

Narrative Means to Adlerian Ends: An Illustrated Comparison of Narrative Therapy and Adlerian Play Therapy

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Abstract

The author compares the theoretical congruencies underlying narrative therapy and Adlerian Play Therapy and demonstrates how these two approaches can be combined to create a treatment plan for working with children. The author presents a case study involving a 10-year-old daughter of divorced parents whose problems at home and at school were successfully treated using a combination of narrative and Adlerian Play Therapy techniques.

One of the most widely accepted approaches for working with young clients is Play Therapy. Other counseling traditions have borrowed techniques from play approaches in working with children. For example, both narrative therapists and Adlerian therapists have established literatures on using play techniques in their work with children (Freeman, Epston, & Lobovits, 1997; Freeman & Lobovits, 1993; Kottman, 1995; Kottman & Schaefer, 1993; Kottman & Warlick, 1989, 1990). However, nothing exists in the literature to suggest that narrative and Adlerian play therapies might be compatible in combination for working with children.

The purpose of this article is to illustrate how the language and techniques used by narrative therapists are theoretically congruent with many of the principles of Adlerian Play Therapy. By using a specific case illustration of a therapist's work with a 10-year-old girl, I present an example of how narrative techniques can be used to reach Adlerian goals. In presenting an argument for combining a narrative approach with an Adlerian framework, I focus on (a) theoretical assumptions of narrative and Adlerian play therapies and (b) technical congruencies between narrative and Adlerian play therapies.

Theoretical Assumptions

Narrative and Adlerian Play Therapy approaches to working with children have several common underlying assumptions. For example, both approaches stress the importance of working with the child's preferred ways of expressing himself or herself. Additionally, both therapies are based on a

belief that it is important to develop a therapeutic relationship with the child for therapy to have success. This section of the article will expand on these assumptions and outline the process and techniques used in each therapeutic model.

Narrative Therapy. Underlying the narrative approach to therapy are several key assumptions. First, narrative therapy is grounded in the theories of social constructionism and postmodernism, theories that emphasize that "knowledge is socially constructed" (Smith, 1997, p. 3). According to social constructionists and postmodernists, who we are and what we do with our lives is strongly influenced by the culture in which we live. Second, narrative therapy is based on the idea that people make meaning in their lives through the stories that they construct and the stories that they tell. The stories that we invent to tell about ourselves and how we are in our relations with others contain within them the themes, values, and beliefs that guide the ways we live our lives (Parry, 1998). These stories have "a profound effect on present behavior and future possibilities" (Strand, 1997, p. 338). People present for therapy because their stories are limiting them from leading fulfilled and satisfying lives. A third assumption of the narrative perspective is that therapy is essentially a life-story modification (Howard, 1991). Therapeutic work revolves around facilitating the creation of new stories, "life narratives that are more empowering, more satisfying, and give hope for better futures" (Hoyt, 1994, p. 69). A final assumption of the narrative perspective is that people have the capacity to reauthor their lives. Through the therapeutic process, people discover which stories are limiting them from leading fulfilled lives and begin to "generate new and more adaptive narratives" (Strand, 1997, p. 325).

The process of helping clients to develop alternate stories involves several techniques. Therapy begins with establishing a therapeutic relationship with clients, a relationship that is aided by getting to know clients apart from the problems that have brought them to therapy. Therapy generally begins with the therapist's encouraging the client to talk about himself or herself, to share stories about his or her life. In establishing a safe, comfortable, conversational environment and getting to know the client apart from his or her problems, the narrative therapist uses a linguistic process called "externalization" (Freeman, Epston, & Lobovits, 1997). Through this process, the client begins to think of himself or herself as having a relationship with his or her problems rather than looking at himself or herself as being the problem. "The focus in an externalizing conversation is on expanding choice and possibility in the relationship between persons and problems" (p. 9). Externalizing conversations begin by the therapist's asking the client to give a name to the problem that confronts him or her. Clues as to an appropriate

name for the problem can be determined from the client's own language. Naming the problem frequently involves the creation of a metaphor that facilitates viewing the problem as a separate entity from the client.

