

# Narrative Play Therapy

Theory and Practice

*Edited by Aideen Taylor de Faoite*



Jessica Kingsley Publishers  
London and Philadelphia

Table 3.2 from Lahad 1993 on p.62 is adapted by permission of Mooli Lahad.

First published in 2011  
by Jessica Kingsley Publishers  
116 Pentonville Road  
London N1 9JB, UK  
and  
400 Market Street, Suite 400  
Philadelphia, PA 19106, USA

[www.jkp.com](http://www.jkp.com)

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#### **Library of Congress Cataloging in Publication Data**

Narrative play therapy : theory and practice / edited by Aideen Taylor de Faoite.

p. cm.

Includes bibliographical references and index.

ISBN 978-1-84905-142-2 (alk. paper)

1. Narrative therapy. 2. Play therapy. 3. Child psychotherapy. I. Taylor de Faoite, Aideen.

RJ505.S75N35 2011

618.92'891653--dc22

2011002401

#### **British Library Cataloguing in Publication Data**

A CIP catalogue record for this book is available from the British Library

ISBN 978 1 84905 142 2

ISBN pdf eBook 978 0 85700 333 1

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## THE SHIELD

### Method:

- Draw a shield and divide it in six.
- Get the child to draw the outline of his or her shield similar to yours.
- Introduce the shield by saying 'I am going to ask you some questions and you are to draw the answer to the question in the shield. Draw the first thing that comes into your head. You can use as many colours as you like. When the shield is complete it will tell a story.'
- When the child has finished drawing ask the child to explain what he or she has drawn.
- Write down the answers in the original shield, explaining to the child that it is going to help us remember what each picture means.
- Offer possibilities to the child if he or she is finding it difficult to generate ideas. Lots of encouragement and reinforcement of the child's ideas is suggested as children coming to therapy carry failure and 'not good enough' stories of themselves and may have little experience of encouragement.

Table 3.1 represents the sections of the shield and the questions related to each section of the shield.

**Table 3.1: The shield**

1st section What is the best thing that has ever happened to you?	2nd section What is the best thing that has ever happened to you in your family – any family? (Children in care may have experienced many families)
3rd section What is the worst thing that has happened to you?	4th section What do you want from other people, not your family, but people your own age?
5th section If you only had a year to live and all the money you want, what would you do for the year?	6th section Now people are at your funeral and remembering you – what three things would you like people to say about you? They don't have to be true. (The therapist can offer to write the words.)

*Source:* Adapted from Cattnach 1994, p.83

In Chapter 7 Sharon Pearce presents a case study and research in the use of another version of the shield, both in assessing a child who has experienced parental separation and in evaluating the progress made in play therapy. In Chapter 9 Ann Marie John presents her adaptation of The Shield as an assessment tool for narrative family play therapy and described how families have used the shield in therapy.

Another variation of the shield that I have used only has four sections. The sections are:

- me as a baby or small child
- me now
- me when I'm older
- three things that I would like to happen if I was granted three wishes.

4. Is there anyone inside the house?
5. What do they think/feel about the house?
6. What does the house think/feel about the people?
7. What do passersby think of the house, e.g. is it a nice house, a scary house, an angry house, a happy house, a haunted house, etc.?
8. What does the house say about itself?
9. How did it get to be that kind of a house?

As the questions are responded to, a detailed biography of the house begins to emerge and the story begins to be written. The story always begins with 'Once upon a time there was a house, a...house' (very old/young) depending on the age of the house and the words or tone used when describing the house the child had drawn. The story continues to be co-constructed between the therapist and the child with the therapist recording the story.

The story and the picture are often then kept by the therapist until the end of therapy, when the child can decide, in discussion with the therapist, what will happen to the story. Sometimes children want the story and picture to become part of their storybook of therapy. Deciding what happens to the story and making books become part of the ending of therapy. Some children request that the stories are kept in a safe place by the therapist.

