Anson J, Hinchcliffe D (2017) Narrative therapy with pre-schoolers-unfolding the story. *Aust N Z J Fam Ther*, 38:261-271.
- Sunderland M (2017) Using story telling as a therapeutic tool with children. London, Speechmark Publishing.
- Tanaka M, Kakuyama T, Urhausen MT (2003) Drawing and storytelling as psychotherapy with children. In *Handbook of Art Therapy* (Ed CA Malchiodi):125-138. London, Guilford Press.
- Thompson PA (2013) Joint family storyteling as a mediator of family communication patterns and family strengths (Dissertation). Texas, College of Communication Texas Christian University.
- Vankatwyk PL, Ontario K (1993) A family observed: Theological and family systems perspectives on the grief experience. *J Pastoral Care*, 47:141-147.
- White M, Epston D (1990) *Narrative Means to Therapeutic Ends*. New York, WW Norton.
- Wong FKC (2013) Helping a child cope with loss by using grief therapy. *Discovery-SS Student E-Journal*, 2:195-215.
- Young J, Bailey G, Rycroft P (2004) Family grief and mental health: A systemic, contextual and compassionate analysis. *Aust N Z J Fam Ther*, 25:188-197.

Authors Contributions: All authors attest that each author has made an important scientific contribution to the study and has assisted with the drafting or revising of the manuscript.

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.