Once a name has been created for the problem, therapy proceeds with the counselor's encouraging the client to describe the influence of the problem on his or her life. Puzzling together (Smith & Nylund, 1997), the therapist and client try to determine how the problem stories got a foothold in the client's life and to map out the effect of the problem in detail on the client's life (Freeman, Epston, & Lobovits, 1997). During this deconstructing stage of therapy, the therapist asks many questions in an attempt not only to learn the history of the problem story but also to listen for unique outcomes, times when the client has had success in taming the problem (Parry & Doan, 1994). These unique outcomes provide a basis for building and strengthening an alternate story, a story in which the client is the author of his or her own life and is no longer troubled by the problem.

To thicken the emerging plot of the alternate stories, stories in which the client sees himself or herself living a more satisfying life, the narrative therapist frequently involves significant others to support the client's making changes and practicing these changes. Involving significant others in the client's therapy fosters more open communication (Focht & Beardslee, 1996), enriches problem-solving (Adams-Westcott & Dobbins, 1997), and can provide the significant others with suggestions "about different ways of handling problems and new ways of interacting" with each other (Kottman & Johnson, 1993, p. 51).

Another emphasis in narrative therapy is for the therapist to encourage the client's sense of personal agency, a term used to refer to the client's strengths and abilities (O'Connor, Meakes, Pickering, & Schuman, 1997). These personal strengths and abilities can be recruited to help the client "re-story" (Hoyt, 1994, p. 68) his or her relationship with the problem. In encouraging the client's abilities, the narrative therapist not only uses verbal feedback and nonverbal cues but also employs various forms of written expression such as letters, certificates, and personal declarations (Hoyt). Letters between therapist and client can extend the effect of the therapy sessions, can render a new story more newsworthy, and can expand the client-therapist relationship (Parry & Doan, 1994; White & Epston, 1990).

Adlerian Play Therapy. Kottman (1995) and Kottman and Warlick (1989) integrated the concepts of Individual Psychology and the techniques of Adlerian psychotherapy with the premises of Play Therapy and developed a new form of therapy: Adlerian Play Therapy. Assumptions underlying an Adlerian approach to therapy include the concept that people are social beings who have a need for connectedness and belonging. Individual Psychologists also

believe that people have the capacity to be creative in solving the problems that confront them. Another basic Adlerian concept is the notion of lifestyle, a unique system of beliefs that determines how the individual thinks, values, and feels about himself or herself (Sweeney, 1998). Individual Psychologists also believe that all behavior has a purpose (Kottman, 1995; Kottman & Johnson, 1993). According to Individual Psychology, four common goals of childhood misbehavior are attention, revenge, inadequacy, and power (Dreikurs & Soltz, 1964). These assumptions guide the process of Adlerian psychotherapy.

Adlerian Play Therapy is an integration of these assumptions with the concepts underlying Play Therapy approaches to working with children. Play therapists believe that "the natural medium of communication for children is play and activity" (Landreth, 1991, p. 7). In addition, play helps children make sense of their worlds and helps them to give "expression to their inner worlds" (p. 9). Play is used symbolically by children to change "what may be unmanageable in reality to manageable situations" (p. 12). Through meeting children at their level, the therapist uses play to develop a therapeutic working relationship with children.

Play therapy strategies can be used to help counselors build relationships with children, to understand how children view themselves and the world, and to help children understand their significance and ways of gaining significance in their worlds (Barnett, 1990; Kaduson & Schaefer, 1997; Kottman, 1995; Oaklander, 1988). Stuffed animals, books, clay, puppets, sand trays, and drawing materials are some of the tools used by Adlerian play therapists (Freeman & Lobovits, 1993; Oster & Gould, 1987). When used in conjunction with such therapeutic techniques as encouragement, therapeutic metaphors (Kottman, 1995), investigation of family atmosphere and family constellation (Pepper, 1979; Stewart & Campbell, 1998), early recollections, and reflection of feelings (Kottman & Johnson, 1993), these tools encourage children to talk about their worlds.

Technical Congruencies. When used in conjunction with Adlerian goals, the techniques and language of narrative therapy can complement a treatment approach for working with children. Adlerian Play Therapy has four goals: (a) establishing an egalitarian relationship, (b) investigating lifestyle, (c) interpreting lifestyle, and (d) reorienting. Using these four goals of Adlerian Play Therapy as a framework for organizing the process of therapy, I present examples of narrative techniques that complement this framework.

