

Narrative Play Therapy and the Journey of a Boy Diagnosed with a Learning Disability: A Case Study

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I, Kegan Topper, confirm that this mini-dissertation is my own work and that the information I have provided is a true and fair description of the research study. This work has not previously been submitted to any other university.

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Abstract

This study offers a detailed exploration of the personal narrative of a nine year old boy diagnosed with a learning disability, and explains how the nature of the therapeutic relationship facilitated shifts in his personal understandings of himself, others and the world. Children diagnosed with learning disabilities experience a range of challenges in their different life contexts, and particularly within the school context. This is often because of constant evaluation and surveillance from teachers, family members and peers, who define the child within rigid and limiting frameworks. Soon enough children diagnosed with learning disabilities develop problem-saturated narratives that can significantly influence their relationship with themselves and others. This is because the individualising effects of having a disability cause them to feel different or isolated from their peers. This study illustrates an eight session case study, facilitated by a narrative play therapy approach, between a counsellor, a child and his parents. The therapeutic encounters were intended to assist the child in moving away from problem-saturated narratives of incompetence and inferiority towards more preferred narratives that would positively influence his self esteem.

Key words: learning disability, dyslexia, narrative, narrative therapy, identity, self esteem.

Children Diagnosed with a Learning Disability

Children who have been diagnosed with a learning disability often experience themselves and their world very differently from other children (Rodis, Garrod, & Boscardin, 2001). Within the educational system a considerable amount of pressure is placed on children to succeed. The educational discourse of achievement that professes itself to be the only direction from which a successful future can be attained, marginalizes and rejects those children whose knowledge and skills exist outside this rigid and oftentimes insensitive system of evaluation. As a result, children soon create problem saturated narratives, believing themselves to be the problem.

However, in the last two decades there has been a move from reductionism to constructivism and as a result research in the field of learning disabilities has started to focus on children's non-traditional strengths and talents, which are often misunderstood and ignored by schools.

Armstrong (1987) sums it up as follows:

The schools allow millions of imaginative kids to go unrecognised and let their gifts remain untapped simply because educators focus too much attention on numbers, words, and concepts, and not enough on images, pictures and metaphors. Many of these children may be ending up in learning disability classes in regular classrooms, at least in part because nobody has been able to figure out how to make use of their talents in a school setting (p. 85)

Next follows a brief summary of the variety of challenges children diagnosed with a learning disability may experience as a result of their unique talents being disregarded. Many of the concerns raised here were expressed by the child throughout the therapeutic process. This knowledge helped sensitize the counsellor to problematic perceptions often held by such children, as they needed to be challenged if new understandings were to be constructed.

The primary frustration for students diagnosed with a learning disability is the curriculum (Hearne & Stone, 1995). Children diagnosed with a learning disability have unique talents and skills, but are rarely given opportunities to exercise their distinct interests within the curriculum. As a result they often experience recurrent academic failure (Humphrey, 2002), leading to the development of troubling personal narratives. In addition, they remain hypersensitive to negative feedback generated by their own feelings of incompetence and failure, as well as to that which they perceive from peers, teachers and other adults within their environments (Guerney, 1983).

Rigid, critical teaching practice is the second frustrating factor for children diagnosed with a learning disability (Hearne & Stone, 1995). This often causes them to feel unaccepted and they may quickly convince themselves that they have little or no control over their environment (Guerney, 1979). Oermann and Lindgren (1995) agree, and emphasize that the self concept of children diagnosed with disabilities is significantly influenced by the attitudes and expectations others impose on them.

McGrady, Lemer, and Boscardin (2001) identify shame, anger, low self-esteem, disillusionment and depression as negative feelings experienced by children diagnosed with

a learning disability. Brooks (1987) indicates that additional emotional problems include low frustration tolerance, embarrassment, impulsivity and maladaptive coping strategies. Children diagnosed with a learning disability are also often familiar with the individualising effects of having a disability, causing them to feel different or isolated from their peers (Witherell & Rodis, 2001). These experiences have been known to increase children's risk of constructing a negative self-concept (McGrady et. al., 2001), which can ultimately and significantly disturb their ability to socialise appropriately with others (Bowen & Glenn, 1998). Research suggests that students diagnosed with disabilities experience rejection from their peers, as they are often the victims of bullying (Heinrichs, 2003). The social problems experienced by these children, proved to be a common theme throughout the literature.

Singer (2007) believes that children diagnosed with dyslexia are at higher risk of intense emotional feelings of pain and sorrow. Consequently, the counsellor maintained a sensitive and respectful attitude while engaging with the child in this study. Pennington (1991) defines dyslexia as experiencing difficulty in reading and spelling due to problems with the phonological coding of written language. This makes it difficult for children diagnosed with dyslexia to define, articulate, comprehend and organise their experiences in their world (Brooks, 1987). It is clear that this confusion can negatively influence a child's personal developing narrative. More recently it has been proven beneficial for children diagnosed with dyslexia to supplement their remedial assistance with therapeutic interventions aimed at enhancing self-esteem (Scott, 2004). This study focused on assisting the child construct new and alternate understandings that would have a direct influence on his self esteem.

The current assessment, diagnosis and treatment of deficit approaches remain unsatisfactory because of their inability to acknowledge and appreciate the uniqueness of each individual and capitalise on it. The objectification of children through labelling practices provides few alternatives enabling them to define and understand themselves outside these tight boundaries. When therapists impose their own understandings onto the client they risk closing people down and silencing them in the process (Bird, 2000). This knowledge should encourage therapists to consider the importance of empowering children diagnosed with disabilities by privileging their voices in therapeutic conversations (Freeman, Epston, & Lobovits, 1997). With this in mind, I introduce the narrative approach selected for this study, as it guided the interactions within the therapeutic context.

Rationale for Play Therapy

In the following section, three play therapy approaches will be reviewed and critiqued, namely child-centered play therapy, cognitive behavioural play therapy and narrative play therapy. Humanistic/person-centered therapies and cognitive-behavioural therapies are the second and third most popular psychotherapeutic interventions used for people with learning disabilities (Nagel & Leiper, 1999). Behavioural interventions remain the most common intervention (Nagel & Leiper, 1999). These however focus almost exclusively on the client's behaviour and neglect to recognise the psychological and emotional implications, as professionals operating within this framework rarely enter into the unique mental world of the client (Stenfert-Kroese, 1997). Regarding narrative play therapy, research has shown that children respond positively to this approach (Freeman, Epston and Lobovits, 1997).

For young children displaying emotional and behavioural problems, play therapy has been acknowledged as a developmentally effective and responsive intervention to mental health (Landreth, 2002; Bratton, Ray, Rhine, & Jones, 2005). Scholars generally view play as the universal language of children because it is natural and spontaneous (Axline, 1969; Landreth, 2002) and is therefore understood to be an integral part of the child's attempts to renegotiate meaning (Gil & Drewes, 2005).

Child-Centred Play Therapy

Child-centred play therapy emerged from the person-centered philosophy of Carl Rogers (1942) who believed that people, both adults and children, possess an innate drive for self actualisation providing them with the capacity for positive self enhancement. Axline (1947), a student of Rogers, used her belief in children's ability to make meaning of their experiences and solve their own problems and developed child-centred play therapy's eight guiding principles. These principles emphasize the importance of the therapeutic relationship in the child's process of self healing. Axline (1947) noted that the therapist should (a) develop a warm, friendly relationship with the child; (b) accept the child exactly as he/she is; (c) facilitate an atmosphere of permissiveness so that the child is free to express self; (d) recognize and reflect the child's feelings in order to help him gain insight into his behavior; (e) honor the child's inherent capacity to solve his own problems; (f) allow the child to direct

the therapy; (g) understand that therapy is a gradual process and should not be hurried; and (h) establish only those limits necessary to ground the child in the world of reality and make the child aware of his/her responsibility within the therapeutic relationship.

The major goal within this approach is to enhance the child's self-knowledge and self acceptance. In child-centered play therapy, the child is viewed as possessing their own unique experiences of the world (Landreth, 2002). As a result, the therapist respects the child's reality by avoiding any tendencies to impose their own understandings onto the child. The therapist facilitates the therapeutic process by using non-verbal and verbal responses that reflect, rather than inquire into, the child's actions, feelings and meanings expressed in the play. Child-centered play therapy is a long term therapeutic approach. Research shows that more than 12 therapeutic sessions are often needed before there is a significant change in the child's behaviour (Ray, 2008). Because I was limited to a maximum of 8 therapeutic sessions there was a need to identify a short term therapeutic approach and it was therefore decided that child-centered play therapy would not be an appropriate therapeutic model for this study. There is certainly overlap between child-centered play therapy and narrative play therapy but the significant difference would be that narrative play therapy challenges the child's discourses and assumptions rather than simply reflecting their responses.