The 'tree' and the 'person' drawings are administered in a similar manner, though often, I don't follow them in consecutive sessions but intersperse them throughout the therapy process. The themes within each story and across stories begin to emerge. These can include loneliness: the house lives all alone in the middle of nowhere with no one living in it and no one passing by; destruction: the tree got blown down in a strong wind; nurturing and reparation: an old man who had experienced many carefree, fun days playing with his friends in the tree as a child passed by; he was sad to think of the old tree dying, but then he noticed a sapling growing by the tree and realised that now the sapling would be able to access the light and could grow big and strong. The stories are read back to the child and any corrections needed are made so that the story is satisfying to the storyteller and the listener. Again it provides a contained activity for beginning therapeutic conversations and co-constructing a story. The themes are recorded and tracked across stories and play sequences within the therapy. Themes that have emerged in these

assessment sessions then become the work of therapy, thus providing useful concrete information to parents, carers and referrers.

### BASIC PH AND SIX PART STORY MAKING

This is another useful assessment tool in Narrative Play Therapy. The BASIC Ph was developed by Dr Mooli Lahad 'as a quick assessment of coping modes with the objective of helping the therapist reach an understanding and develop contact with the client based on the therapist's understanding of the client's language'. The assumption underlying the BASIC Ph is that 'to tell a projected story based on the elements of a fairy tale and myth, we will see the way the self projects itself in an organised reality in order to meet the world' (Lahad 1993, p.11).

The BASIC Ph represents the redefining and classifying of factors and mechanisms important 'to the development of resilient person-environment relationship' (p.7). It is a multi-modal approach to help identify the range of coping mechanisms and resilience of the person in times of stress. BASIC Ph is an acronym and the elements are as follows:

- *Belief*: What are your beliefs about the situation? – 'It is God's will'; 'It is fate.'
- *Affect*: How do you feel about the situation? – Overwhelmed, out of control, in control, angry, surprised, shocked?
- *Social*: What are your support networks and can you draw on these? – Who is there to help you?
- *Imagination*: What do you imagine will happen? – Can you imagine alternative endings or solutions?
- *Cognitive*: What do you know? – What skills/information do you have?
- *Physical*: What can you do? – Can you actively do something? – Can you relax, can you do this for others or yourself?

The Six Part Story Making (6-PSM) was developed based on Alida Gersies's methods (Meldrum 1994) to support the child in creating a story. The analysis of the story, using the framework of the BASIC Ph, helps the therapist assess the child's dominant coping mode and supports the therapist in making connections with the child through these modes.

The child is invited to draw a picture for the six pieces of the story. I usually provide a cartoon template with six boxes for the drawings

and space underneath to write the text/script. These story elements have been identified in fairytales from around the world (von Franz 1987). Table 3.2 indicates the sections of the story to be filled in each of the six boxes.

**Table 3.2: Six Part Story Making**

1. Main character: hero, or heroine. They can be real or imagined. Where does he/she/it live?	2. The task or mission of the main character. What is the mission the character is assigned?	3. Who or what can help the main character if anything at all?
4. Who or what obstacle stands in the way of the character carrying out his/her/its task or mission?	5. How will the hero/character cope with the task/mission?	6. Then what happens? Does it end? Or does it continue?

*Source:* Adapted from Lahad 1993, pp.11–12

The child then tells the story that goes with his or her pictures and this is recorded verbatim. Lahad suggests that the therapist listens to the story on several levels, including the tone used to tell the story, the context of the story and its messages, and identifying the dominant coping modes of the story (which of the elements of the BASIC Ph are present in the story as it is told by the child). This is how the assessment is used in times of stress to identify coping mechanisms. The structure of the 6-PSM and the BASIC Ph can be used to assess and to understand other stories created in the context of the playroom, whether the story is created with characters in the sand, puppets or in role play. The themes of the stories created can be analysed to identify the dominant mode/modes of the child. Knowing the child's dominant themes and modes of coping can facilitate the therapist in communicating with the child using his or her preferred mode. The information can be shared with parents/carers to increase their understanding of the child and the language needed to support the child in times of distress. For example if the child's dominant mode is physical, doing some relaxation exercises before going to bed may help the child in times of distress and support the relationship between the child and parent/carer.