Establishing an egalitarian relationship. To foster the growth of an egalitarian relationship between the child and the therapist, a fundamental objective of both Adlerian psychotherapy (Mosak, 1993) and narrative therapy (White & Epston, 1990), the Adlerian play therapist uses many of the techniques and

principles from Play Therapy. In this initial stage of therapy, where the focus is on relationship building, the therapist encourages the child's self-exploration and self-direction (Axline, 1969). The therapist is warm, accepting, empathic, and genuine, thereby encouraging the child to develop feelings of security and self-acceptance (Kottman & Warlick, 1990).

From a narrative perspective, relationship building is enhanced through getting to know children apart from the problems that bring them to therapy. Open-ended questions about children's abilities, interests, strengths, experiences, and family relationships can help to uncover what is "strong, adaptive, and resourceful" (Parry & Doan, 1994, p. 66) in the child's history and can provide useful information in helping the child to create strategies for dealing with the problem.

Investigating lifestyle. Techniques used in Individual Psychology to investigate lifestyle include early recollections, exploration of family constellation, and considerations of the goals of misbehavior. Consulting with significant others in a child's life also can help the therapist to uncover information about lifestyle. In investigating lifestyle, Adlerian play therapists use toys, puppets, and art materials.

Narrative therapists are also interested in investigating lifestyle. For a narrative therapist, listening to a client's stories is a way of understanding the client's lifestyle. Narrative therapists believe that people live their lives according to the stories that they construct and then tell about their lives. Adlerian play therapists believe that it is lifestyle that similarly defines how people live their lives.

Narrative therapists keenly listen for themes as clients tell their stories. Inadequacy, lack of power, depression, and perfectionism are examples of themes that might dominate problematic stories. Problematic stories can limit people from leading fulfilled, empowered, and satisfying lives. Externalization and the creation of therapeutic metaphors are two techniques that assist in deconstructing the problem story.

Interpreting lifestyle. During this phase of therapy, the Adlerian play therapist attempts to understand the meaning of the child's lifestyle and the purpose of behavior through forming tentative hypotheses that are then shared with the child. These hypotheses can help the child gain insight into the lifestyle and encourage him or her to reform mistaken goals and basic convictions, explore options, and generate useful alternatives to ineffective behaviors (Kottman & Warlick, 1990).

As narrative therapists listen to clients' stories and attempt to deconstruct problematic stories, they, like Adlerian play therapists, are interpreting lifestyle in an attempt to understand the meanings that their clients give to their stories. Again, the techniques of externalization and therapeutic metaphors are helpful to narrative therapists in making hypotheses about the meaning of the stories their clients tell.

Reorienting. The main goal of the reorienting phase of Adlerian Play Therapy is to help the child see that some of his or her behaviors and attitudes are disadvantageous and may need to be changed (Kottman, 1995; Kottman & Warlick, 1990) so that he or she can live a more fulfilling life. Techniques that Adlerian play therapists use during this phase include consulting with significant others, encouraging the child to practice alternative behaviors, helping the child to relate the insights from the play to real life, and fostering social interest. Social interest is fostered through the encouraging, accepting attitude that the therapist conveys to the child. Through encouragement, self-acceptance is nurtured, and the child begins to overcome emotional isolation and to express increased interest in social relatedness.

Narrative techniques that complement these Adlerian concepts include creating the alternate story, asking the miracle question, looking for unique outcomes, recruiting a wider audience, and encouraging personal agency. Creating an alternate story, one that is more satisfying and advantageous than the problematic story that brought the child to therapy, is a task similar to the Adlerian task of encouraging children to practice alternative behaviors. Like Individual Psychologists, narrative therapists during this phase of treatment work to increase their client's level of insight regarding the negative influence of problematic stories or problematic behaviors. Techniques that narrative therapists use to thicken the plot of the emerging story (White & Epston, 1990) include asking the miracle question and looking for unique outcomes, examples of times when the client is already experiencing the miracle. The term "personal agency" refers to clients' strengths and abilities that can be helpful to them in changing their stories and their relationships to the problems confronting them. This term relates to the Adlerian belief that people have the creative ability to solve their own problems. In using the concept of personal agency, narrative therapists use terms like standing up to perfectionism, taming anger, and outsmarting bad attitude (Parry & Doan, 1994) to imply that clients have the capacity to do something about the problems in their lives.

The case study that follows illustrates how the language and techniques from narrative therapy can be used to complement this Adlerian framework for working with a school-age child. The case illustration summarizes an 8-session intervention designed to help a 10-year-old girl deal more constructively with issues of perfectionism, worry, and school attendance.