Cognitive Behavioural Play Therapy

Cognitive behavioural play therapy, an adaptation of cognitive therapy for young children, incorporates cognitive, behavioural, and more traditional play therapies (Knell, 1998). Different to child-centered play therapy, cognitive behavioural play therapy is directive in its approach. A clinical assessment of the child is a fundamental part of the process and precedes the therapeutic intervention (Knell, 1997). This provides the therapist with knowledge about the child which then assists the therapist in the design of a future intervention strategy. Within this modernistic approach therapeutic sessions are structured and the therapist assumes an objective position. It is a brief, time limited and skill's based learning approach that facilitates a process of change in the child. Cognitive behavioural play therapy aims at moving the child away from maladaptive and dysfunctional cognitive schemes towards self-discovery and independence (Willner, 2005).

Within this approach there is strong focus on the problem: the deficits and distortions of the child's cognitive functioning. Focusing on the problem and developing preconceived ideas about the child's reality may negatively impact on a child's sense of agency and limit the options available to them in creating new understandings. Within such an approach the therapist is often viewed as the expert in the life of the child, directing the process and identifying strategies and interventions that he/she believes to be best for the child. This has the potential to neglect the child's unique ways of resolving their personal problems.

Narrative Therapy and Narrative Play Therapy

Narrative therapy generates from a post modern/social constructionist epistemology that understands reality and knowledge to be the products of our historical and cultural contexts. This approach is underpinned by a philosophy of language that suggests that meaning originates in particular contexts (Monk, 1997). Language is understood to be performative rather than representative in nature, and provides the means by which individuals' thoughts, feelings, and behaviours are created (Freedman & Combs, 1996).

While modernist thinkers tend to be more concerned about facts and rules, the post modern narrative approach is more concerned with the specific, localised meanings of individual people (Freedman & Combs, 1996). The narrative approach believes that it is not the independent human mind that is responsible for human functioning, as traditional psychology has long understood, but rather participation in a world of socially created meanings (Sugiman, Gergen, Wagner & Yamada, 2008). From the social constructionist perspective, reality is constantly evolving and therefore cannot be known directly (Monk, 1997). As professionals we cannot assume that we have access to absolute and finite "truth" (Freedman & Combs, 1996; White, 1995; White & Epston, 1990), but should rather realise that reality is reliant on an individual's personal, interpretive framework (Monk & Gehart, 2003).

Therefore, within this study, it is the child's personal interpretations that are privileged. Modernists believe our identities to be stable entities, found only within our inner selves (Thomas, 2002). Social constructionists, however, challenge these ideas as they view psychopathology (i.e. learning disabilities) and clients' problems as being socially and culturally constructed (Freedman and Combs, 1996). Therefore a learning disability makes sense only when "based on the values structured into the requirements of a deficit-driven educational system" (Hearne & Stone, 1995, p.446). Gergen (1990) asserts that learning

problems are created and situated in relationship with others, with institutions and with broader relations of power rather than being located in the heads of individual students. This conception of learning disabilities encourages the narrative therapist to assume a political and ethical stance in exposing the various discursive conditions that oppress and subjugate people's understandings of themselves.

Narrative therapy emphasises the importance of adopting a reflexive and critical lens when engaging with people. Given the therapist's powerful position, he or she is encouraged to examine and distribute the resulting power imbalances that exist within the therapeutic relationship. Traditional psychology has neglected the need for higher order awareness and as a result, has participated within a hierarchical, objectifying, expert framework where interpretations, diagnosis and treatment are offered in support of the client's desire for change.

Stacey (1997) suggests that the result of educational and developmental assessments has a very negative effect on the dominant narratives of students diagnosed with a learning disability. She notes that "these descriptions usually involve deficit-based terms that implicate their whole persons and encourage young people to develop a hopeless, defeatist lifestyle" (Stacey, 1997, p. 222). The narrative therapist makes every effort to avoid such labelling or defining of clients by their problems; rather, clients are seen as resourceful, and their stories are appreciated and valued (Freedman & Combs, 1996; Winslade & Monk, 1999).

Many of the dominant stories that govern our lives were generated during our early childhood experiences (Winslade & Gerald, 1998). These dominant discourses regularly influence how we perceive ourselves and those around us, shape our actions and reactions to the events of our lives, and impose severe limits on people seeking to create change in their lives. The main goal of a narrative therapist is to facilitate a therapeutic process that enhances insight into people's stories, which will allow them to re-author their stories. Parry (1991) acknowledges the potency of this storying process, and asserts that it "offers the narrative therapist a tool for enabling clients to shake off constraining beliefs so that henceforth they can live their stories as they choose" (pp. 42-43).

The narrative play therapy approach was privileged over child-centred play therapy and cognitive-behavioural play therapy for four distinct reasons. Firstly, children diagnosed with a learning disability rarely get invited into conversations that provide them with the space to express themselves freely (Rodis, Garrod, & Boscardin, 2001). Within the narrative approach, and similar to that of the child-centered play therapy approach, the child's perspectives are privileged, as children are understood to be the experts on their own lives (Morgan, 2000). Rather than making assumptions about the child's reality the narrative therapist remains curious, acknowledging the child's voice.

Secondly, with narrative play therapy children are empowered, as they are encouraged to view the problem as outside themselves. Rather than locating the problem within the child, as other models propose through offering a diagnosis, problems are located within the child's social cultural context (White & Morgan, 2006). Children experience themselves in relation to the problem, which provides them with more space, making visible multiple possibilities of understanding.

Thirdly, narrative play therapy is different from deficit approaches which focus on individuals' failings: the narrative approach is an optimistic approach as it is more interested in the achievements and successes in the child's life. Similar to child-centred play therapy, narrative play therapy assumes that individuals are skillful and competent, and that they have a multitude of values and abilities sufficient to manage their problems in life (Morgan, 2000). Because children diagnosed with a learning disability are often very familiar with their shortcomings, this shift in focus allows for the re-shaping and creating of a new identity, a new understanding of themselves and others in the world.

Lastly, children respond positively to narrative therapy because the narrative framework appreciates and encourages children's playful attitude towards serious problems (Freeman, Epston and Lobovits, 1997). Children diagnosed with a learning disorder are able to approach their serious and traumatic experiences and understandings within the context of a light and playful space.

Method

Prior to commencing the study, I obtained written consent from the child's parents and school principal, as well as verbal consent from the child. Ethical approval was also required preceding the study. The data collected from recording the therapy sessions was supplemented by reviewing school records and interviewing the child's teacher, occupational therapists and parents. Aware of my ethical obligation in maintaining the anonymity of the child and all those implicated in the study, pseudonyms were created for all who participated. I decided to call the child Jack, his mother, Janice, and his father, Garry.

The primary aim of this study was to produce a rich and comprehensive description of the changing narrative of a child diagnosed with a learning disability within the context of a therapeutic relationship. From a social constructionist framework, changes in the child's personal narrative occur as a result of the interaction between the therapist, child and family. Therefore the context within which changes in the child's personal narrative occur will be explained, demonstrating the practical application and rationale of the different stages of the narrative approach and its influence on the child's personal understandings.

An obvious and important part of the process included seeking out a suitable participant. As a master's student, part of my practical training involved therapy with children from a remedial school in East London. Consequently, I decided to use one of my therapy clients as my research participant. The study included eight therapy sessions in total, each session lasting approximately 40 minutes. Therapy sessions were spread over a period of four months.

I chose a qualitative case study research design, as I felt this would be most effective for accurately capturing the process of therapy using a narrative approach. When working with individuals within a therapeutic context, case studies are able to investigate the process and its influence on the client, as they illustrate the details of a particular intervention (Carroll, 2000). Single case designs have been supported as effective and highly applicable for school counsellors, specifically when working with children (McDougall and Smith, 2006).