Case Illustration. Concerned that Katie was refusing to go to school and afraid that her absences would mean that she would have to spend a second year in fifth grade, Katie's father called to initiate counseling for his daughter. During the initial telephone consultation, Katie's father told me that he and Katie's mother had divorced and remarried each other twice and were currently divorced. Katie's mother had recently married another man.

During the time of her parent's second divorce, Katie and her two older sisters had lived for a year in another state with a maternal aunt. When Katie returned home, she had initially lived with her mother but had fought continually to be allowed to live with her father. Since moving in with her father, Katie has moved back and forth between parents. According to her father, Katie appeared to be the only one of her siblings who was experiencing a problem with deciding where to live. The father also shared that Katie has three sisters, ages 14, 13, and 5. Katie's oldest sister has lived with her father since returning a year ago from her aunt's home; the other two sisters live with their mother. Katie's father felt that counseling might help Katie deal with the issues that were currently getting in her way of attending school and enjoying life. When Katie came for her first appointment, her father stayed with her to help her feel more comfortable and to provide me with additional information about Katie's lifestyle.

Session One. During our first session together, I pointed out the materials that Katie might use during her visits. I showed Katie the collection of hand puppets, drawing paper, markers, crayons, clay, books, and stuffed animals that they could use. Katie immediately picked up a teddy bear to cuddle and named the bear "Mrs. Huggabuggle." At the beginning of every session, Katie located the bear and cuddled it tightly as her parent got ready to leave. As the sessions progressed and she became involved with the play activities and conversation, Katie let go of the bear but always kept it close by. Katie sometimes brought one of her own stuffed animals or dolls to the sessions and talked about how she used them for comfort and for company, particularly at bedtime. Daigneault (1997), Tabin (1992), Roig, Roig, and Soth (1987), and Steude (1986) have suggested that children use inanimate objects, such as stuffed animals, as comforters during transitional times.

Also during this session, I worked to establish rapport with Katie and encouraged her to talk about her life at home and at school. To investigate lifestyle and to get to know Katie apart from the problem that brought her to therapy, I asked Katie to talk about her interests, abilities, and experiences at home and at school. In response to my questions and while hugging Mrs. Huggabuggle, Katie reported that she liked swimming in the summer, sliding on the snow in the winter, playing games, drawing, and reading. She added that she liked living with her dad but missed her sisters and her mother when she was with her dad. She said that the best part of school was seeing her many friends. The worst part of school was all the homework. She admitted that the work was easy, especially math. She liked her teacher and reported having no trouble at school but did not like going to school. Puzzled by why Katie was reluctant to attend school when there were no pressing problems at school, I asked Katie for her explanation of the problem. Katie said, "I don't know," the first of many such expressions during the first few sessions.

I asked Katie's father about what he thought was getting in the way of Katie's going to school. He suggested that Katie was having problems with perfectionism and worry and that these problems influenced Katie's school attendance. He suggested that she worried about her school work needing to be done perfectly and that the worrying got in her way of completing her work. He added that on mornings when Katie did not have her school work prepared, she performed a temper tantrum about going to school. He suggested that Katie also worried about what might happen in the future and that these worries got in the way of her enjoying the present. He also felt that Katie was still hoping for her parents to reconcile, despite the fact that Katie's mother had recently remarried. He felt that Katie had strong, unspoken feelings about the family situation. At this point, Katie became tearful, got up from her chair, and sat in her father's lap for the remainder of the session. I acknowledged Katie's tears and encouraged her expression of her feelings.

In helping Katie to look at the problem that was getting in her way of being successful in attending school, I next used the narrative techniques of externalizing and creating therapeutic metaphors. Through the process of externalizing, which separates the client from the problem, children can come to think of themselves as having a relationship with the problem rather than looking at themselves as being the problem. Externalization helps to relieve the child of feelings of blame and defensiveness (Freeman, Epston, & Lobovits, 1997). To facilitate viewing the problem as a separate entity from the client, the therapist helps the client create a metaphor to describe the problem. I used these two techniques when I invited Katie to think of a name to call the problems that were getting in the way of her being able to go to school and have fun with her family: "Katie, I wonder if you could think of a fun way to talk about these problems that are annoying you? Could you come up with some names to call these problems? Once we have some names to call them, then maybe we can use the puppets or some other toys to see how you can outsmart them and be happier." Katie agreed to think of names for the problems that for the moment would be called "Temper" and "Worrying."