A qualitative case study can be described as an "intensive, holistic description and analysis of a single entity, phenomenon, or social unit" (Merriam, 1998, p. 27). Yin (2003) believes that the "case study is a distinctive form of empirical inquiry" (p. 10). Case studies "provide an

account of the complexities and idiosyncrasies of an individual's personality conspicuously lacking from other research strategies" (Hjelle and Ziegler, 1992, p. 42). Case studies are able to provide researchers with an understanding of complex social phenomenon while preserving the holistic and meaningful characteristics of daily proceedings (Yin, 1994), a valuable tool for understanding human behaviour in depth (Stake, 1995). Richie and Lewis (2003) recognize the fundamental characteristic of a case study as being a multiplicity of perceptions within a specific context.

Therefore I drew on multiple sources of information to provide a comprehensive and detailed analysis of the therapeutic process. The information gathering process consisted of the following distinct phases, (1) interviewing both parents, (2) reviewing relevant documentation (3) gathering collateral from teacher and both occupational therapists, (4) observing and interacting with the child during play therapy sessions, which were recorded and later transcribed for analysis.

Within the overarching narrative theoretical framework of this study, a hermeneutic approach was used to analyse the data. A hermeneutic approach understands the meaning of human action as a text to be interpreted. Within this study the text served as the unit for analysis. Within the hermeneutic context text represents language, symbols and human action (White, 2001). Therefore the dialogue between the counsellor and the child, the drawings of the child and the child's actions within the therapeutic context will be the target of analysis.

Initially, transcribed texts and observational notes were read several times so as to develop an understanding of the context of individual therapeutic sessions. Next I identified and analysed meaningful aspects of the transcribed text, that is, those salient aspects of the counselling dialogue that were relevant to the focus of the study. My thoughts and ideas, those relating to the salient occurrences identified in therapy, were revised or dismissed as the analytic process progressed. I was highly reflexive in this activity so as to arrest the possibility of personal pre-understandings influencing the interpretation of the data. The analytic review of the text continued until I had reached an interpretation that was deemed meaningful in relation to the focus and purpose of the study, namely, the shifting narrative of a child diagnosed with a learning disability.

Jack's Story

Jack presented as a warm, sensitive, and withdrawn nine-year-old boy who, just 6 months prior to our meeting, had moved to a specialised remedial school. Jack was in a mainstream school for the first two years of his schooling. Due to his scholastic performance Jack repeated grade one. His experiences of academic failure, rejection and isolation from peers, and criticism and punishment from teachers had a significant influence on the construction of his personal narrative. Comments in his school records suggested he was impulsive, poorly motivated, hyperactive, distracted, and showed poor concentration.

Since he had entered his new school, Jack's teacher reported that she was pleased with his progress. She was however concerned about his preference for isolating himself from the others in the class. His occupational therapists perceived Jack to be quiet, highly distracted and very much in his own world. His parents had however sensed positive changes in Jack's self esteem. In working with Jack and his family I chose to supplement the narrative approach with a combination of play and art therapy. This would assist in eliciting those narratives that were directing Jack's fears and causing him distress.

Jack seemed to enjoy the play room and soon transformed into a very talkative and highly imaginative little boy. As a result, the narrative style of questioning assisted Jack in discovering his own voice. Because 'voice' is used as a metaphor for the agency of the client (Drewery & Winslade, 1997, p. 43), privileging Jack's voice in our conversations increased his sense of control, which assisted in the re-authoring of his life. Because the voices of others in Jack's life focused on deficits, it was imperative to invite Jack into these conversations. Since our interactions were collaborative in nature, what follows is an illustration of Jack's story as well as my own.

In the first few sessions with Jack, my goal was to discover as much as possible about the effects of being diagnosed with a learning disability, or in other words, "to map the influence of the problem" (White & Epston, 1990, p. 42) in Jack's and his family's life. My first step as a narrative therapist was to find a way in which to facilitate a conversation that would assist Jack in externalizing the problem(s) in his life. Prior to our first therapy session I had an opportunity to meet with Jack. While walking towards the playground, Jack told me of his

encounters with bullies. This did not surprise me as experiences of bullying are common among children diagnosed with disabilities. Rather than rushing into an externalising conversation about his diagnosis and thus privileging my own agenda, I inquired into Jack's concerns.

Initially Jack seemed to withdraw from conversations about his experiences of being bullied. In an attempt to assist Jack in restoring his sense of agency and facilitate further exploration, I encouraged him to draw this bullying. Jack chose to draw a monster and explained that "monsters are like bullies". Asking children to draw the problem can be very helpful in separating their identities from the problem (Morgan, 2000). Jack's increased willingness to engage seemed to indicate he was already experiencing some distance from the monster. Curious about his drawing, I began an inquiry that would further externalize this bullying from Jack. Monk (1997) believes the powerful effects of externalizing conversations are the result of a "linguistic shift", which "moves the focus away from self-attack, recrimination, blame, and judgement" (p. 6). Because bullying involves a multitude of experiences which Jack described as "sore", I moved cautiously with the inquiry and stayed at Jack's own pace so as to ensure he felt respected.

I then encouraged Jack to name the problem, this monster he had drawn. This narrative technique helps personify the problem and further separates the problem from the person's life. Jack fittingly called the bullying problem a "Swamp Monster". We then explored the effects of the Swamp Monster on Jack's life and his relationships. His drawing was an important source of information and facilitated the majority of my inquiry.

In one instance I asked why the Swamp Monster's heart was blue and he explained that it is "like getting a blue eye, your heart also goes blue and it's like it tears". Throughout the therapeutic process Jack would occasionally refer to his heart. This suggests that he is in touch with his feelings. Rather than focusing on people's feelings, the narrative therapist is more concerned about the meaning in people's lives. For this reason I remained cautious in my inquiry so as not to lead Jack into a re-experience of any trauma. When I asked Jack what the Swamp Monster's plans were for his life he told me that its plans were to hurt people. He added that the Swamp Monster found this to be "funny", indicating that in Jack's experience, bullies were merciless, showing little compassion. Jack told me that children sometimes "laugh at his work" and how this feedback from his peers made him feel "sad". From Jack's

narrative it was clear that bullying had caused him to feel much pain and influenced his self concept.

However, as we continued to explore the effects of the Swamp Monster in Jack's life, various contradictions to his problem-saturated story became evident. These contradictions are unique for every individual and I will thus briefly mention a few of the unique outcomes that presented as possible alternatives to Jack's current understandings. We discovered that the Swamp Monster was not active at his new school, and a unique outcome that emerged was that Jack mentioned that he had "nice friends" at his new school. Another unique outcome emerged when Jack demonstrated his determination to tell his teachers about his being bullied. This action strongly contradicted his often passive role and represented Jack's preferences for living proactively.

Another unique outcome that emerged was that Jack explained that he sometimes stopped one other child from bullying other children. This clearly represented what White and Epston (1990) call the news of difference, "occasions when the person could have subjected himself or others to these techniques but refused to do so" (p.31). Had I not been patient with Jack, but instead forced an inquiry into his plan to stop another bully, this unique outcome might very easily not have surfaced. Jack's thwarting of another bully showed his unwillingness to be passive, but rather to engage actively against the harmful abuses of the Swamp Monster. Protecting other children from an experience he was well acquainted with, suggests Jack's deep sense of compassion and his need to be "kind" towards others. Jack said that this was his new plan and compared his actions with that of his computer game "Serial Sam 2". He explained that in this game he had to protect the village people from monsters and ogres just as he had done with other children in his school. An exploration of this and other unique outcomes allowed for a deeper realisation and appreciation of his competencies and preferences.

As a narrative therapist it is important to thoroughly explore the unique outcomes that have often been ignored or thinly described by individuals. An analysis of the first session's transcript exposed nuances in Jack's problematic story that were missed initially. These important discoveries of alternate possible meanings sensitized me to further explore these areas in the following sessions.

Since I was inquisitive why bullying was a monster, Jack explained that the “other person is like a little mouse that you bully”. Oaklander (1988) suggests that “since the child’s story is a projection it will generally reflect something about the child’s situation” (p. 85). Jack’s introduction of the little mouse character, with which he identified, suggests that it might be symbolic of Jack’s own fears, inferiorities and sensitivities. Jack’s expressions indicate how he perceived his world and were congruent with conversations I had with his parents, school teacher, occupational therapists and school psychologist, who perceived him as a bit of a loner and very sensitive. An important part of the therapy was to shift Jack’s personal narrative to enable him to interact more freely and spontaneously with other children.