I continued with these techniques and said, "Katie, it seems to me that sometimes Temper or Negative Attitude gets the best of you during school mornings when you are not prepared for school. It also seems that Worrying is teaming up with Temper and getting in the way of you being prepared for school. Does it seem this way to you, too?" Katie nodded affirmatively. I continued, "Yet, there also seem to be times when you are able to get your work done and go to school and enjoy being with your many friends. I am very interested in how you are able to do this. I wonder if we might talk some more about this when we meet next time?" Katie agreed to this and also agreed to watch for times during the next week when she was successful in taming the twin problems.

This first session provided me with some insight into Katie's lifestyle and led to some hunches regarding Katie's problem with school attendance. As there appeared to be no concrete problem at school, it was likely that the goal of her behavior was grounded elsewhere. According to the information that her father provided, Katie was the only child in the family who was exhibiting problems with school attendance and school success. She was also the only sibling who was moving back and forth between her mother's and her father's residences. She appeared, then, to be the child most affected by the family discord described by her father. Was the goal of Katie's behavior attention, power, revenge, inadequacy, or a combination of these? My hunch at this juncture was that Katie was feeling inadequate, unable to experience success in getting to school and in getting her work done. She might also be feeling inadequate about being unable to effect a reconciliation between her parents. She could also be wanting attention from both parents, and refusing to go to school was helping her become a focal point in the family. To explore my hunches, I decided to encourage Katie to talk about her family and to draw pictures of her family. Using a variety of play techniques, such as puppets, clay, and art materials, I also planned to encourage Katie's sense of personal agency or adequacy.

Session Two. At the beginning of the second session of therapy, the therapist, Katie, and Katie's dad established a pattern that would continue throughout the remaining sessions. Guessing that Katie's problems were partially informed by the family dynamics that were discussed during the first session, I suggested that it would be helpful to have parental involvement during portions of the sessions with Katie. Involving parents in their child's treatment, labeled "consulting with significant others" in Individual Psychology and "recruiting a wider audience" by narrative therapists, is encouraged in both of these therapeutic approaches. Katie's father was agreeable to being involved. I invited Katie's father to stay for the first 10 minutes of each session and encouraged him to report on Katie's progress and struggles during the past week. This initial 10 minutes was also a time for Katie and her parent to consult together with the therapist on issues that needed to be discussed during the session. I encouraged Katie's father to talk directly to Katie during this time so that Katie could hear her parent's encouragement, concern, and suggestions for continued work. Katie's father was also encouraged to participate in the last 10 minutes of each session. During this time, Katie chose what she wanted to share with her father and frequently took this time to reenact puppet plays, to show her artwork, and to talk about the topics covered during the session. This was also a time for enlisting the parent in providing any needed assistance between sessions in helping Katie to work on establishing success in taming her problems.

At the beginning of this session, Katie reported that she had been successful in getting to school two days during the previous week. I encouraged

her improved attendance and asked Katie how she had been able to be successful. Katie responded, "I just put my mind to it." When asked to flesh out what she meant, Katie was not able to provide any more details. When I asked about the other three days when Katie was not able to get to school and what was different about those days, Katie responded, "I don't know," burrowed into her jacket, and avoided eye contact with me. This "turtling" behavior occurred several times when Katie experienced difficulty expressing her feelings or talking about her behaviors. I verbally noted Katie's turtling and wondered aloud what was going on within Katie.

When Katie became silent later in the session, I invited Katie to draw a picture of a special memory. Early recollections are helpful from an Adlerian perspective in investigating the lifestyle of the client. Depending on the subject of the drawing, these early recollections can also provide insight into the family constellation, the child's views on family relationships, and the child's feelings of belonging.

Katie drew two pictures. The first was of her swimming at the lake at her 10th birthday party, surrounded by friends and family. The second picture was of her move to her father's house following her insistence on being allowed to stay with her father. She also shared an early memory from when she was 3 years old and locked her mother out of the house following an argument between Katie's mother and father. As Katie talked about the pictures, I began to understand Katie's need for power and control over her life and the importance she placed on close relationships and celebrations with friends and family.

It was also clear during this session that it was difficult for Katie to express her feelings. When I asked Katie about her feelings toward different family members, her feelings about her parents' divorces, and her feelings about her mother's recent marriage, Katie responded with the usual, "I don't know." To help her with this issue, I suggested that together we might read a book about feelings. The book, *The Colors That I Am* (Sheehan, 1981), provides opportunities for interaction between therapist and client and colorfully illustrates common feelings such as sadness, happiness, jealousy, and loneliness. Katie was enthusiastic about reading the book and took turns with me in reading each page aloud. Although Katie was reluctant to share examples of her own feelings, she did volunteer that she could produce better drawings than those that were in the book. I encouraged Katie to work on the drawings and to bring them when she was ready to share them.

From a narrative perspective, encouraging Katie to follow up on her idea is an example of encouraging a sense of personal agency; from an Adlerian perspective, this encouragement fits with the belief that people have the capacity to be creative in solving the problems confronting them. If Katie could create her own book of feelings, creating stories to go along with the illustrations, then Katie might become more adept at identifying her own feelings

and communicating her feelings about the problems in her life. In expressing her feelings more openly, Katie might develop a more secure sense of her place in her family and know more clearly about how others felt about her. These changes would help Katie to begin to develop alternate stories to live her life by, stories that would be more fulfilling and satisfying.

Session Three. Katie's mother brought Katie to the third therapy session. Her mother reported that Katie was now living with her during the school week because Katie was still experiencing trouble in attending school while she was living with her dad. Katie's mother talked about what mornings were like at home when Temper was around. Katie's mother said, "These mornings are kind of icky with Katie not wanting to go to school." Katie decided that she liked her mother's naming of the problem, and Mr. Icky came to life. In puzzling over what to name the other problem of worrying about getting her work done and wanting her work to be perfect, Katie decided to name this problem Mr. Worry. When asked about how she felt about the change in her living situation, Katie said, "I'm sad and miss my dad during the week. I can call him and write notes. I can draw pictures for him. And I know Mom won't take any grief from Mr. Icky. She's good at being stubborn and strong." Katie recognized an ally in her mother and also identified her mother as a worthy foe for defeating Mr. Icky.

During this session, Katie used the hand puppets to talk about these twin problems. Katie and I developed skits where Katie talked directly to the two problems, Mr. Icky and Mr. Worry, telling them what they had taken from her and how she felt about having them in her life. The skits helped Katie realize that these problems were causing her to miss her friends, to fall behind in school, to feel like a failure, to worry about having to repeat fifth grade next year, and to have problems getting along with her parents. In one of the puppet skits, using the technique of mutual storytelling (Kottman & Stiles, 1990), Katie imagined how these problems were affecting her friends. In creating a story using this technique, Katie began by using the puppets to tell a story about being with her friends during school recess. Next, I retold the story about what it was like for Katie's friends to experience recess without Katie. In the third part of the mutual storytelling, Katie and I acted out a scene illustrating how Katie's friends might react to her returning to school.

From a narrative perspective, the technique of mutual storytelling helps to illustrate the capacity that clients have to reauthor their own lives, to create alternative stories with more satisfying outcomes. From an Adlerian perspective, the skit's focusing on friendship helped Katie to appreciate the importance of having friends and affirmed the belief that people are social beings with a need to belong and to feel connected.

Once Katie understood what Mr. Icky and Mr. Worry were taking from her, I next used the technique of asking a miracle question to help Katie think about what life would be like for her without these two problems. The use of

such questions is found in both narrative and Adlerian literatures. I phrased the miracle question as follows: "Suppose a miracle happened and these two problems were not bothering you, that, like magic, they just disappeared. What would make you know that a miracle had happened? What would it be like for you without these problems in your life?" From a narrative stance, these questions help build a rationale for creating an alternate story, one in which the problems are tamed and the client is in charge of her life. From an Adlerian perspective, the miracle question is helpful in reorienting clients to think of new possibilities for solving the problems confronting them. In response to the miracle questions, Katie said, "I probably would be able to go to school and be with my friends. I wouldn't argue with my mother about going to school. I could get up in the morning and not worry about things." Together Katie and I created a puppet skit showing what one of these mornings might look like.

When Katie's mother returned for the last 10 minutes of this session, Katie acted out portions of the puppet plays for her mother. She also told her mother about the feelings book she had read last week and about her plan to create her own book about feelings. Her mother encouraged Katie and added that she liked to hear about what Katie was feeling and thinking. Together they decided to institute a routine whereby Katie would have a daily time set aside for quiet talks with her mother. They agreed that bedtime when her mother tucked her in for the night was the best time for these talks.