Having explored the effects of the problem, the therapist can then consult the client in an evaluation of the effects (Morgan, 2000). I did this by simply asking Jack whether his experience with the Swamp Monster was a good thing or a bad thing. Jack said that it was a “bad thing”. Jack’s response indicated that he strongly disapproved of bullying in his life. Seeking the client’s justification for such a statement is important because it elicits preferred ways of being (Morgan, 2000), as opposed to Jack’s oppressive and self-perpetuating problematic narrative. Jack explained that the Swamp Monster was a bad thing because it was “mean”. His plan of action was that “someone has to put bubble bath in there so he turns small. Then he will swim away forever”. It was clear that Jack had moved into more of an active role as he positioned himself against the influences of the Swamp Monster. He had begun to envision and language his preferences.

Before the end of the session I asked Jack if I could keep his picture of the Swamp Monster. Seeking the child’s permission avoids the risk of creating power imbalances in the therapeutic relationship and maintains respectful interaction within the relationship (Morgan, 2000). It was my hope that Jack would continue to feel valued and appreciated as our relationship developed.

Jack’s drawing allowed a rich description and understanding of his world to emerge. Without this drawing Jack’s concerns and preferences would most probably have been thinly described or perhaps even lost, considering his earlier discomfort and unwillingness to talk about bullying.

In the second session, we explored Jack's understandings regarding his move to his new school. Jack was aware that the move was due to his reading ability. An exploration of this issue assisted Jack in identifying those changes in himself of which he had become aware. For example, Jack had on one occasion proudly asserted that for maths he "used to get certificates for being first best, and I am still first best in my class". Jack had identified an area within his school context in which he felt confident and competent. Having already experienced multiple failures, Jack's sense of achievement in maths presented itself as a unique outcome. The counsellor unfortunately missed the opportunity to explore this outcome, which could have served to counter Jack's problematic understandings of himself.

It was clear that Jack experienced himself very differently within the context of his new school and was aware of how he was improving in his work. Jack's comment, "I'm getting better and better. Because I'm the best reader in my class, I don't say that to anyone," suggests that our therapeutic relationship provided him with the space he needed to language and richly explore the changes he was noticing in his life. Jack went so far as to say that he had learned to enjoy reading and that he loved his new school. These were all momentous unique outcomes considering that most children with learning difficulties, particularly dyslexia, lose motivation and interest in school work. It was clear that Jack was already in the process of redefining himself.

Jack's mother responded favourably, confirming his claims. Within the narrative approach, one of the ways a client's evolving narrative is supported and sustained is by having an audience present. Monk (1997) validates this idea and asserts, "an audience needs to be recruited to bear witness to the emergence of the client's new description of himself" (p. 21). As a significant voice in Jack's life, Janice acknowledged her son's preferred understandings of himself and participated in the validation of Jack's evolving self concept. These conversations were important, as Janice was able to continue her validation of Jack's developing narrative beyond the therapy room.

When I inquired into Jack's new found love for school he said it was because the "classes are smaller" and the "teachers are kind, at my other school they always shout at you". Negative feedback from the environment can often make children, especially those with learning disabilities feel that there is 'something wrong' with them (Dinneen, 2004). Jack's identity was under construction, as his new environment offered him a safer space in which he could

begin to explore more favourable understandings of himself and his world. Jack's mother commented on how Jack's confidence and motivation at school had improved, and more specifically, his interest and competence in reading. When Jack heard his mother say this he quickly replied, "at (my other school) I never wanted to do my homework. Cause at my other school you had to read a whole book. Now we have to read half a book". Jack's comments suggest that he found his new school environment more manageable, and the enthusiasm and energy with which he expressed himself reflects his increased sense of agency and motivation. Jack's teacher informed me of his progress in class work, but added that he showed little change regarding his interaction with others, as he preferred to isolate himself.

Although medication may improve a person's functioning, it can reduce a person's sense of agency and thus have a negative impact on identity (Freedman and Combs, 1996). For this reason I began to explore this issue with Jack. Jack was on medication to help his concentration and he made it clear that he didn't "like talking about it". This seemed to be a very sensitive topic, one which Jack had explicitly stated his unwillingness to investigate.

Inviting Janice into this conversation relieved Jack of any pressure he may have felt to engage and allowed the conversation to continue. This was significant in discovering Jack's understandings of the situation, as Janice explained the conflict between both parents concerning the decision about Jack's medication. While playing in the sand tray Jack responded, "Yes, no. N. O. This horse lost a leg, shame, the person who took care of this horse. Hey, look, its sinking sand mom." Numerous play therapists have highlighted the positive correlation between the fantasy that Jack, for example, was demonstrating through his play and his personal understandings of the reality of his own life (Axline, 1969; Oaklander, 1988). Jack's comments and enacted play seem to indicate that he felt overwhelmed and insecure over the conflict his medication had caused between his parents. Jack appeared to liken the experience to that of being caught in "sinking sand". When Jack subsequently asked to play marbles outside it was clear that he was not keen to continue talking about this topic.

In our third session together I arranged to meet with Jack alone. I was interested to see how Jack might express himself differently, as it appeared Janice's presence had previously made it difficult for Jack to explore the issue of his medication. The aim of this session was to inquire into Jack's understanding of his diagnosis and its affects on his life and relationships.

Rather than addressing Jack directly, I decided to use his own words and initiate a more indirect inquiry into his situation by referring to children with problems in reading. Using Jack's own words throughout the inquiry, in therapy, reduced the risk of confusion and privileged his voice in our conversations. It also assisted me in not imposing my own ideas.

Jack started by explaining how children with reading and writing problems "battle", and that "they have to go to doctors, special doctors". When children do not meet the school's requirements for learning, they are often referred to various professionals for correction (Dinneen, 2004). Such experiences often neglect to appreciate children's own agency in relating to their scholastic challenges. As a result children are often made to feel different from other children.

Jack added that children with problems in reading are affected in "lots of ways" and implicitly expressed his unwillingness to explore these effects. When I respectfully persisted with the inquiry, Jack mentioned his concern that his problems might affect his relationship with his parents. When I inquired about this concern, Jack went silent. For the second time Jack had resisted conversation that related to his relationship with his parents. Dinneen (2004) asserts that the educational discourse of achievement and success can often cause tension in relationships within the family. Morgan (2000) notes that when people are challenged by a problem, they often feel disconnected from significant relationships in their lives. When I again attempted to inquire into this worry, Jack once again shut down and answered, "nothing, let's build an army base".

For the remainder of our session Jack coordinated an epic war game between Indians and army men. Jack chose to manage the Indians and I was assigned to manage the army men. We sat opposite each other, playing in the sand tray. Aware that children express themselves through play, I remained curious and in-directive in my participation, as Jack adopted a very active role. Jack likened himself to the Indians and explained that it was because they were "very nice people". Jack identified himself as the Indian with the shield and the Indian with the gun, which he used to "protect" himself. This seemed to symbolise his reality of defending himself against bullying.

Although the environment was threatening, Jack showed agency in defending himself against the attacks of army men (the enemy) and devising new ways of avoiding them. Jack added

that there were always more army men than Indians and that the army men were like “a pack of wolves” and that most children would be on the army men side and that few would be on the Indian side with him. This suggests that Jack experienced feelings of isolation from other children and of being overwhelmed by the rejection and harm experienced from peers. I was curious why most of the bullets were going into people’s heads: Jack told me it was because “it damages the brain and makes their brain go silly”. This statement suggested that Jack had internalised his diagnosis, and in an attempt to make sense of it, concluded that he was intellectually challenged. Externalising, deconstructing and exposing the conditions and ideas that supported and maintained this discourse of diagnosis would be vital if Jack was to come to different understandings of himself.

In the fourth session Jack had brought his favourite teddy. His mother was also present. When people experience problems they may often feel isolated from important relationships in their lives. The voices of others can then assist in rich descriptions of the person’s preferred narrative (Morgan, 2000). Ted, Jack’s favourite teddy, was Jack’s close companion and would prove to be an important voice in the therapeutic process.

In an attempt to externalise Jack’s reading and writing difficulties and any associated diagnoses that Jack might have been recruited into believing about himself, I asked him what he thought Ted would call difficulties with reading and writing. This indirect inquiry created a more comfortable space in which Jack could respond and share his personal story. Jack first responded, “dys-respect”. When prompted further Jack announced it to be “dyslexia”. A diagnosis is often very limiting of children’s experiences, as their unique understandings of themselves are disregarded and replaced by those of the professional and by expert knowledge. Jack indicated this practise of diagnosing people was disrespectful, one which had caused him to feel different from other children. These labels can negatively impact a child’s sense of agency and responsibility over his or her life (Dinneen, 2004). Within the narrative framework, the client’s sense of control is restored to them and “their stories need no longer live them” (Parry, 1991, p. 43).