Session Four. At the beginning of this session, Katie's mother shared that during one of their bedtime talks, Katie had shared her feelings about her insecurity regarding how her older sister felt about her and also had talked about how she disliked sharing her dad with his new girlfriend. It was agreed that Katie and I would look at ways to work on these two issues.

Katie and her mother also reported that Katie had had more success in getting to school the past week and had attended school four out of five days. From a narrative perspective, it would be helpful to find out how these unique outcomes (Hoyt, 1994) occurred, so I asked Katie, "What is different about the mornings when you are able to go to school without Mr. Icky getting the best of you? What is different about the evenings when you are able to put Mr. Worry aside and get a good night's rest?" These questions helped Katie to remember strategies that she had used to help her put Mr. Icky and Mr. Worry aside. For example, in keeping Mr. Worry away at bedtime, she had come up with the idea of creating a "happy list" to help her remember all of the things from the past, present, and future that she had to be happy about. Her mother contributed the idea of creating a "worry box" to keep her worries tucked away for the night, an idea that Katie was also using.

Listening to Katie and her mother talk about their ideas for decreasing Mr. Icky and Mr. Worry's influence on Katie's life, I wondered about the power of this team in defeating problems. I said, "My guess is that together you two

are a dynamic duo and that nothing can get in your way when you team up. Look at what you have been able to do together.” Katie grinned at her mother and agreed that they were a good team. Through having success in attending school and working closely with her mother to overcome the problems facing her, Katie was beginning to gain confidence in her abilities and a sense of security about her place in the family.

Session Five. Katie continued to have success with school attendance, but she was still behind in completing the assignments she had missed during her many absences. I suggested that it might be helpful to consult with Katie’s teacher and school counselor about ways they might be able to support Katie’s efforts to attend school and enjoy her days at school. Katie’s mother agreed that I could speak with Katie’s teacher and school counselor and signed a release form.

During this session, Katie and I worked with the puppets again, developing strategies for keeping Mr. Icky and Mr. Worry from returning. Responding to my question about what she would do if Mr. Icky tried to trick her into not going to school, Katie developed a list of strategies that she could use to outsmart Mr. Icky. She outlined her plan for me: “When I get up in the morning, I will get dressed for school and have breakfast. I’ll read for a while to keep my mind off from Mr. Icky.” She also said that she would just ignore Mr. Icky if he started making her think about not wanting to go to school. She could walk away or just tell Mr. Icky to “Scat! Get away!” Katie and I practiced these plans using the puppets, and when Katie’s mother returned, Katie replayed the skits enthusiastically.

During the week, I consulted with Katie’s teacher and school counselor about plans for Katie to join a Divorced Kids Group at the school. Participation in this group would provide Katie with opportunities to talk with other children who likely had similar feelings and experiences with their parents’ divorces. Such groups provide “a powerful context to help young people escape isolation and rediscover their competence” (Adams-Westcott & Dobbins, 1997, p. 204). Katie’s teacher encouraged Katie’s involvement with The Homework Club, a group that met once a week after school to help students get caught up in their schoolwork and to get tutoring as needed. I also talked with Katie’s teacher and counselor about Katie’s struggle with perfectionism. Both agreed to be more consistent in encouraging Katie’s efforts and in giving her feedback.

Session Six. Katie shared that she enjoyed being involved in the Divorced Kids Group and talked enthusiastically about one of the books about divorce that her school counselor had let her borrow. Katie especially liked how the book dealt with the topic of what to call your stepfather and how to get along with a stepfather. Katie also talked about The Homework Club and how it was helping her to feel more successful in school.

Katie's mother talked about a change she had noticed in Katie this past week. "Katie is much louder than she used to be. We really know when she's around now. She lets us all know if she needs time to do her homework. Even though she might like to visit with us, she speaks up in a firm voice and tells us that she has to go to her room because she has work to do in order to be prepared for school the next day. That's a real change for Katie. I like hearing her voice and don't miss the tantrums in the mornings." Katie appeared to be feeling more secure at home, and asserting her voice was an indication that she was establishing her place in the family.