In the following conversations I facilitated a narrative inquiry, very different from the mainstream deficit focus approach. Instead Jack’s voice was privileged and I assisted him in formulating his own personal understandings and descriptions of the problem. This was achieved by entering into an externalising conversation related to the dyslexia. White and

Epston (1990) explain that externalizing the problem “encourages persons to objectify and, at times, to personify the problems that they experience as oppressive” (p. 38). In the externalization process, “the problem becomes the problem, and the person's relationship with the problem becomes the problem” (1990, p. 40). Privileging the client’s voice disempowers the disabling effects of diagnosing and labelling and creates new and alternate ways for people to describe themselves (Morgan, 2000).

In an attempt to disempower the problem, Jack was encouraged to consult with Ted, his teddy, and provide a more suitable name. Together they decided to call dyslexia “a Snake Eater.” At this point I was interested in eliciting as detailed and comprehensive an investigation into the Snake Eater as possible, as this would personify the problem, establishing it as an independent entity with its own way of being. Inquiring into the problem in this way exposed its many facets and weakened its influence in Jack’s life.

Jack proceeded to tell me all the things he knew about snakes. Jack’s wealth of knowledge on snakes was accessed because his voice and personal interests were not rejected, but rather privileged. An exploration of the problem’s influence in Jack’s life and his relationships provided him with an opportunity to share a variety of insights into his own life.

To better illustrate the significance of this approach in eliciting the child’s personal responses and understandings, I will share some of these below. They included the Snake Eater eating “all your good work up,” controlling someone who’s doing their work; then he goes to the teacher and makes you do lots of work”. Jack said the Snake Eater would tell him to “rush! rush!” Jack explained that it was a small voice only he could hear in his heart. He explained that in this way “it makes you get into trouble” as it goes undetected. Jack said that it “hurts your brain, makes you forget everything. Then you start to panic and then you start to rush.” Because Jack’s personal knowledge was at the centre of these conversations he was able to better understand and explain the problem’s influences.

Jack showed agency in dealing with the problem in his life when he told me that he had previously dodged the Snake Eater by using a “deep breathe” technique and explained that this was very effective as it “washes that voice away.” After having explored and legitimised this unique outcome, Jack told me there were a “lot of things the Snake Eater can do to you”.

Jack's improved willingness to engage and collaborate with me might well have been the result of now being in relationship with the problem, compared with being the problem.

To assist in further externalising the problem, I asked Jack to draw the Snake Eater, thus helping him to experience himself as separate from the problem (Morgan, 2000). This inquiry into his drawing would assist Jack in revising his relationship with the problem (White and Morgan, 2006), as he entertained the multiple meanings available to him. The drawing helped Jack provide numerous revelations of the problem's negative influence in his life. The following are a few of Jack's discoveries, which assisted in his realisation of the impact of the problem in his life. Jack explained the Snake Eater "lays eggs in your heart" and this causes him to "battle," often provoking feelings of fear. Jack also explained how the Snake Eater trapped him in a force field. He added that more and more snake eggs begin to enter the force field, till eventually there are "hundreds and they all have teeth," which made him panic. He also said that the Snake Eater affected his concentration by "going around and around" in his head and making him "dizzy".

The narrative therapist makes no assumptions about a person's life and therefore needs the client to evaluate the effects of the problem. Only Jack would know what the effects of the Snake Eater meant to him. To ensure that I understood Jack, I chose to consult with him and invited him into an evaluation of the effects of the Snake Eater on his life. Jack asserted the Snake Eater to be a "bad thing" and justified his response by explaining that it had "done a lot of bad stuff to him". Encouraging Jack to justify his reasons for evaluating the problem as a bad thing helped sensitize him to his own personal preferences in life. Encouraging Jack to respond verbally was important because within this approach language is understood to be significant in the construction of a person's new identity. Jack had moved into a new position in relation to the problem where he could now challenge and reduce its effects on his life.

During these externalising conversations, both the therapist and the client search for outcomes that contradict the problem saturated story. As Jack continued to challenge the influence of the Snake Eater on his life, his own strengths and resources emerged. Jack's next statement clearly signified that he was experiencing a shift in his relationship with the Snake Eater. Jack stated that there "is a way" to get rid of the Snake Eater. White and Epston (1990) refer to this as "replacements for the problem's survival" (p. 31) and the discovery of a

unique outcome (White and Epston, 1990). We then explored those instances where Jack refused to submit to the influences of the problem.

One of these was in response to Jack's comment about his need to "fight the little eggs out of your heart and those voices and start being kind" and "not listen to the voices". Secondly, Jack was so much smaller in the drawing than the Snake Eater; he explained that although it appeared this way he could "get bigger and bigger and then you get so big you break through the force field". Jack explained that getting bigger was related to his ability to "stop fearing" and this allowed him to break free of the influences of the Snake Eater. This account presented more evidence to suggest Jack's departure from the problem saturated story into a new territory, one that was more consistent with his own preferences, values, competences and life skills. The increasing number of unique outcomes that emerged from Jack's and my interaction proved to be important in re-authoring Jack's personal narrative.

Jack acknowledged the support he received from his parents and teacher, but made it clear that it was only his teddies that could provide the maximum, necessary support he needed to overcome the Snake Eater. He added that it was because Ted, "gives you so much love it goes into your heart and then Ted's spirit goes in there and then he kicks all the snakes out". Ted continued to feature as an important voice and source of strength for Jack.

One week later Jack presented his collection of 35 gogos (miniature figures). Jack explained that only some of the gogos were Ted's friends and that this was because "some of them like to play with others". Jack added that at his previous school he didn't "fit in". Because children diagnosed with learning disabilities are often rejected, Dinneen (2004) believes that they often experience a deep need to connect with others, and that this is an important area to explore for alternate stories. Feeling rejected was a recurring theme throughout therapy, but an exploration into the area of friendships began to reduce Jack's sense of isolation. Jack's teacher noticed subtle changes in his interactions with other students in his class, as he seemed to be more willing to initiate and lead.

Other relationships that Jack believed were influenced by the Snake Eater were those he had with his previous teachers. He explained that this was because previous teachers were critical of his performance and would embarrass him in front of his peers. These experiences were

clearly difficult for Jack and caused him to come to limiting conclusions about himself and others.

In an effort to help me better understand Jack, he was encouraged to engage in some free play in the sand tray to demonstrate how the Snake Eater operated in his life and the lives of others. “This is like the Snake Eater, like goes. Pretend these are the people, it goes under the ground and bites them and even more start to come and they start to eat everyone.” Jack used two snakes (Snake Eaters) and three little human dolls in this play demonstration. Jack related these events to conflicts between himself and other children. Jack did not appreciate being bullied as this made him “very angry”. Although Jack presented as a reserved and sensitive child, his anger drove him to respond by hitting back in the hope that this would stop others from bullying him.

Jack continued to play in the sand tray, this time to illustrate the influence of the Snake Eater in his relationship with his parents. “Little puppets, desert or its sinking sand, puppets are sinking. Sand’s gone over. No! No! Ah!” “Yes but she’s fighting it, she’s trying to not get sucked up, she is looking for a spot where the Snake Eater can’t come. She spreads a new spot and her family comes out.” These comments related to the support Jack received from his mother, as he positioned her as a significant part of his alliance against the Snake Eater. Jack identified a blue spot and explained that it was representative of “saying nice things”, and that it was a strategy he used to interrupt the Snake Eater’s influence in his life.

In a previous session Jack had told me that one of the ways the Snake Eater attacked was by laying eggs in his heart. I reintroduced this conversation for further exploration. Jack explained that the eggs hatch and make his “heart sting” and that he feels this everywhere he goes. Narrative therapists assume that problems are never one hundred percent successful in influencing people’s lives (Morgan, 2000). I therefore asked Jack if he was aware of any times when he did not feel this way. Jack responded, “Yes, when Ted helps” and my “other teddies”. Jack was able to identify previously forgotten areas in his life where he had a greater influence over the problem. These awakenings weakened the pervasiveness of the problem and its ability to often seem overwhelming, as he released his own agency in resisting its influence in his life.