Session Seven. Katie chose to work with clay during part of this session and decided that she would make a pizza for me. Conversation during this time focused not only on what toppings I would like on the pizza but also on Katie's observations of a new girl in school. In talking about the new student, Katie related how she had noticed the new girl's eating by herself during lunch in the cafeteria. I asked Katie, "What do you think this was like for the new girl?" Katie responded, "I think she was probably lonely. I remember I felt lonely when I moved back here. I didn't know if my friends would remember me." I then said, "I wonder if there is anything you might want to do to help the new girl." Katie said, "I could invite her to sit with me and my friends during lunch. And, I could ask her if she'd like to swing with us at recess." Making the clay pizza to share with me and expressing an interest in being helpful to others were indications that Katie was feeling confident enough in herself to be able to involve herself with others. A new story of confidence and interest in socialization was beginning to emerge and replace the old story of isolation and perfectionism that Mr. Icky and Mr. Worry had authored.

Katie and I began to talk about ending our time together now that Katie was back in charge of her life. In helping Katie to get ready for this transition and to help her to recognize her personal strengths, I asked Katie if she would be interested in making a "power pie." I explained that to make the pie, Katie needed to take a paper plate and divide it into segments. On each segment of the pie, she would write an example of something that she knew how to do. Tricking Mr. Icky, taming Mr. Worry, helping her best friend, getting a good report card, and teaching me how to play dominoes were some of the examples that Katie gave. Another example that she included was helping her oldest sister practice dancing. I asked Katie to tell the story about this last example. Katie said, "My sister was getting ready for her first prom and she asked me to practice 'slow dancing' with her." I asked Katie how she felt about this. Katie said, "I felt really special. I didn't know that my sister thought I could help her." This episode helped Katie to begin to feel more connected to her oldest sister, the sister that Katie had felt the most distance from when Katie first began therapy.

Session Eight. Books, letters, journals, lists, and certificates are all frequently used to augment therapy from a narrative perspective (Freeman & Combs, 1997; Schrank, 1982; Timmerman, Martin, & Martin, 1989). Journals also can fit into an Adlerian approach to therapy when they are used to help clients explore their place in their worlds and develop insights into “ways they can gain significance in their families and in school” (Kottman & Johnson, 1993, p. 42). Letters can extend the effect of the therapy sessions (White & Epstein, 1990).

During the course of her therapy, Katie kept a diary, wrote lists, and enjoyed reading books about feelings and about divorce. Toward the end of her therapy, Katie and I made a certificate together in recognition of Katie’s success. The certificate read: “This certificate is given to Katie on this day for having success in keeping Mr. Icky and Mr. Worry out of her life.” Katie illustrated the certificate and her therapist signed it.

In keeping with the theme of using the written word, Katie’s therapist wrote a letter for Katie to keep that Katie read during the last session. The letter outlined all of Katie’s successes, her strategies in dealing with Mr. Icky and Mr. Worry, her many strengths, and her unique qualities. Katie read the letter silently at first and then read it aloud to her mother. In response to the letter, Katie’s mother affirmed Katie’s successes and added several additional words of encouragement. To honor Katie’s newfound voice and ability to speak up when she needed to have her wants and wishes known, Katie’s therapist also presented Katie with a whistle as a parting reminder of her hard work in finding her voice. Katie beamed.

Summary

As demonstrated in the case illustration, narrative therapy and Adlerian Play Therapy may be combined to develop a successful intervention in working with a school-age child. Through outlining theoretical similarities and technical congruencies between the two therapeutic approaches, I have shown how each therapy can complement the other in formulating a treatment plan. Both approaches stress the importance of working with the child’s own preferred ways of expressing himself or herself and of developing an egalitarian therapeutic relationship with the child. Both narrative and Adlerian approaches stress the importance of the child’s giving meaning to his or her own stories or scripts. Both approaches see the child as being capable of change and of solving his or her own problems with creativity. Both narrative and Adlerian approaches stress the importance of recruiting significant others to collaborate with the child in reorienting and reauthoring activities.

The language and techniques of narrative therapy are especially well suited for working with children. Using the child’s own language to create

therapeutic metaphors for naming the problems, separating the child from the problem, and joining the child as a team to outsmart the problem are all ways of encouraging creativity and playfulness and engaging children in finding their own solutions to problems. Through creating new and more satisfying stories together, therapists encourage children to consider possibilities for more satisfying futures and give children opportunities to experience their own competence. Combining these techniques with Adlerian goals helped the client in the case illustration to feel more connected with her family, to reclaim her own personal power, to begin again to use her voice to express herself, and to communicate more easily her needs and feelings to family and friends. Through using conceptualizations and techniques from narrative and Adlerian Play Therapy, the therapist was able to help the child to reclaim her life and to begin once again to enjoy her family, her friends, and her school experience.

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