Jack had mentioned in an earlier session how he used a deep breathing technique to calm himself down. I explored this unique outcome further with Jack. He explained that this technique “stops his heart from beating” so fast and added that when an Anaconda is threatened it regurgitates its meal to escape. Jack learned that he could do the same because when he “regurgitates by taking a deep breath” this “takes it (Snake Eater) out”. Jack found this strategy to be very helpful in calming himself down when he felt overwhelmed (e.g. the demands of school work) by the Snake Eater.

Jack mentioned that one of the ways the Snake Eater “slows” him down is by disturbing his sleep. As we explored this topic, Jack told me of two things he did to stop the Snake Eater. Firstly, he got Ted to sleep with him and secondly, his dad put on the “hot blanket”. Jack explained that because the Snake Eater is a cold blooded creature it then can’t attack because of the heat. Jack’s personal knowledge was vital as we explored and strengthened these alternative stories in his life.

Inquiring into Jack’s future would encourage him to determine the changes he wanted for his life and identify those things he valued. When I asked Jack about his future, he responded, “I want to study snakes, catch snakes. I want to dig up bones and stuff”. Dinneen (2004) believes creating a context which provides children with the freedom to express their values and those things which they treasure in their own lives is an essential part of the re-authoring of the child’s identity. Jack added, “everyone thinks it’s silly but I know lots of little bugs. Everyone normally asks me what bug is this.” It was clear that Jack had an abundance of knowledge on, and fascination for, the world of insects, reptiles and other animals. Jack was seen by some teachers and peers as having little knowledge about things, as someone who was withdrawn, timid and slow in acquiring knowledge. Realising Jack’s personal interests and knowledge to be another potential alternative story that could be deeply explored and richly described, I acknowledged his aspirations for the future and told him we could continue with this conversation in another session if he wished.

Jack identified a number of alternative methods for dealing with and overcoming the attacks of the Snake Eater in our next session. Because narrative therapy is sensitive to the uniqueness of each individual and privileges the voice of the child, Jack had been able to identify his own personal strategies which would not have been revealed if I had imposed my own ideas as a so-called expert.

Jack mentioned something very interesting at the beginning of the sixth session. He told both me and Janice that he had a “Snake Eater book” in his “mind”. Jack explained that all the discoveries and knowledges he had acquired and would continue to acquire about the attacks of the Snake Eater would be written in the Snake Eater book. An exploration of this unique outcome helped Jack realise the powerful resource this was in assisting him in countering the attacks of the Snake Eater.

Before I could continue an inquiry into Jack’s Snake Eater book, Jack mentioned that “the Snake Eater can’t attack me anymore because I keep on playing computer”. Janice explained that she was amazed at how Jack was able to concentrate for long periods of time when playing on the computer or playing with Lego. Parents can sometimes become overwhelmed by their child’s challenges at school and consequently become disconnected from much of the knowledge they have of their child (Dinneen, 2004). One of my goals was to invite Janice and Ted into our conversations and explore their knowledge of Jack. As significant members of his life they would most likely have memories of events in which Jack demonstrated certain skills and abilities (Morgan, 2000). Such conversations enriched the process and assisted in the re-authoring of Jack’s life.

When I asked Jack how Ted would explain this contradiction regarding his ability to concentrate, versus his concentration in class, Jack told me that Ted would say he “can concentrate” and that he only “sometimes” gets distracted in class. Ted’s knowledge of Jack was very different from that of teachers and others who had told me of Jack’s inability to concentrate. Jack was beginning to show a shift in his agency in selecting and privileging those stories and voices which he preferred for his own life.

Jack mentioned that he had “started to get bullied” at school again. He surprised me by his next comment when he said that this bully was “really scared” of him because he had “already tried to hit him once”. Jack would not previously have become physically aggressive towards another child. However, his facial expression and his increased energy in moving around the room suggested that he was angry and frustrated by this unnecessary and unjust behaviour. Although previously a passive participant in conflict situations, Jack showed agency in asserting himself and confronting the bully. Jack’s actions suggest that he was

determined to gain some control of his environment and through this confrontational stance, establish control and assert his values and preferences for his life.

Janice became aware of the Snake Eater's presence when doing homework with Jack. Homework caused Jack to find it difficult to sit still as he slouched, rushed and often mumbled his reading. Jack explained that the reason for similar behaviour in class was because he was sometimes aware that everyone was "done" with their work and when he "looks at them" he gets "so afraid" he "just doesn't know what to do". It appears that Jack's fears and anxieties are related to what Foucault (1982) called 'the gaze'. 'The gaze' had subjected Jack to the comparative and evaluative analysis of the school's assessment system. Measuring himself against the performance of other children in the class and against the expectations of his teacher and the school's system caused Jack much discomfort. In previous sessions, Jack had already mentioned alternative and contradictory stories to this problem saturated story of 'the gaze' and we continued to investigate those abilities and strengths he was familiar, to counter the influence of 'the gaze'.

Jack again mentioned three instances when he was bullied, and how these experiences made him feel "really sore", especially when the "teachers punish" him instead of the child who bullied him. Janice was not surprised by Jack's commentaries and explained that Jack had a difficult time relieving himself of these grievances. In response to this comment Jack said he couldn't "get it out" of his "head" and that the Snake Eater was making him think about these bad things to the point where he "can't forget stuff". Janice showed her support by trying to teach Jack to "forgive and forget", and subsequently Jack realised that needing to forget was an important part of being free from these bad thoughts. This however was something that did not resonate with Jack. Janice's comment, "it's almost like he doesn't like your answer" clearly indicated a need for Jack's voice and knowledge to be privileged in creating alternate meanings for his situation. Importantly, Janice was beginning to realise the importance of appreciating Jack's voice and understandings in the resolution of his personal problems.

Searching for other instances in Jack's life where he had been successful in removing unpleasant and pervasive thoughts from his mind, lead to the discovery that he was able to do this, and explained that his power to remove the Snake Eater (bad thoughts) came from his mother's encouragement to "think good stuff".

Since it had been almost three weeks since our previous session, I was curious to know the current nature of Jack's relationship with the Snake Eater, whether things had changed and how he had experienced our conversations about his life. I was not prepared for the response I got from Jack when he said, "he's not attacking"... "he doesn't attack that much like he used to". I was very excited to hear these words from Jack's mouth, as he claimed to have more power over the Snake Eater than previously in his life. Jack related this new development to his being more active, and explained that increased activity helped him to avoid the Snake Eater from making him have a "funny feeling" that he is "going to have nothing to do".

Jack was less willing to talk with me about his relationship with his parents. For this reason I introduced shy Mr Winkles (a finger doll) into our conversations. This created a less threatening space where Jack began to share more freely. I told Jack that Mr Winkles was interested to know more about the Snake Eater's influence on his relationship with his parents. Jack saw his parents' love as a "speedy bullet" that goes "into the Snake Eater" and "it get killed". However, Jack added that this speedy bullet "sometimes it misses, like in Long Anaconda's 3 they miss it sometimes". Previously Jack had mentioned it was only Ted that helped him overcome the Snake Eater. These statements of Jack's implied that he did not always receive the love and support he expected from his parents and that he felt disconnected from them at times.

I got the sense that Jack felt very alone and misunderstood at times in his life. I wondered whether he perceived our relationship to be any different. I hoped that our relationship was one of trust and unification against the Snake Eater, but I could not know for sure unless I inquired of Jack. Maintaining my ethical responsibility to be accountable to Jack I asked him what he thought of my involvement in his life. Jack was glad that we were on the same team. As I continued to explore this unity, Jack assured me that love from people was something he valued.

Jack said he likes to read books, especially "books about snakes", and that the Snake Eater does not attack while he is reading, but instead "comes only when" he's "finished". This explained Jack's in-depth perceptions of the Snake Eater, and educating himself provided him with the insights and knowledge to assist him in countering the Snake Eater's influences in his life.

Jack seemed to be frustrated by my inquiries into the Snake Eater on this particular day, so I decided to slow things down and asked Jack what it was like for him to talk about the Snake Eater. Jack said, "I just don't like talking about it". He then picked up a toy gun and started to shoot several toys within the playroom. First he shot Mr Winkles, and then he shot repeatedly into a tub full of dolls while saying "Bang! Bang! They try to beat me up. Bang!" Lastly Jack shot "Barbie, ah Bang!" Play therapists believe play to be one of the ways in which children express themselves. It was clear that in this instance Jack was expressing his anger and frustration against those who had rejected him. This was very unusual behaviour from Jack and demonstrated his strong need to release himself from these unsettling emotions.

Jack then explained that we should only talk about the Snake Eater sometimes because the Snake Eater "attacks and fires missiles" into his "heart" and that "when we talk he thinks it's all about him". Before I continued I asked Jack if he wanted to continue with the conversation and if he did, suggested that perhaps we could focus more on his plans to stop the Snake Eater. Jack said he had a "clever" plan and that he was "going to try build a Snake Eater Catcher and it's going to catch all the snakes and then it's going to crush them". He added that it "will catch a million snakes in one go" and then "they all going to be gone". The Snake Eater Catcher was able to do this because of its "super catching" power. Jack told me that the power came from Ted because Ted was good at catching snakes. Both Ted and Jack planned on working together to remove all the Snake Eaters. The strong bond between Jack and Ted was a significant and contributing factor in the subtle improvements in his personal narrative.

For the final session I had prepared a book which captured the development and progress of the therapeutic journey. I did this by analysing the transcribed data from the previous seven sessions. Jack's drawings were also added to this book, which was titled "The Journey of a boy called Jack". This document was created with the intention of its being meaningful, as it highlighted Jack's personal knowledge and the values related to his preferred ways of being in the world.

This document served three purposes. Firstly, Jack's preferences, strengths and values would be available for him to access at any time, assisting him as he continued to reclaim his life from the influences of the Snake Eater. Secondly, having his family and myself read through the book in his presence created a space where we all interacted and reflected on the process.

This multi-voiced context provided further enrichment for the re-authoring of Jack's life. Thirdly, other forms of therapeutic documentation could be drawn up from this handbook as new developments emerged.

The concluding session was unique as both Jack's parents were invited. The narrative approach appreciates the significance of others witnessing the telling and re-telling of an individual's evolving story and thus the parents' participation would help in the evolving construction of Jack's identity. They would also become aware of his development since the first session and rather than hinder the process through ignorance, would be informed so as to facilitate further development beyond therapy. Both parents were informed about the significance of their roles within these interactions, as they would validate Jack's new understandings and should therefore refrain from critical and judgemental dialogue.

At the start of this session I showed Jack his book. As he read the title he smiled and seemed to be filled with pride. Jack would often look to his dad for acknowledgement. It was clear that Jack was pleased that his dad was present. While Garry read the first chapter Jack played quietly enough to hear every word being read. The book circulated between the three of us as Jack continued to play.

At different stages in these readings brief conversations were stimulated and preferred understandings strengthened as Jack's parents participated in the session. One of these conversations related to Jack's interest in insects and his future aspirations to become "like those people who find out what's the deadliest reptile". Both Jack's parents appreciated and supported Jack's strengths and mentioned how they were considering sending Jack to a school that would focus on his personal interests. Inviting both Jack's parents into this conversation made Jack feel valued and respected. Jack was less playful at this point and more interested in the support and love he felt from his parents. This conversation challenged Jack's earlier mentioned anxieties concerning his relationship with his parents, as new understandings were being created. Although these conversations may not resolve his difficulties at school, the strengthening of his alliance with both parents assisted in the re-authoring of his identity and would influence his ability to cope within his environment.

Jack mentioned how he loved this story. As the story was a story about Jack, such a comment showed a significant shift in his relationship with himself, indicating that he appreciated and

loved himself. Jack was thinking of himself in new ways, ways that were perhaps previously less available to him. Hearing others talk about his life and involving him in these discussions began to challenge his own thinly described and concluded stories, and presented him with richer and more relevant alternatives by which he could live.

I then introduced an activity where Jack selected from his list of strategies those that he believed would provide him with the best chance against the Snake Eater. Interestingly, as we explored these strategies together, Jack identified another strategy he called “prayer”, which he added to his list of resources. This was yet another unique outcome. Jack was becoming more confident in his own abilities as we all engaged in conversations that revolved around his commitments and preferences for his life, those that Jack had himself discovered.

Jack felt it would be useful to create his own Snake Eater book, something he could read and have easy access to. Staying with the narrative approach, I consulted with Jack and his family what they judged would be important to put in this handbook, their intentions for the handbook and how it would be written. This was to ensure their full participation and optimise the potential meaningfulness of such an activity for Jack, as he was once again privileged in these decisions.

Morgan (2000) believes that a document of this nature serves as a ‘counter-document’ to those problem-saturated documents often found within the schooling system. Jack seemed excited about the idea of creating his own handbook and suggested that he would be interested in sharing his knowledge with others in his class. Recruiting an audience for Jack’s new and preferred meanings for his life would encourage further retellings, strengthen his new understanding and provide support for other children experiencing their own challenges.

I ended therapy by introducing what Michael White (1997) calls ‘taking it back’ practices. Narrative therapists acknowledge the influence conversations of this nature have in constituting their own lives and their work as therapists. This practise was introduced for three very specific reasons (White, 1997). Firstly, making explicit the two-way account of the therapeutic relationship is an ethical commitment, as it serves to de-emphasise the power relations within the therapeutic context. A second aim of the practice is that it contributes significantly to the client’s evolving and preferred narrative. Thirdly, it offers therapists an opportunity to re-author their own lives and their own work.

I achieved this by being open and honest about Jack's influence and contribution in his own life and finally thanking Jack for his participation. This was included in the conclusion of the book and entitled 'My thoughts as a privileged participant in the life of Jack'.

During my work with Jack we were able to establish a safe counselling environment wherein he was able to progress through the different phases of the narrative approach. However, within such a therapeutic context interactions are complex and progressions are never perfectly linear in nature. Jack had (a) defined and named the problem as the Snake Eater, (b) mapped the influence of the problem in his life, (c) externalised the problem, (d) identified unique and contradictory outcomes from that of the problem and (e) explored and enriched these unique outcomes into more meaningful and available understandings. Comments from Jack's parents, teacher and both occupational therapists indicated subtle improvements in his self esteem since he commenced with therapy. These comments related to an improvement in class participation and interaction, attitude towards tasks and a sense that he showed more agency and independence in initiating activities and resolving problems.

Conclusion

This research study explored the relationship between a narrative therapist and a grade 2 learner and examined how these interactions influenced and changed the personal narrative of a boy diagnosed with a learning disability. I found that the social constructionist and narrative therapy approach has many benefits when working with such a child. Because this approach focuses on the achievements of the child rather than on deficit focused models, it offers a new conceptualization of learning disorders that better meets the needs of such students. Rather than viewing the student diagnosed with a learning disability as the source of the problem, the narrative approach believes the label (learning disability) and the student's relationship to it is the problem.

This shift in perspective led to a therapeutic inquiry that facilitated movement away from Jack's problem-saturated narratives towards more preferred ways of understanding himself in the world. Many institutions focus primarily on the behavioural accommodations of such children, neglecting to appreciate the social and emotional concerns. In this study the narrative approach was able to attend to the social and emotional aspects of the child's life

and facilitated a deeper sense of agency allowing for new perspectives to emerge as the boy started re-authoring his life. As all therapeutic approaches have their limitations, the narrative approach may not be suitable for all students. (e.g. students with limited language ability or cognitive impairment). Furthermore, this single case study is appreciated for its uniqueness and therefore cannot be generalised to the population. Rather, it is a small movement in that direction.

Implications for Future Research

This qualitative case study highlights a need to continue exploring and examining the significance of the unique and personal understandings of children diagnosed with a learning disability in resolving their own problems. Because the narrative approach challenges mainstream approaches there is a need for researcher to critically evaluate the effectiveness of this unique way of working with children. Researchers should consider an examination of the phenomenon through a longitudinal study. This could expand our understanding of the effectiveness of narrative play therapy when working with children diagnosed with a learning disability.

References

- Armstrong, T. (1987). *In their own way*. Los Angeles: Jeremy P. Tarcher.
- Axline, V. (1947). *Play therapy: The inner dynamics of childhood*. Boston: Houghton Mifflin.
- Axline, V. M. (1969). *Play therapy*. New York: Ballantine Books.
- Bird, J. (2000). *The Heart's Narrative*. Therapy and navigating life's contradictions. Auckland: Edge Press.
- Bowen, M. L., & Glenn, E. E. (1998). Counseling interventions for students who have mild disabilities. *Professional School Counseling, 2*, 16-25.
- Bratton, S., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology: Research and Practice, 36*(4), 376–390.
- Brooks, R. B. (1987). Storytelling and the Therapeutic Process for Children with Learning Disabilities. *Journal of Learning Disabilities, 20*(9), 546-550.
- Carroll, J. (2000). Evaluation of therapeutic play: a challenge for research. *Child and Family Social Work, 5*, 11-22.
- Drewery, W., & Winslade, J. (1997). The theoretical story of narrative therapy. In G. Monk, J. Winslade, K. Crocket, & D. Epston (Eds.), *Narrative Therapy in Practise* (pp. 32-52). San Francisco: Jossey-Bass Publishers.
- Foucault, M. (1982). The subject and power. In H. Dreyfus, & P. Rabinow (Ed.), *Beyond Structural Hermeneutics*. Chicago: Chicago University Press.
- Freeman, J., Epston, D., & Lobovits, D. (1997). *Playful approaches to serious problems*. New York: Norton.

- Gergen, K. J. (1990). Social understanding and the inscription of self. In J. W. Sigler, R. A. Shweder, & G. Herdt (Eds.), *Cultural psychology: Essays on comparative human development* (pp. 569–606). New York: Cambridge University Press.
- Gil, E., & Drewes, A. (2005). *Cultural issues in play therapy*. New York: Guilford Press.
- Guernsey, L. (1979). Play therapy with learning disabled children. *Journal of Clinical Child Psychology*, 9, 242-244.
- Guernsey, L. (1983). Play therapy with learning disabled children. In C. E. Schaefer & K. L. O'Connor (Eds.), *Handbook of Play Therapy*. (pp 419-435). New York: Wiley.
- Hearne, D., & Stone, S. (1995). Multiple Intelligences and Underachievement: Lessons from Individuals with Learning Disabilities. *Journal of Learning Disabilities*, 28(7), 439-448.
- Heinrichs, R. R. (2003). A whole-school approach to bullying: Special considerations for children with exceptionalities. *Intervention in School and Clinic*, 38, 195-204.
- Hjelle, L. A., & Ziegler, D. J. (1992). *Personality Theories. Basic Assumption, Research and Application*. (3rd ed.). McGraw Hill, Inc.
- Humphrey, N. (2002). Teacher and pupil ratings of self-esteem in developmental dyslexia. *British Journal of Special Education*, 29, 29–36.
- Knell, S. M. (1997). Cognitive-behavioral Play Therapy. In K. O'Connor, & L. Braverman (Eds.), *Play therapy theory and practice: A comparative presentation* (pp. 70-99). New York: Wiley.
- Knell, S. M. (1998). Cognitive-behavioral Play Therapy. *Journal of Clinical Psychology*, 27(1), 28-33.
- Landreth, G. (2002). *Play Therapy: The art of the relationship* (2nd ed.). New York: Brunner-Routledge.

- McDougall, D., & Smith, D. (2006). Recent innovations in small-N designs for research and practice in professional school counselling. In D. C. Ray, C. A. B. Mtnton, A. A. Schottelkorb., & A. G. Brown. (2010). Single-Case Design in Child Counseling Research: Implications for Counselor Education. *Counselor Education & Supervision*, 49, 193-208.
- Monk, G. (1997). How Narrative Therapy Works. In G. Monk, J. Winslade, K. Crocket, & D. Epston (Eds.), *Narrative Therapy in Practise* (pp. 3-31). San Francisco: Jossey-Bass Publishers.
- Monk, G., & Gehart, (2003). Sociopolitical Activist or Conversational Partner? Distinguishing the Position of the Therapist in Narrative and Collaborative Therapies. *Family Process*, 42(1), 19-30.
- McGrady, H., Lemer, J., & Boscardin, M. L. (2001). The educational lives of students with learning disabilities. In P. Rodis, A. Garrod, & M. L. Boscardin (Eds.), *Learning disabilities & life stories*. Boston, MA: Allyn & Bacon.
- Merriam, S. B. (1998). *Qualitative research and case study application in education*. San Fransico: Jossey-Bass.
- Morgan, A. (2000). *What is narrative therapy?* Adelaide: Dulwich Centre Publication.
- Nagel, B., & Leiper, R. (1999). A national survey of psychotherapy with people with learning disabilities. *Clinical Psychology Forum*, 129, 14-80.
- Oaklander, V. (1988). *Windows to our children*. New York: The Gestalt Journal Press.
- Oermann, M. H., & Lindgren, C. L. (1995). An educational program's effects on students' attitudes toward people with disabilities: A 1-year follow-up. *Rehabilitation Nursing*, 20, 6-10.
- Parry, A. (1991). A universe of stories. *Family Process*, 30, 37-54.

- Pennington, B. F. (1991). Diagnosing learning disorders: A neuropsychological framework. In M. A. McNulty (2003). *Journal of Learning Disabilities*. 36(4), 363–381.
- Richie, J. & Lewis, J. (2003). *Qualitative Research Practise. A Guide for Social Science Students and Researchers*. Sage Publications, Inc.
- Rodis, P, Garrod, A., & Boscardin, M. L. (2001). *Learning disabilities & life stories*. Boston, MA: Allyn & Bacon.
- Rogers, C. R. (1942). *Counseling and psychotherapy*. Boston: Houghton Mifflin.
- Scott, R. (2004). *Dyslexia and counselling*. London: Whurr.
- Singer, E. (2007). Coping with Academic Failure, A Study of Dutch Children with Dyslexia. *Dyslexia*, 14, 314–333.
- Stacey, K. (1997). From imposition to collaboration: Generating stories of competence. In C. Smith, & D. Nylund (Eds.), *Narrative therapies with children and adolescents* (pp. 221–254). New York: Guilford Press.
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.
- Stenfert-Kroese, B. (1997). Cognitive-behaviour therapy for people with learning disabilities: conceptual and contextual issues. In B. Stenfert-Kroese, D. Dagnan, & K. Loumidis (Eds), *Cognitive-Behaviour Therapy for People with Learning Disabilities* (pp. 1-15). Routledge, London.
- Sugiman, T., Gergen, K. J., Wagner, W., & Yamada, Y. (2008). *Meaning in action. Constructions, narratives, and representations*. New York: Springer Science and Business Media.
- Thomas, L. (2002). Poststructuralism and therapy – what’s it all about? *The International Journal of Narrative Therapy and Community Work*, 2, 85-93.

- Winslade, J., Crocket, K., & Monk, G. (1997). The Therapeutic Relationship. In G. Monk, J. Winslade, K. Crocket, & D. Epston (Eds.), *Narrative Therapy in Practise* (pp. 53-81). San Francisco: Jossey-Bass Publishers.
- Winslade, J., & Gerald, (1998). *Narrative Counseling in Schools: Powerful and Brief*. California: Corwin Press.
- Winslade, J., & Monk, G. (1999). *Narrative Counseling in Schools: Powerful and brief*. Thousand Oaks, CA: Corwin Press.
- Witherell, C. S., & Rodis, P (2001). "Shimmers of delight and intellect": Building learning communities of promise and possibility. In P. Rodis, A. Garrod, & M. L. Boscardin (Eds.), *Learning disabilities & life stories* (pp. 165-176). Boston, MA: Allyn & Bacon.
- White, M (1995). *Re-authoring Lives: Interviewing & Essays*. Adelaide: Dulwich Centre Publications.
- White, M. (1997). *Narratives of Therapists' Lives*. Adelaide: Dulwich Centre Publications.
- White, M., & Epston, D. (1990). *Narrative Means to Therapeutic Ends*. New York: Norton & Company.
- White, L. J. (2001). The hermeneutic road has many paths. *Counseling and Values*, 36(3).
- White, M., & Morgan, A. (2006). *Narrative Therapy with Children and their families*. Adelaide: Dulwich Centre Publication.
- Willner, P. (2005). The effectiveness of psychotherapeutic interventions for people with learning disabilities: a critical overview. *Journal of Intellectual Disability Research*, 49(1), 73-85.
- Yin, R. K. (1994). *Case study research. Designs and methods*. (2nd ed.). Thousand Oaks, CA: Sage.

Yin, R. K. (2003). *Case Study research. Design and Methods*. (3rd ed.). Thousand Oaks, CA: Sage.

Zimmermann, J. L., & Dickerson, V. C. (1994). Using a narrative metaphor: Implications for theory and clinical practice. *Family Process*, 33, 233–245.